

# **Dossier zur Nutzenbewertung gemäß § 35a SGB V**

*Enfortumab Vedotin (PADCEV™)*

Astellas Pharma GmbH

## **Anhang 4-G1**

*1. Datenschnitt vom 15.07.2020  
zur Studienpopulation*

Stand: 24.05.2022

# Inhaltsverzeichnis

	Seite
<b>1 Mortalität.....</b>	<b>4</b>
1.1 Subgruppenanalysen zum Gesamtüberleben (OS).....	4
<b>2 Morbidität.....</b>	<b>26</b>
2.1 Subgruppenanalysen zum Progressionsfreien Überleben 1 (PFS1).....	26
2.1.1 Primäranalyse .....	26
2.1.2 Sensitivitätsanalyse .....	48
2.2 Subgruppenanalysen zum Progressionsfreien Überleben 2 (PFS2).....	70
2.3 Subgruppenanalysen zum Ansprechen .....	92
2.3.1 Gesamtansprechrate.....	92
2.3.2 Krankheitskontrollrate.....	114
2.3.3 Zeit bis zum Gesamtansprechen.....	136
2.3.4 Dauer des Ansprechens .....	158
2.3.5 Zeit bis zur Krankheitskontrolle.....	180
2.4 Subgruppenanalysen zur Symptomatik anhand des EORTC QLQ-C30 .....	202
2.4.1 Primäranalyse (MID $\geq$ 10 Punkte) .....	202
2.4.1.1 Fatigue .....	202
2.4.1.2 Übelkeit und Erbrechen .....	224
2.4.1.3 Schmerz .....	246
2.4.1.4 Atemnot .....	268
2.4.1.5 Schlaflosigkeit .....	290
2.4.1.6 Appetitverlust.....	312
2.4.1.7 Obstipation.....	334
2.4.1.8 Diarröhö .....	356
2.4.1.9 Finanzielle Schwierigkeiten.....	378
2.4.2 Sensitivitätsanalyse (Responderschwelle $\geq$ 15 Punkte) .....	400
2.4.2.1 Fatigue .....	400
2.4.2.2 Übelkeit und Erbrechen .....	422
2.4.2.3 Schmerz .....	444
2.4.2.4 Atemnot .....	466
2.4.2.5 Schlaflosigkeit .....	488
2.4.2.6 Appetitverlust.....	510
2.4.2.7 Obstipation.....	532
2.4.2.8 Diarröhö .....	554
2.4.2.9 Finanzielle Schwierigkeiten.....	576
2.4.3 MMRM-Modell.....	598
2.4.3.1 Fatigue .....	598
2.4.3.2 Übelkeit und Erbrechen .....	610
2.4.3.3 Schmerz .....	622
2.4.3.4 Atemnot .....	634
2.4.3.5 Schlaflosigkeit .....	646
2.4.3.6 Appetitverlust.....	658
2.4.3.7 Obstipation.....	670
2.4.3.8 Diarröhö .....	682

2.4.3.9	Finanzielle Schwierigkeiten.....	694
2.5	Kaplan-Meier Kurven zur Symptomatik anhand des EORTC QLQ-C30 – Sensitivitätsanalyse (Responderschwelle $\geq 15$ Punkte) .....	706
2.6	Subgruppenanalysen zum Gesundheitszustand gemäß EQ-5D VAS .....	715
2.6.1	Primäranalyse (MID $\geq 7$ mm) .....	715
2.6.2	Primäranalyse (MID $\geq 10$ mm) .....	737
2.6.3	Sensitivitätsanalyse (Responderschwelle $\geq 15$ Punkte) .....	759
2.6.4	MMRM-Modell.....	781
<b>3</b>	<b>Gesundheitsbezogene Lebensqualität .....</b>	<b>793</b>
3.1	Subgruppenanalysen zur gesundheitsbezogenen Lebensqualität gemäß EORTC QLQ-C30 .....	793
3.1.1	Primäranalyse (MID $\geq 10$ Punkte) .....	793
3.1.1.1	Globaler Gesundheitsstatus.....	793
3.1.1.2	Körperliche Funktion .....	815
3.1.1.3	Rollenfunktion .....	837
3.1.1.4	Emotionale Funktion.....	859
3.1.1.5	Kognitive Funktion .....	881
3.1.1.6	Soziale Funktion .....	903
3.1.2	Sensitivitätsanalyse (Responderschwelle $\geq 15$ Punkte) .....	925
3.1.2.1	Globaler Gesundheitsstatus.....	925
3.1.2.2	Körperliche Funktion .....	947
3.1.2.3	Rollenfunktion .....	969
3.1.2.4	Emotionale Funktion.....	991
3.1.2.5	Kognitive Funktion .....	1013
3.1.2.6	Soziale Funktion .....	1035
3.1.3	MMRM-Modell.....	1057
3.1.3.1	Globaler Gesundheitsstatus.....	1057
3.1.3.2	Körperliche Funktion .....	1069
3.1.3.3	Rollenfunktion .....	1081
3.1.3.4	Emotionale Funktion.....	1093
3.1.3.5	Kognitive Funktion .....	1105
3.1.3.6	Soziale Funktion .....	1117
3.2	Kaplan-Meier Kurven zur gesundheitsbezogenen Lebensqualität anhand des EORTC QLQ-C30 – Sensitivitätsanalyse (Responderschwelle $\geq 15$ Punkte).....	1129
<b>4</b>	<b>Sicherheit .....</b>	<b>1135</b>
4.1	Unerwünschte Ereignisse inkl. SOC und PT – Hauptebene und Subgruppenanalysen .....	1192
4.2	Subgruppenanalysen zu den progressionsbereinigten unerwünschten Ereignissen	1696
4.3	Subgruppenanalysen zu den nicht schweren (CTCAE Grad < 3) unerwünschten Ereignissen .....	1718
4.3.1	Primäranalyse .....	1718
4.3.2	Progressionsbereinigte Auswertungen .....	1740
4.4	Schwere (CTCAE Grad $\geq 3$ ) unerwünschte Ereignisse inkl. SOC und PT – Hauptebene und Subgruppenanalysen .....	1762
4.5	Subgruppenanalysen zu den progressionsbereinigten schweren (CTCAE Grad $\geq 3$ ) unerwünschten Ereignissen .....	1910
4.6	Schwerwiegende unerwünschte Ereignisse inkl. SOC und PT – Hauptebene und Subgruppenanalysen .....	1932

4.7	Subgruppenanalysen zu den progressionsbereinigten schwerwiegenden unerwünschten Ereignissen.....	1999
4.8	Subgruppenanalysen zu den Abbrüchen der Studienmedikation aufgrund von unerwünschten Ereignissen.....	2021
4.9	Subgruppenanalysen zu den unerwünschten Ereignissen von besonderem Interesse .....	2043
4.9.1	Gesamtrate.....	2043
4.9.2	Nicht schwer.....	2109
4.9.3	Schwer.....	2175
4.9.4	Schwerwiegend .....	2219

## 1 Mortalität

### 1.1 Subgruppenanalysen zum Gesamtüberleben (OS)

Astellas: 7465-CL-0301

Table OS.KM.S1.FAS: Time to Overall Survival (Months) (Full Analysis Set)

Subgroup: Age Group 1, Level: <65 years

Time Point	Statistics	Enfortumab Vedotin (N=108)	Chemotherapy (N=111)
Overall	No. of Events (%)	49 ( 45.4)	66 ( 59.5)
	Median Survival Est. (95% CI)	11.04 ( 9.99, 15.34)	8.31 ( 7.03, 10.68)
	Hazard Ratio (95% CI)		0.680 ( 0.470, 0.985)
	Treatment P-value [a]		0.04061
	Interaction P-value [b]		0.70606
6 Months	Patients at Risk, Survival Est. (95% CI)	83, 0.80 ( 0.71, 0.87)	69, 0.66 ( 0.56, 0.74)
12 Months	Patients at Risk, Survival Est. (95% CI)	17, 0.47 ( 0.35, 0.58)	17, 0.33 ( 0.23, 0.43)
18 Months	Patients at Risk, Survival Est. (95% CI)	1, 0.24 ( 0.09, 0.43)	2, 0.22 ( 0.07, 0.42)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_MOR\_KM.SAS

Date/time of run: 16APR2021 11:47

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table OS.KM.S1.FAS: Time to Overall Survival (Months) (Full Analysis Set)

Subgroup: Age Group 1, Level: &gt;=65 years

Time Point	Statistics	Enfortumab Vedotin (N=193)	Chemotherapy (N=196)
Overall	No. of Events (%)	85 ( 44.0)	101 ( 51.5)
	Median Survival Est. (95% CI)	14.32 (10.05, 17.15)	9.46 ( 8.44, 13.70)
	Hazard Ratio (95% CI)		0.745 ( 0.558, 0.994)
	Treatment P-value [a]		0.04580
	Interaction P-value [b]		0.70606
6 Months	Patients at Risk, Survival Est. (95% CI)	139, 0.77 ( 0.70, 0.82)	129, 0.72 ( 0.65, 0.77)
12 Months	Patients at Risk, Survival Est. (95% CI)	46, 0.54 ( 0.45, 0.62)	34, 0.43 ( 0.35, 0.52)
18 Months	Patients at Risk, Survival Est. (95% CI)	6, 0.31 ( 0.18, 0.45)	4, 0.23 ( 0.13, 0.35)

Subgroup analyses are conducted if there exist at least 2 levels with >= 10 patients across treatment arms and >=10 events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_MOR\_KM.SAS

Date/time of run: 16APR2021 11:47

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table OS.KM.S2.FAS: Time to Overall Survival (Months) (Full Analysis Set)

Subgroup: Age Group 2, Level: &lt;75 years

Time Point	Statistics	Enfortumab Vedotin (N=249)	Chemotherapy (N=239)
Overall	No. of Events (%)	109 ( 43.8)	128 ( 53.6)
	Median Survival Est. (95% CI)	14.13 (10.58, 17.15)	9.17 ( 8.05, 10.91)
	Hazard Ratio (95% CI)		0.686 ( 0.531, 0.885)
	Treatment P-value [a]		0.00410
	Interaction P-value [b]		0.35828
6 Months	Patients at Risk, Survival Est. (95% CI)	188, 0.79 ( 0.73, 0.83)	151, 0.68 ( 0.61, 0.73)
12 Months	Patients at Risk, Survival Est. (95% CI)	54, 0.52 ( 0.45, 0.59)	37, 0.39 ( 0.32, 0.47)
18 Months	Patients at Risk, Survival Est. (95% CI)	6, 0.30 ( 0.17, 0.43)	4, 0.22 ( 0.12, 0.35)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_MOR\_KM.SAS

Date/time of run: 16APR2021 11:47

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table OS.KM.S2.FAS: Time to Overall Survival (Months) (Full Analysis Set)

Subgroup: Age Group 2, Level: &gt;=75 years

Time Point	Statistics	Enfortumab Vedotin (N=52)	Chemotherapy (N=68)
Overall	No. of Events (%)	25 ( 48.1)	39 ( 57.4)
	Median Survival Est. (95% CI)	11.63 ( 8.44, 15.21)	8.94 ( 7.52, 13.60)
	Hazard Ratio (95% CI)		0.893 ( 0.540, 1.476)
	Treatment P-value [a]		0.71280
	Interaction P-value [b]		0.35828
6 Months	Patients at Risk, Survival Est. (95% CI)	34, 0.74 ( 0.59, 0.84)	47, 0.76 ( 0.63, 0.84)
12 Months	Patients at Risk, Survival Est. (95% CI)	9, 0.47 ( 0.30, 0.63)	14, 0.39 ( 0.26, 0.52)
18 Months	Patients at Risk, Survival Est. (95% CI)	1, 0.13 ( 0.01, 0.41)	2, 0.22 ( 0.10, 0.38)

Subgroup analyses are conducted if there exist at least 2 levels with >= 10 patients across treatment arms and >=10 events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_MOR\_KM.SAS

Date/time of run: 16APR2021 11:47

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table OS.KM.S3.FAS: Time to Overall Survival (Months) (Full Analysis Set)

Subgroup: Gender, Level: Male

Time Point	Statistics	Enfortumab Vedotin (N=238)	Chemotherapy (N=232)
Overall	No. of Events (%)	101 ( 42.4)	132 ( 56.9)
	Median Survival Est. (95% CI)	14.32 (10.58, 17.25)	8.94 ( 8.05, 10.32)
	Hazard Ratio (95% CI)		0.614 ( 0.473, 0.796)
	Treatment P-value [a]		0.00016
	Interaction P-value [b]		0.01342
6 Months	Patients at Risk, Survival Est. (95% CI)	178, 0.80 ( 0.74, 0.84)	148, 0.68 ( 0.62, 0.74)
12 Months	Patients at Risk, Survival Est. (95% CI)	54, 0.54 ( 0.46, 0.61)	35, 0.37 ( 0.29, 0.44)
18 Months	Patients at Risk, Survival Est. (95% CI)	7, 0.32 ( 0.20, 0.45)	2, 0.17 ( 0.07, 0.30)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_MOR\_KM.SAS

Date/time of run: 16APR2021 11:47

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table OS.KM.S3.FAS: Time to Overall Survival (Months) (Full Analysis Set)

Subgroup: Gender, Level: Female

Time Point	Statistics	Enfortumab Vedotin (N=63)	Chemotherapy (N=75)
Overall	No. of Events (%)	33 ( 52.4)	35 ( 46.7)
	Median Survival Est. (95% CI)	11.04 ( 7.95, 15.11)	10.68 ( 7.36, NC)
	Hazard Ratio (95% CI)		1.222 ( 0.757, 1.973)
	Treatment P-value [a]		0.51787
	Interaction P-value [b]		0.01342
6 Months	Patients at Risk, Survival Est. (95% CI)	44, 0.71 ( 0.59, 0.81)	50, 0.73 ( 0.62, 0.82)
12 Months	Patients at Risk, Survival Est. (95% CI)	9, 0.41 ( 0.26, 0.56)	16, 0.46 ( 0.32, 0.58)
18 Months	Patients at Risk, Survival Est. (95% CI)	0	4, 0.38 ( 0.21, 0.55)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_MOR\_KM.SAS

Date/time of run: 16APR2021 11:47

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table OS.KM.S4.FAS: Time to Overall Survival (Months) (Full Analysis Set)

Subgroup: Region, Level: Western Europe

Time Point	Statistics	Enfortumab Vedotin (N=126)	Chemotherapy (N=129)
Overall	No. of Events (%)	57 ( 45.2)	72 ( 55.8)
	Median Survival Est. (95% CI)	12.88 ( 8.44, NC)	9.17 ( 7.10, 13.70)
	Hazard Ratio (95% CI)		0.728 ( 0.514, 1.032)
	Treatment P-value [a]		0.11773
	Interaction P-value [b]		0.69206
6 Months	Patients at Risk, Survival Est. (95% CI)	89, 0.74 ( 0.66, 0.81)	78, 0.65 ( 0.56, 0.73)
12 Months	Patients at Risk, Survival Est. (95% CI)	24, 0.52 ( 0.41, 0.61)	21, 0.43 ( 0.33, 0.52)
18 Months	Patients at Risk, Survival Est. (95% CI)	0	3, 0.19 ( 0.07, 0.35)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_MOR\_KM.SAS

Date/time of run: 16APR2021 11:47

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table OS.KM.S4.FAS: Time to Overall Survival (Months) (Full Analysis Set)

Subgroup: Region, Level: US

Time Point	Statistics	Enfortumab Vedotin (N=43)	Chemotherapy (N=44)
Overall	No. of Events (%)	25 ( 58.1)	25 ( 56.8)
	Median Survival Est. (95% CI)	10.45 ( 7.52, 20.27)	8.94 ( 6.05, 16.72)
	Hazard Ratio (95% CI)		0.874 ( 0.502, 1.523)
	Treatment P-value [a]		0.65734
	Interaction P-value [b]		0.69206
6 Months	Patients at Risk, Survival Est. (95% CI)	30, 0.75 ( 0.59, 0.86)	27, 0.68 ( 0.51, 0.80)
12 Months	Patients at Risk, Survival Est. (95% CI)	14, 0.45 ( 0.29, 0.59)	13, 0.44 ( 0.29, 0.59)
18 Months	Patients at Risk, Survival Est. (95% CI)	4, 0.34 ( 0.17, 0.52)	1, 0.25 ( 0.09, 0.45)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_MOR\_KM.SAS

Date/time of run: 16APR2021 11:47

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table OS.KM.S4.FAS: Time to Overall Survival (Months) (Full Analysis Set)

Subgroup: Region, Level: Rest of the World

Time Point	Statistics	Enfortumab Vedotin (N=132)	Chemotherapy (N=134)
Overall	No. of Events (%)	52 ( 39.4)	70 ( 52.2)
	Median Survival Est. (95% CI)	14.85 (10.84, 15.21)	8.97 ( 7.85, 10.87)
	Hazard Ratio (95% CI)		0.656 ( 0.458, 0.939)
	Treatment P-value [a]		0.01506
	Interaction P-value [b]		0.69206
6 Months	Patients at Risk, Survival Est. (95% CI)	103, 0.82 ( 0.74, 0.88)	93, 0.74 ( 0.66, 0.81)
12 Months	Patients at Risk, Survival Est. (95% CI)	25, 0.54 ( 0.43, 0.64)	17, 0.33 ( 0.23, 0.43)
18 Months	Patients at Risk, Survival Est. (95% CI)	3, 0.25 ( 0.11, 0.42)	2, 0.30 ( 0.19, 0.41)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_MOR\_KM.SAS

Date/time of run: 16APR2021 11:47

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table OS.KM.S5.FAS: Time to Overall Survival (Months) (Full Analysis Set)

Subgroup: ECOG PS from IRT Strata, Level: 0

Time Point	Statistics	Enfortumab Vedotin (N=120)	Chemotherapy (N=124)
Overall	No. of Events (%)	40 ( 33.3)	46 ( 37.1)
	Median Survival Est. (95% CI)	16.30 (12.88, NC)	15.44 (10.05, NC)
	Hazard Ratio (95% CI)		0.829 ( 0.543, 1.267)
	Treatment P-value [a]		0.33248
	Interaction P-value [b]		0.36493
6 Months	Patients at Risk, Survival Est. (95% CI)	102, 0.87 ( 0.80, 0.92)	103, 0.89 ( 0.82, 0.94)
12 Months	Patients at Risk, Survival Est. (95% CI)	31, 0.63 ( 0.52, 0.73)	23, 0.52 ( 0.40, 0.63)
18 Months	Patients at Risk, Survival Est. (95% CI)	3, 0.38 ( 0.19, 0.56)	4, 0.41 ( 0.23, 0.57)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_MOR\_KM.SAS

Date/time of run: 16APR2021 11:47

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table OS.KM.S5.FAS: Time to Overall Survival (Months) (Full Analysis Set)

Subgroup: ECOG PS from IRT Strata, Level: 1

Time Point	Statistics	Enfortumab Vedotin (N=181)	Chemotherapy (N=183)
Overall	No. of Events (%)	94 ( 51.9)	121 ( 66.1)
	Median Survival Est. (95% CI)	10.45 ( 8.28, 14.13)	7.06 ( 5.85, 8.31)
	Hazard Ratio (95% CI)		0.657 ( 0.502, 0.861)
	Treatment P-value [a]		0.00302
	Interaction P-value [b]		0.36493
6 Months	Patients at Risk, Survival Est. (95% CI)	120, 0.72 ( 0.64, 0.78)	95, 0.56 ( 0.48, 0.63)
12 Months	Patients at Risk, Survival Est. (95% CI)	32, 0.44 ( 0.35, 0.52)	28, 0.31 ( 0.23, 0.38)
18 Months	Patients at Risk, Survival Est. (95% CI)	4, 0.23 ( 0.11, 0.38)	2, 0.12 ( 0.04, 0.23)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_MOR\_KM.SAS

Date/time of run: 16APR2021 11:47

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table OS.KM.S6.FAS: Time to Overall Survival (Months) (Full Analysis Set)

Subgroup: Liver Metastasis from IRT Strata, Level: Yes

Time Point	Statistics	Enfortumab Vedotin (N=93)	Chemotherapy (N=95)
Overall	No. of Events (%)	53 ( 57.0)	63 ( 66.3)
	Median Survival Est. (95% CI)	9.63 ( 6.80, 11.63)	5.95 ( 4.93, 7.10)
	Hazard Ratio (95% CI)		0.631 ( 0.437, 0.911)
	Treatment P-value [a]		0.02724
	Interaction P-value [b]		0.52576
6 Months	Patients at Risk, Survival Est. (95% CI)	53, 0.63 ( 0.52, 0.72)	42, 0.50 ( 0.39, 0.59)
12 Months	Patients at Risk, Survival Est. (95% CI)	14, 0.37 ( 0.26, 0.49)	7, 0.24 ( 0.14, 0.36)
18 Months	Patients at Risk, Survival Est. (95% CI)	2, 0.20 ( 0.06, 0.40)	1, 0.13 ( 0.03, 0.29)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_MOR\_KM.SAS

Date/time of run: 16APR2021 11:47

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table OS.KM.S6.FAS: Time to Overall Survival (Months) (Full Analysis Set)

Subgroup: Liver Metastasis from IRT Strata, Level: No

Time Point	Statistics	Enfortumab Vedotin (N=208)	Chemotherapy (N=212)
Overall	No. of Events (%)	81 ( 38.9)	104 ( 49.1)
	Median Survival Est. (95% CI)	15.18 (11.63, 17.87)	10.74 ( 9.17, 14.06)
	Hazard Ratio (95% CI)		0.734 ( 0.549, 0.982)
	Treatment P-value [a]		0.03639
	Interaction P-value [b]		0.52576
6 Months	Patients at Risk, Survival Est. (95% CI)	169, 0.84 ( 0.79, 0.89)	156, 0.78 ( 0.72, 0.83)
12 Months	Patients at Risk, Survival Est. (95% CI)	49, 0.58 ( 0.49, 0.65)	44, 0.46 ( 0.38, 0.53)
18 Months	Patients at Risk, Survival Est. (95% CI)	5, 0.32 ( 0.17, 0.47)	5, 0.27 ( 0.16, 0.39)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_MOR\_KM.SAS

Date/time of run: 16APR2021 11:47

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table OS.KM.S7.FAS: Time to Overall Survival (Months) (Full Analysis Set)

Subgroup: Pre-selected Investigator's Choice of Paclitaxel/Docetaxel/Vinflunine, Level: Paclitaxel

Time Point	Statistics	Enfortumab Vedotin (N=141)	Chemotherapy (N=112)
Overall	No. of Events (%)	63 ( 44.7)	59 ( 52.7)
	Median Survival Est. (95% CI)	14.32 (10.15, 17.25)	9.20 ( 7.62, 13.70)
	Hazard Ratio (95% CI)		0.706 ( 0.495, 1.008)
	Treatment P-value [a]		0.05373
	Interaction P-value [b]		0.97726
6 Months	Patients at Risk, Survival Est. (95% CI)	105, 0.79 ( 0.71, 0.85)	69, 0.66 ( 0.56, 0.74)
12 Months	Patients at Risk, Survival Est. (95% CI)	35, 0.51 ( 0.41, 0.60)	18, 0.41 ( 0.30, 0.52)
18 Months	Patients at Risk, Survival Est. (95% CI)	3, 0.25 ( 0.10, 0.44)	2, 0.24 ( 0.12, 0.38)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_MOR\_KM.SAS

Date/time of run: 16APR2021 11:47

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table OS.KM.S7.FAS: Time to Overall Survival (Months) (Full Analysis Set)

Subgroup: Pre-selected Investigator's Choice of Paclitaxel/Docetaxel/Vinflunine, Level: Docetaxel

Time Point	Statistics	Enfortumab Vedotin (N=87)	Chemotherapy (N=117)
Overall	No. of Events (%)	41 ( 47.1)	67 ( 57.3)
	Median Survival Est. (95% CI)	12.62 ( 9.63, 17.15)	8.44 ( 7.52, 10.68)
	Hazard Ratio (95% CI)		0.713 ( 0.483, 1.053)
	Treatment P-value [a]		0.07904
	Interaction P-value [b]		0.97726
6 Months	Patients at Risk, Survival Est. (95% CI)	67, 0.79 ( 0.69, 0.86)	81, 0.73 ( 0.64, 0.80)
12 Months	Patients at Risk, Survival Est. (95% CI)	17, 0.50 ( 0.38, 0.62)	21, 0.37 ( 0.27, 0.46)
18 Months	Patients at Risk, Survival Est. (95% CI)	4, 0.30 ( 0.15, 0.47)	3, 0.29 ( 0.17, 0.42)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_MOR\_KM.SAS

Date/time of run: 16APR2021 11:47

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table OS.KM.S7.FAS: Time to Overall Survival (Months) (Full Analysis Set)

Subgroup: Pre-selected Investigator's Choice of Paclitaxel/Docetaxel/Vinflunine, Level: Vinflunine

Time Point	Statistics	Enfortumab Vedotin (N=73)	Chemotherapy (N=78)
Overall	No. of Events (%)	30 ( 41.1)	41 ( 52.6)
	Median Survival Est. (95% CI)	14.13 ( 8.08, NC)	9.46 ( 7.36, 13.70)
	Hazard Ratio (95% CI)		0.752 ( 0.469, 1.204)
	Treatment P-value [a]		0.27837
	Interaction P-value [b]		0.97726
6 Months	Patients at Risk, Survival Est. (95% CI)	50, 0.75 ( 0.63, 0.83)	48, 0.69 ( 0.57, 0.78)
12 Months	Patients at Risk, Survival Est. (95% CI)	11, 0.57 ( 0.43, 0.68)	12, 0.41 ( 0.27, 0.54)
18 Months	Patients at Risk, Survival Est. (95% CI)	0	1, 0.12 ( 0.01, 0.37)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_MOR\_KM.SAS

Date/time of run: 16APR2021 11:47

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table OS.KM.S8.FAS: Time to Overall Survival (Months) (Full Analysis Set)

Subgroup: Primary Site of Tumor, Level: Upper Tract

Time Point	Statistics	Enfortumab Vedotin (N=98)	Chemotherapy (N=107)
Overall	No. of Events (%)	44 ( 44.9)	52 ( 48.6)
	Median Survival Est. (95% CI)	12.62 (10.05, 15.34)	10.91 ( 8.05, 14.06)
	Hazard Ratio (95% CI)		0.839 ( 0.561, 1.253)
	Treatment P-value [a]		0.42338
	Interaction P-value [b]		0.34983
6 Months	Patients at Risk, Survival Est. (95% CI)	73, 0.78 ( 0.68, 0.85)	75, 0.75 ( 0.65, 0.82)
12 Months	Patients at Risk, Survival Est. (95% CI)	23, 0.51 ( 0.38, 0.62)	21, 0.46 ( 0.34, 0.57)
18 Months	Patients at Risk, Survival Est. (95% CI)	2, 0.30 ( 0.15, 0.46)	1, 0.29 ( 0.15, 0.44)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_MOR\_KM.SAS

Date/time of run: 16APR2021 11:47

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table OS.KM.S8.FAS: Time to Overall Survival (Months) (Full Analysis Set)

Subgroup: Primary Site of Tumor, Level: Other

Time Point	Statistics	Enfortumab Vedotin (N=203)	Chemotherapy (N=200)
Overall	No. of Events (%)	90 ( 44.3)	115 ( 57.5)
	Median Survival Est. (95% CI)	14.13 ( 9.79, 17.15)	8.51 ( 7.62, 10.15)
	Hazard Ratio (95% CI)		0.665 ( 0.504, 0.876)
	Treatment P-value [a]		0.00374
	Interaction P-value [b]		0.34983
6 Months	Patients at Risk, Survival Est. (95% CI)	149, 0.78 ( 0.72, 0.83)	123, 0.67 ( 0.59, 0.73)
12 Months	Patients at Risk, Survival Est. (95% CI)	40, 0.52 ( 0.44, 0.60)	30, 0.36 ( 0.28, 0.44)
18 Months	Patients at Risk, Survival Est. (95% CI)	5, 0.29 ( 0.16, 0.44)	5, 0.21 ( 0.11, 0.33)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_MOR\_KM.SAS

Date/time of run: 16APR2021 11:47

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table OS.KM.S9.FAS: Time to Overall Survival (Months) (Full Analysis Set)

Subgroup: Prior Lines of Systemic Therapy, Level: 1-2 lines

Time Point	Statistics	Enfortumab Vedotin (N=262)	Chemotherapy (N=270)
Overall	No. of Events (%)	115 ( 43.9)	147 ( 54.4)
	Median Survival Est. (95% CI)	14.13 (10.84, 15.34)	8.94 ( 8.05, 10.87)
	Hazard Ratio (95% CI)		0.691 ( 0.541, 0.882)
	Treatment P-value [a]		0.00297
	Interaction P-value [b]		0.37635
6 Months	Patients at Risk, Survival Est. (95% CI)	193, 0.78 ( 0.72, 0.82)	173, 0.69 ( 0.63, 0.75)
12 Months	Patients at Risk, Survival Est. (95% CI)	57, 0.53 ( 0.45, 0.59)	45, 0.40 ( 0.33, 0.47)
18 Months	Patients at Risk, Survival Est. (95% CI)	6, 0.29 ( 0.17, 0.42)	5, 0.21 ( 0.12, 0.31)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_MOR\_KM.SAS

Date/time of run: 16APR2021 11:47

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table OS.KM.S9.FAS: Time to Overall Survival (Months) (Full Analysis Set)

Subgroup: Prior Lines of Systemic Therapy, Level: &gt;=3 lines

Time Point	Statistics	Enfortumab Vedotin (N=39)	Chemotherapy (N=37)
Overall	No. of Events (%)	19 ( 48.7)	20 ( 54.1)
	Median Survival Est. (95% CI)	9.10 ( 7.49, NC)	10.55 ( 6.67, NC)
	Hazard Ratio (95% CI)		0.937 ( 0.500, 1.757)
	Treatment P-value [a]		0.68399
	Interaction P-value [b]		0.37635
6 Months	Patients at Risk, Survival Est. (95% CI)	29, 0.79 ( 0.63, 0.89)	25, 0.70 ( 0.53, 0.82)
12 Months	Patients at Risk, Survival Est. (95% CI)	6, 0.46 ( 0.27, 0.62)	6, 0.35 ( 0.18, 0.53)
18 Months	Patients at Risk, Survival Est. (95% CI)	1, 0.23 ( 0.02, 0.57)	1, 0.35 ( 0.18, 0.53)

Subgroup analyses are conducted if there exist at least 2 levels with >= 10 patients across treatment arms and >=10 events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_MOR\_KM.SAS

Date/time of run: 16APR2021 11:47

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table OS.KM.S10.FAS: Time to Overall Survival (Months) (Full Analysis Set)

Subgroup: Best Response to Prior CPI, Level: Responder

Time Point	Statistics	Enfortumab Vedotin (N=61)		Chemotherapy (N=50)	
Overall	No. of Events (%)	18 ( 29.5)		23 ( 46.0)	
	Median Survival Est. (95% CI)	NC	(10.84,	NC	11.56 ( 8.05,
	Hazard Ratio (95% CI)			0.626 ( 0.338, 1.160)	
	Treatment P-value [a]			0.14264	
	Interaction P-value [b]			0.57697	
6 Months	Patients at Risk, Survival Est. (95% CI)	49,	0.85 ( 0.73,	0.92)	39, 0.80 ( 0.65,
12 Months	Patients at Risk, Survival Est. (95% CI)	13,	0.63 ( 0.45,	0.76)	9, 0.46 ( 0.29,
18 Months	Patients at Risk, Survival Est. (95% CI)	0			1, 0.46 ( 0.29,
					0.62)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_MOR\_KM.SAS

Date/time of run: 16APR2021 11:47

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table OS.KM.S10.FAS: Time to Overall Survival (Months) (Full Analysis Set)

Subgroup: Best Response to Prior CPI, Level: Non-responder

Time Point	Statistics	Enfortumab Vedotin (N=207)	Chemotherapy (N=215)
Overall	No. of Events (%)	100 ( 48.3)	120 ( 55.8)
	Median Survival Est. (95% CI)	11.63 ( 9.99, 15.18)	9.17 ( 7.95, 10.74)
	Hazard Ratio (95% CI)		0.758 ( 0.581, 0.989)
	Treatment P-value [a]		0.03981
	Interaction P-value [b]		0.57697
6 Months	Patients at Risk, Survival Est. (95% CI)	150, 0.77 ( 0.70, 0.82)	134, 0.68 ( 0.61, 0.74)
12 Months	Patients at Risk, Survival Est. (95% CI)	42, 0.48 ( 0.40, 0.56)	37, 0.38 ( 0.30, 0.45)
18 Months	Patients at Risk, Survival Est. (95% CI)	6, 0.25 ( 0.14, 0.38)	5, 0.20 ( 0.12, 0.30)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_MOR\_KM.SAS

Date/time of run: 16APR2021 11:47

Analysis Plan: 15FEB2021

Confidential

## 2 Morbidität

### 2.1 Subgruppenanalysen zum Progressionsfreien Überleben 1 (PFS1)

#### 2.1.1 Primäranalyse

Astellas: 7465-CL-0301

Table PFS1.KM.S1.FAS: Time to Progression-Free Survival on Study Therapy (Months) (Full Analysis Set)

Subgroup: Age Group 1, Level: <65 years

Time Point	Statistics	Enfortumab Vedotin (N=108)	Chemotherapy (N=111)
Overall	No. of Events (%)	75 ( 69.4)	80 ( 72.1)
	Median Survival Est. (95% CI)	5.45 ( 3.94, 6.34)	3.55 ( 2.37, 3.84)
	Hazard Ratio (95% CI)		0.697 ( 0.508, 0.955)
	Treatment P-value [a]		0.02888
	Interaction P-value [b]		0.55074
6 Months	Patients at Risk, Survival Est. (95% CI)	37, 0.43 ( 0.33, 0.53)	23, 0.27 ( 0.19, 0.37)
12 Months	Patients at Risk, Survival Est. (95% CI)	7, 0.19 ( 0.11, 0.28)	1, 0.05 ( 0.01, 0.17)
18 Months	Patients at Risk, Survival Est. (95% CI)	1, 0.16 ( 0.08, 0.26)	0

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_MOR\_KM.SAS

Date/time of run: 16APR2021 11:47

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table PFS1.KM.S1.FAS: Time to Progression-Free Survival on Study Therapy (Months) (Full Analysis Set)

Subgroup: Age Group 1, Level: &gt;=65 years

Time Point	Statistics	Enfortumab Vedotin (N=193)	Chemotherapy (N=196)
Overall	No. of Events (%)	126 ( 65.3)	151 ( 77.0)
	Median Survival Est. (95% CI)	5.65 ( 5.22, 7.16)	3.78 ( 3.52, 4.90)
	Hazard Ratio (95% CI)		0.618 ( 0.487, 0.784)
	Treatment P-value [a]		0.00005
	Interaction P-value [b]		0.55074
6 Months	Patients at Risk, Survival Est. (95% CI)	65, 0.45 ( 0.37, 0.52)	39, 0.29 ( 0.22, 0.36)
12 Months	Patients at Risk, Survival Est. (95% CI)	16, 0.24 ( 0.17, 0.31)	7, 0.09 ( 0.05, 0.15)
18 Months	Patients at Risk, Survival Est. (95% CI)	1, 0.16 ( 0.09, 0.25)	1, 0.03 ( 0.00, 0.10)

Subgroup analyses are conducted if there exist at least 2 levels with >= 10 patients across treatment arms and >=10 events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_MOR\_KM.SAS

Date/time of run: 16APR2021 11:47

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table PFS1.KM.S2.FAS: Time to Progression-Free Survival on Study Therapy (Months) (Full Analysis Set)

Subgroup: Age Group 2, Level: &lt;75 years

Time Point	Statistics	Enfortumab Vedotin (N=249)	Chemotherapy (N=239)
Overall	No. of Events (%)	166 ( 66.7)	180 ( 75.3)
	Median Survival Est. (95% CI)	5.62 ( 5.32, 6.34)	3.65 ( 3.32, 3.84)
	Hazard Ratio (95% CI)		0.602 ( 0.486, 0.744)
	Treatment P-value [a]		<.00001
	Interaction P-value [b]		0.11908
6 Months	Patients at Risk, Survival Est. (95% CI)	89, 0.45 ( 0.38, 0.51)	48, 0.28 ( 0.22, 0.34)
12 Months	Patients at Risk, Survival Est. (95% CI)	22, 0.23 ( 0.17, 0.30)	5, 0.07 ( 0.03, 0.13)
18 Months	Patients at Risk, Survival Est. (95% CI)	2, 0.19 ( 0.13, 0.26)	1, 0.03 ( 0.00, 0.12)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_MOR\_KM.SAS

Date/time of run: 16APR2021 11:47

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table PFS1.KM.S2.FAS: Time to Progression-Free Survival on Study Therapy (Months) (Full Analysis Set)

Subgroup: Age Group 2, Level: &gt;=75 years

Time Point	Statistics	Enfortumab Vedotin (N=52)	Chemotherapy (N=68)
Overall	No. of Events (%)	35 ( 67.3)	51 ( 75.0)
	Median Survival Est. (95% CI)	5.42 ( 3.71, 7.20)	3.84 ( 3.52, 5.62)
	Hazard Ratio (95% CI)		0.881 ( 0.573, 1.355)
	Treatment P-value [a]		0.59896
	Interaction P-value [b]		0.11908
6 Months	Patients at Risk, Survival Est. (95% CI)	13, 0.40 ( 0.25, 0.54)	14, 0.31 ( 0.19, 0.43)
12 Months	Patients at Risk, Survival Est. (95% CI)	1, 0.13 ( 0.04, 0.27)	3, 0.12 ( 0.05, 0.24)

Subgroup analyses are conducted if there exist at least 2 levels with >= 10 patients across treatment arms and >=10 events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_MOR\_KM.SAS

Date/time of run: 16APR2021 11:47

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table PFS1.KM.S3.FAS: Time to Progression-Free Survival on Study Therapy (Months) (Full Analysis Set)

Subgroup: Gender, Level: Male

Time Point	Statistics	Enfortumab Vedotin (N=238)	Chemotherapy (N=232)
Overall	No. of Events (%)	153 ( 64.3)	180 ( 77.6)
	Median Survival Est. (95% CI)	5.65 ( 5.32, 6.77)	3.68 ( 3.42, 3.84)
	Hazard Ratio (95% CI)		0.575 ( 0.462, 0.714)
	Treatment P-value [a]		<.00001
	Interaction P-value [b]		0.02949
6 Months	Patients at Risk, Survival Est. (95% CI)	84, 0.46 ( 0.39, 0.53)	44, 0.25 ( 0.20, 0.32)
12 Months	Patients at Risk, Survival Est. (95% CI)	23, 0.26 ( 0.20, 0.33)	5, 0.07 ( 0.03, 0.13)
18 Months	Patients at Risk, Survival Est. (95% CI)	2, 0.18 ( 0.11, 0.27)	0

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_MOR\_KM.SAS

Date/time of run: 16APR2021 11:47

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table PFS1.KM.S3.FAS: Time to Progression-Free Survival on Study Therapy (Months) (Full Analysis Set)

Subgroup: Gender, Level: Female

Time Point	Statistics	Enfortumab Vedotin (N=63)	Chemotherapy (N=75)
Overall	No. of Events (%)	48 ( 76.2)	51 ( 68.0)
	Median Survival Est. (95% CI)	5.39 ( 3.75, 5.78)	3.84 ( 2.99, 5.82)
	Hazard Ratio (95% CI)		0.949 ( 0.639, 1.408)
	Treatment P-value [a]		0.98438
	Interaction P-value [b]		0.02949
6 Months	Patients at Risk, Survival Est. (95% CI)	18, 0.36 ( 0.24, 0.48)	18, 0.37 ( 0.26, 0.49)
12 Months	Patients at Risk, Survival Est. (95% CI)	0	3, 0.13 ( 0.04, 0.26)
18 Months	Patients at Risk, Survival Est. (95% CI)	0	1, 0.08 ( 0.02, 0.21)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_MOR\_KM.SAS

Date/time of run: 16APR2021 11:47

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table PFS1.KM.S4.FAS: Time to Progression-Free Survival on Study Therapy (Months) (Full Analysis Set)

Subgroup: Region, Level: Western Europe

Time Point	Statistics	Enfortumab Vedotin (N=126)	Chemotherapy (N=129)
Overall	No. of Events (%)	86 ( 68.3)	95 ( 73.6)
	Median Survival Est. (95% CI)	5.55 ( 3.91, 6.77)	3.75 ( 3.02, 5.13)
	Hazard Ratio (95% CI)		0.684 ( 0.511, 0.917)
	Treatment P-value [a]		0.01154
	Interaction P-value [b]		0.86954
6 Months	Patients at Risk, Survival Est. (95% CI)	47, 0.44 ( 0.35, 0.53)	29, 0.28 ( 0.20, 0.36)
12 Months	Patients at Risk, Survival Est. (95% CI)	10, 0.22 ( 0.14, 0.31)	6, 0.14 ( 0.07, 0.23)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_MOR\_KM.SAS

Date/time of run: 16APR2021 11:47

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table PFS1.KM.S4.FAS: Time to Progression-Free Survival on Study Therapy (Months) (Full Analysis Set)

Subgroup: Region, Level: US

Time Point	Statistics	Enfortumab Vedotin (N=43)	Chemotherapy (N=44)
Overall	No. of Events (%)	30 ( 69.8)	35 ( 79.5)
	Median Survival Est. (95% CI)	5.62 ( 3.45, 7.46)	3.35 ( 2.07, 5.62)
	Hazard Ratio (95% CI)		0.614 ( 0.377, 1.001)
	Treatment P-value [a]		0.05531
	Interaction P-value [b]		0.86954
6 Months	Patients at Risk, Survival Est. (95% CI)	16, 0.44 ( 0.27, 0.59)	11, 0.33 ( 0.18, 0.48)
12 Months	Patients at Risk, Survival Est. (95% CI)	6, 0.24 ( 0.12, 0.39)	1, 0.04 ( 0.00, 0.15)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_MOR\_KM.SAS

Date/time of run: 16APR2021 11:47

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table PFS1.KM.S4.FAS: Time to Progression-Free Survival on Study Therapy (Months) (Full Analysis Set)

Subgroup: Region, Level: Rest of the World

Time Point	Statistics	Enfortumab Vedotin (N=132)	Chemotherapy (N=134)
Overall	No. of Events (%)	85 ( 64.4)	101 ( 75.4)
	Median Survival Est. (95% CI)	5.55 ( 5.32, 7.16)	3.71 ( 3.42, 5.39)
	Hazard Ratio (95% CI)		0.618 ( 0.463, 0.826)
	Treatment P-value [a]		0.00056
	Interaction P-value [b]		0.86954
6 Months	Patients at Risk, Survival Est. (95% CI)	39, 0.44 ( 0.35, 0.53)	22, 0.27 ( 0.19, 0.35)
12 Months	Patients at Risk, Survival Est. (95% CI)	7, 0.20 ( 0.12, 0.30)	1, 0.05 ( 0.01, 0.12)
18 Months	Patients at Risk, Survival Est. (95% CI)	2, 0.15 ( 0.07, 0.25)	1, 0.05 ( 0.01, 0.12)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_MOR\_KM.SAS

Date/time of run: 16APR2021 11:47

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table PFS1.KM.S5.FAS: Time to Progression-Free Survival on Study Therapy (Months) (Full Analysis Set)

Subgroup: ECOG PS from IRT Strata, Level: 0

Time Point	Statistics	Enfortumab Vedotin (N=120)	Chemotherapy (N=124)
Overall	No. of Events (%)	71 ( 59.2)	86 ( 69.4)
	Median Survival Est. (95% CI)	6.57 ( 5.36, 7.66)	4.14 ( 3.71, 5.59)
	Hazard Ratio (95% CI)		0.623 ( 0.455, 0.853)
	Treatment P-value [a]		0.00248
	Interaction P-value [b]		0.81998
6 Months	Patients at Risk, Survival Est. (95% CI)	47, 0.51 ( 0.42, 0.60)	27, 0.33 ( 0.24, 0.43)
12 Months	Patients at Risk, Survival Est. (95% CI)	13, 0.31 ( 0.22, 0.42)	5, 0.12 ( 0.05, 0.22)
18 Months	Patients at Risk, Survival Est. (95% CI)	2, 0.24 ( 0.14, 0.35)	1, 0.05 ( 0.01, 0.17)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_MOR\_KM.SAS

Date/time of run: 16APR2021 11:47

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table PFS1.KM.S5.FAS: Time to Progression-Free Survival on Study Therapy (Months) (Full Analysis Set)

Subgroup: ECOG PS from IRT Strata, Level: 1

Time Point	Statistics	Enfortumab Vedotin (N=181)	Chemotherapy (N=183)
Overall	No. of Events (%)	130 ( 71.8)	145 ( 79.2)
	Median Survival Est. (95% CI)	5.39 ( 3.94, 5.62)	3.35 ( 2.23, 3.78)
	Hazard Ratio (95% CI)		0.652 ( 0.514, 0.827)
	Treatment P-value [a]		0.00057
	Interaction P-value [b]		0.81998
6 Months	Patients at Risk, Survival Est. (95% CI)	55, 0.39 ( 0.31, 0.46)	35, 0.25 ( 0.18, 0.32)
12 Months	Patients at Risk, Survival Est. (95% CI)	10, 0.16 ( 0.10, 0.23)	3, 0.05 ( 0.02, 0.12)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_MOR\_KM.SAS

Date/time of run: 16APR2021 11:47

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table PFS1.KM.S6.FAS: Time to Progression-Free Survival on Study Therapy (Months) (Full Analysis Set)

Subgroup: Liver Metastasis from IRT Strata, Level: Yes

Time Point	Statistics	Enfortumab Vedotin (N=93)	Chemotherapy (N=95)
Overall	No. of Events (%)	71 ( 76.3)	75 ( 78.9)
	Median Survival Est. (95% CI)	4.14 ( 3.71, 5.55)	2.63 ( 2.07, 3.55)
	Hazard Ratio (95% CI)		0.590 ( 0.425, 0.818)
	Treatment P-value [a]		0.00210
	Interaction P-value [b]		0.64639
6 Months	Patients at Risk, Survival Est. (95% CI)	26, 0.35 ( 0.25, 0.45)	8, 0.14 ( 0.07, 0.22)
12 Months	Patients at Risk, Survival Est. (95% CI)	2, 0.09 ( 0.03, 0.19)	2, 0.09 ( 0.04, 0.18)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_MOR\_KM.SAS

Date/time of run: 16APR2021 11:47

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table PFS1.KM.S6.FAS: Time to Progression-Free Survival on Study Therapy (Months) (Full Analysis Set)

Subgroup: Liver Metastasis from IRT Strata, Level: No

Time Point	Statistics	Enfortumab Vedotin (N=208)	Chemotherapy (N=212)
Overall	No. of Events (%)	130 ( 62.5)	156 ( 73.6)
	Median Survival Est. (95% CI)	5.78 ( 5.49, 7.16)	4.14 ( 3.68, 5.55)
	Hazard Ratio (95% CI)		0.648 ( 0.513, 0.818)
	Treatment P-value [a]		0.00024
	Interaction P-value [b]		0.64639
6 Months	Patients at Risk, Survival Est. (95% CI)	76, 0.48 ( 0.40, 0.55)	54, 0.35 ( 0.28, 0.42)
12 Months	Patients at Risk, Survival Est. (95% CI)	21, 0.27 ( 0.20, 0.35)	6, 0.08 ( 0.04, 0.15)
18 Months	Patients at Risk, Survival Est. (95% CI)	2, 0.22 ( 0.14, 0.30)	1, 0.03 ( 0.00, 0.11)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_MOR\_KM.SAS

Date/time of run: 16APR2021 11:47

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table PFS1.KM.S7.FAS: Time to Progression-Free Survival on Study Therapy (Months) (Full Analysis Set)

Subgroup: Pre-selected Investigator's Choice of Paclitaxel/Docetaxel/Vinflunine, Level: Paclitaxel

Time Point	Statistics	Enfortumab Vedotin (N=141)	Chemotherapy (N=112)
Overall	No. of Events (%)	96 ( 68.1)	90 ( 80.4)
	Median Survival Est. (95% CI)	5.55 ( 4.44, 7.16)	3.65 ( 3.35, 5.13)
	Hazard Ratio (95% CI)		0.632 ( 0.474, 0.843)
	Treatment P-value [a]		0.00138
	Interaction P-value [b]		0.20966
6 Months	Patients at Risk, Survival Est. (95% CI)	48, 0.44 ( 0.35, 0.53)	23, 0.28 ( 0.20, 0.37)
12 Months	Patients at Risk, Survival Est. (95% CI)	10, 0.21 ( 0.13, 0.29)	2, 0.06 ( 0.01, 0.14)
18 Months	Patients at Risk, Survival Est. (95% CI)	1, 0.16 ( 0.09, 0.25)	1, 0.03 ( 0.00, 0.11)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_MOR\_KM.SAS

Date/time of run: 16APR2021 11:47

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table PFS1.KM.S7.FAS: Time to Progression-Free Survival on Study Therapy (Months) (Full Analysis Set)

Subgroup: Pre-selected Investigator's Choice of Paclitaxel/Docetaxel/Vinflunine, Level: Docetaxel

Time Point	Statistics	Enfortumab Vedotin (N=87)	Chemotherapy (N=117)
Overall	No. of Events (%)	56 ( 64.4)	87 ( 74.4)
	Median Survival Est. (95% CI)	5.68 ( 3.94, 7.23)	3.25 ( 2.20, 3.84)
	Hazard Ratio (95% CI)		0.532 ( 0.380, 0.746)
	Treatment P-value [a]		0.00028
	Interaction P-value [b]		0.20966
6 Months	Patients at Risk, Survival Est. (95% CI)	32, 0.48 ( 0.36, 0.58)	19, 0.25 ( 0.17, 0.35)
12 Months	Patients at Risk, Survival Est. (95% CI)	8, 0.25 ( 0.14, 0.36)	1, 0.03 ( 0.00, 0.13)
18 Months	Patients at Risk, Survival Est. (95% CI)	1, 0.16 ( 0.06, 0.30)	0

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_MOR\_KM.SAS

Date/time of run: 16APR2021 11:47

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table PFS1.KM.S7.FAS: Time to Progression-Free Survival on Study Therapy (Months) (Full Analysis Set)

Subgroup: Pre-selected Investigator's Choice of Paclitaxel/Docetaxel/Vinflunine, Level: Vinflunine

Time Point	Statistics	Enfortumab Vedotin (N=73)	Chemotherapy (N=78)
Overall	No. of Events (%)	49 ( 67.1)	54 ( 69.2)
	Median Survival Est. (95% CI)	5.55 ( 3.84, 6.57)	4.14 ( 3.68, 5.62)
	Hazard Ratio (95% CI)		0.844 ( 0.573, 1.243)
	Treatment P-value [a]		0.35112
	Interaction P-value [b]		0.20966
6 Months	Patients at Risk, Survival Est. (95% CI)	22, 0.39 ( 0.27, 0.51)	20, 0.32 ( 0.22, 0.44)
12 Months	Patients at Risk, Survival Est. (95% CI)	5, 0.21 ( 0.11, 0.34)	5, 0.18 ( 0.09, 0.30)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_MOR\_KM.SAS

Date/time of run: 16APR2021 11:47

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table PFS1.KM.S8.FAS: Time to Progression-Free Survival on Study Therapy (Months) (Full Analysis Set)

Subgroup: Primary Site of Tumor, Level: Upper Tract

Time Point	Statistics	Enfortumab Vedotin (N=98)	Chemotherapy (N=107)
Overall	No. of Events (%)	63 ( 64.3)	74 ( 69.2)
	Median Survival Est. (95% CI)	5.62 ( 5.32, 7.29)	3.78 ( 2.23, 5.39)
	Hazard Ratio (95% CI)		0.702 ( 0.501, 0.982)
	Treatment P-value [a]		0.05162
	Interaction P-value [b]		0.51554
6 Months	Patients at Risk, Survival Est. (95% CI)	36, 0.48 ( 0.38, 0.58)	26, 0.34 ( 0.25, 0.44)
12 Months	Patients at Risk, Survival Est. (95% CI)	8, 0.23 ( 0.14, 0.35)	6, 0.16 ( 0.08, 0.26)
18 Months	Patients at Risk, Survival Est. (95% CI)	1, 0.18 ( 0.09, 0.29)	1, 0.08 ( 0.01, 0.24)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_MOR\_KM.SAS

Date/time of run: 16APR2021 11:47

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table PFS1.KM.S8.FAS: Time to Progression-Free Survival on Study Therapy (Months) (Full Analysis Set)

Subgroup: Primary Site of Tumor, Level: Other

Time Point	Statistics	Enfortumab Vedotin (N=203)	Chemotherapy (N=200)
Overall	No. of Events (%)	138 ( 68.0)	157 ( 78.5)
	Median Survival Est. (95% CI)	5.55 ( 4.44, 5.78)	3.68 ( 3.38, 3.84)
	Hazard Ratio (95% CI)		0.613 ( 0.487, 0.772)
	Treatment P-value [a]		0.00002
	Interaction P-value [b]		0.51554
6 Months	Patients at Risk, Survival Est. (95% CI)	66, 0.42 ( 0.35, 0.49)	36, 0.25 ( 0.19, 0.32)
12 Months	Patients at Risk, Survival Est. (95% CI)	15, 0.21 ( 0.15, 0.28)	2, 0.05 ( 0.02, 0.11)
18 Months	Patients at Risk, Survival Est. (95% CI)	1, 0.13 ( 0.06, 0.24)	0

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_MOR\_KM.SAS

Date/time of run: 16APR2021 11:47

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table PFS1.KM.S9.FAS: Time to Progression-Free Survival on Study Therapy (Months) (Full Analysis Set)

Subgroup: Prior Lines of Systemic Therapy, Level: 1-2 lines

Time Point	Statistics	Enfortumab Vedotin (N=262)	Chemotherapy (N=270)
Overall	No. of Events (%)	175 ( 66.8)	203 ( 75.2)
	Median Survival Est. (95% CI)	5.55 ( 5.29, 6.08)	3.75 ( 3.52, 3.98)
	Hazard Ratio (95% CI)		0.639 ( 0.522, 0.783)
	Treatment P-value [a]		0.00001
	Interaction P-value [b]		0.80402
6 Months	Patients at Risk, Survival Est. (95% CI)	90, 0.44 ( 0.38, 0.50)	55, 0.28 ( 0.23, 0.34)
12 Months	Patients at Risk, Survival Est. (95% CI)	21, 0.22 ( 0.16, 0.29)	7, 0.09 ( 0.05, 0.14)
18 Months	Patients at Risk, Survival Est. (95% CI)	1, 0.16 ( 0.10, 0.24)	1, 0.02 ( 0.00, 0.10)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_MOR\_KM.SAS

Date/time of run: 16APR2021 11:47

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table PFS1.KM.S9.FAS: Time to Progression-Free Survival on Study Therapy (Months) (Full Analysis Set)

Subgroup: Prior Lines of Systemic Therapy, Level: &gt;=3 lines

Time Point	Statistics	Enfortumab Vedotin (N=39)	Chemotherapy (N=37)
Overall	No. of Events (%)	26 ( 66.7)	28 ( 75.7)
	Median Survival Est. (95% CI)	5.55 ( 3.71, 7.20)	3.61 ( 2.10, 5.68)
	Hazard Ratio (95% CI)		0.687 ( 0.403, 1.173)
	Treatment P-value [a]		0.14675
	Interaction P-value [b]		0.80402
6 Months	Patients at Risk, Survival Est. (95% CI)	12, 0.45 ( 0.27, 0.60)	7, 0.27 ( 0.13, 0.43)
12 Months	Patients at Risk, Survival Est. (95% CI)	2, 0.19 ( 0.07, 0.37)	1, 0.07 ( 0.01, 0.24)
18 Months	Patients at Risk, Survival Est. (95% CI)	1, 0.10 ( 0.01, 0.31)	0

Subgroup analyses are conducted if there exist at least 2 levels with >= 10 patients across treatment arms and >=10 events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_MOR\_KM.SAS

Date/time of run: 16APR2021 11:47

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table PFS1.KM.S10.FAS: Time to Progression-Free Survival on Study Therapy (Months) (Full Analysis Set)

Subgroup: Best Response to Prior CPI, Level: Responder

Time Point	Statistics	Enfortumab Vedotin (N=61)	Chemotherapy (N=50)
Overall	No. of Events (%)	32 ( 52.5)	36 ( 72.0)
	Median Survival Est. (95% CI)	7.16 ( 5.65, 11.10)	5.39 ( 3.25, 5.59)
	Hazard Ratio (95% CI)		0.514 ( 0.319, 0.828)
	Treatment P-value [a]		0.00518
	Interaction P-value [b]		0.26932
6 Months	Patients at Risk, Survival Est. (95% CI)	24, 0.59 ( 0.44, 0.71)	13, 0.35 ( 0.21, 0.50)
12 Months	Patients at Risk, Survival Est. (95% CI)	5, 0.34 ( 0.20, 0.49)	1, 0.04 ( 0.00, 0.18)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_MOR\_KM.SAS

Date/time of run: 16APR2021 11:47

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table PFS1.KM.S10.FAS: Time to Progression-Free Survival on Study Therapy (Months) (Full Analysis Set)

Subgroup: Best Response to Prior CPI, Level: Non-responder

Time Point	Statistics	Enfortumab Vedotin (N=207)	Chemotherapy (N=215)
Overall	No. of Events (%)	146 ( 70.5)	160 ( 74.4)
	Median Survival Est. (95% CI)	5.42 ( 4.44, 5.65)	3.65 ( 3.35, 3.84)
	Hazard Ratio (95% CI)		0.692 ( 0.552, 0.867)
	Treatment P-value [a]		0.00159
	Interaction P-value [b]		0.26932
6 Months	Patients at Risk, Survival Est. (95% CI)	67, 0.40 ( 0.33, 0.47)	40, 0.27 ( 0.21, 0.34)
12 Months	Patients at Risk, Survival Est. (95% CI)	15, 0.18 ( 0.12, 0.25)	7, 0.10 ( 0.05, 0.16)
18 Months	Patients at Risk, Survival Est. (95% CI)	2, 0.13 ( 0.06, 0.21)	1, 0.03 ( 0.00, 0.11)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_MOR\_KM.SAS

Date/time of run: 16APR2021 11:47

Analysis Plan: 15FEB2021

Confidential

## 2.1.2 Sensitivitätsanalyse

Astellas: 7465-CL-0301

Table PFS1S.KM.S1.FAS: Time to Progression-Free Survival on Study Therapy (Months) - Sensitivity Analysis (Full Analysis Set)

Subgroup: Age Group 1, Level: <65 years

Time Point	Statistics	Enfortumab Vedotin (N=108)	Chemotherapy (N=111)
Overall	No. of Events (%)	77 ( 71.3)	80 ( 72.1)
	Median Survival Est. (95% CI)	5.45 ( 4.44, 6.34)	3.55 ( 2.37, 3.84)
	Hazard Ratio (95% CI)		0.699 ( 0.511, 0.956)
	Treatment P-value [a]		0.02901
	Interaction P-value [b]		0.53884
6 Months	Patients at Risk, Survival Est. (95% CI)	38, 0.43 ( 0.33, 0.53)	23, 0.27 ( 0.19, 0.37)
12 Months	Patients at Risk, Survival Est. (95% CI)	7, 0.18 ( 0.10, 0.28)	1, 0.05 ( 0.01, 0.17)
18 Months	Patients at Risk, Survival Est. (95% CI)	1, 0.15 ( 0.08, 0.25)	0

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_MOR\_KM.SAS

Date/time of run: 16APR2021 11:47

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table PFS1S.KM.S1.FAS: Time to Progression-Free Survival on Study Therapy (Months) - Sensitivity Analysis (Full Analysis Set)

Subgroup: Age Group 1, Level: &gt;=65 years

Time Point	Statistics	Enfortumab Vedotin (N=193)	Chemotherapy (N=196)
Overall	No. of Events (%)	127 ( 65.8)	154 ( 78.6)
	Median Survival Est. (95% CI)	5.65 ( 5.32, 7.20)	3.84 ( 3.52, 5.13)
	Hazard Ratio (95% CI)		0.618 ( 0.488, 0.783)
	Treatment P-value [a]		0.00005
	Interaction P-value [b]		0.53884
6 Months	Patients at Risk, Survival Est. (95% CI)	66, 0.45 ( 0.37, 0.52)	41, 0.29 ( 0.23, 0.36)
12 Months	Patients at Risk, Survival Est. (95% CI)	16, 0.23 ( 0.16, 0.31)	7, 0.09 ( 0.05, 0.15)
18 Months	Patients at Risk, Survival Est. (95% CI)	1, 0.16 ( 0.09, 0.25)	1, 0.03 ( 0.00, 0.10)

Subgroup analyses are conducted if there exist at least 2 levels with >= 10 patients across treatment arms and >=10 events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_MOR\_KM.SAS

Date/time of run: 16APR2021 11:47

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table PFS1S.KM.S2.FAS: Time to Progression-Free Survival on Study Therapy (Months) - Sensitivity Analysis (Full Analysis Set)

Subgroup: Age Group 2, Level: &lt;75 years

Time Point	Statistics	Enfortumab Vedotin (N=249)	Chemotherapy (N=239)
Overall	No. of Events (%)	169 ( 67.9)	181 ( 75.7)
	Median Survival Est. (95% CI)	5.62 ( 5.36, 6.34)	3.68 ( 3.32, 3.94)
	Hazard Ratio (95% CI)		0.601 ( 0.487, 0.743)
	Treatment P-value [a]		<.00001
	Interaction P-value [b]		0.10844
6 Months	Patients at Risk, Survival Est. (95% CI)	91, 0.45 ( 0.38, 0.51)	48, 0.27 ( 0.21, 0.34)
12 Months	Patients at Risk, Survival Est. (95% CI)	22, 0.23 ( 0.17, 0.29)	5, 0.07 ( 0.03, 0.13)
18 Months	Patients at Risk, Survival Est. (95% CI)	2, 0.18 ( 0.12, 0.25)	1, 0.03 ( 0.00, 0.12)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_MOR\_KM.SAS

Date/time of run: 16APR2021 11:47

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table PFS1S.KM.S2.FAS: Time to Progression-Free Survival on Study Therapy (Months) - Sensitivity Analysis (Full Analysis Set)

Subgroup: Age Group 2, Level: &gt;=75 years

Time Point	Statistics	Enfortumab Vedotin (N=52)	Chemotherapy (N=68)
Overall	No. of Events (%)	35 ( 67.3)	53 ( 77.9)
	Median Survival Est. (95% CI)	5.42 ( 3.71, 7.20)	4.14 ( 3.52, 5.62)
	Hazard Ratio (95% CI)		0.888 ( 0.580, 1.362)
	Treatment P-value [a]		0.61207
	Interaction P-value [b]		0.10844
6 Months	Patients at Risk, Survival Est. (95% CI)	13, 0.40 ( 0.25, 0.54)	16, 0.33 ( 0.21, 0.45)
12 Months	Patients at Risk, Survival Est. (95% CI)	1, 0.13 ( 0.04, 0.27)	3, 0.12 ( 0.04, 0.22)

Subgroup analyses are conducted if there exist at least 2 levels with >= 10 patients across treatment arms and >=10 events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_MOR\_KM.SAS

Date/time of run: 16APR2021 11:47

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table PFS1S.KM.S3.FAS: Time to Progression-Free Survival on Study Therapy (Months) - Sensitivity Analysis (Full Analysis Set)

Subgroup: Gender, Level: Male

Time Point	Statistics	Enfortumab Vedotin (N=238)	Chemotherapy (N=232)
Overall	No. of Events (%)	154 ( 64.7)	182 ( 78.4)
	Median Survival Est. (95% CI)	5.65 ( 5.32, 6.77)	3.68 ( 3.42, 3.94)
	Hazard Ratio (95% CI)		0.575 ( 0.463, 0.714)
	Treatment P-value [a]		<.00001
	Interaction P-value [b]		0.02744
6 Months	Patients at Risk, Survival Est. (95% CI)	85, 0.47 ( 0.40, 0.53)	45, 0.26 ( 0.20, 0.32)
12 Months	Patients at Risk, Survival Est. (95% CI)	23, 0.26 ( 0.19, 0.32)	5, 0.07 ( 0.03, 0.13)
18 Months	Patients at Risk, Survival Est. (95% CI)	2, 0.18 ( 0.11, 0.26)	0

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_MOR\_KM.SAS

Date/time of run: 16APR2021 11:47

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table PFS1S.KM.S3.FAS: Time to Progression-Free Survival on Study Therapy (Months) - Sensitivity Analysis (Full Analysis Set)

Subgroup: Gender, Level: Female

Time Point	Statistics	Enfortumab Vedotin (N=63)	Chemotherapy (N=75)
Overall	No. of Events (%)	50 ( 79.4)	52 ( 69.3)
	Median Survival Est. (95% CI)	5.39 ( 3.75, 5.78)	3.94 ( 2.99, 7.23)
	Hazard Ratio (95% CI)		0.949 ( 0.643, 1.400)
	Treatment P-value [a]		0.97682
	Interaction P-value [b]		0.02744
6 Months	Patients at Risk, Survival Est. (95% CI)	19, 0.36 ( 0.24, 0.48)	19, 0.38 ( 0.27, 0.50)
12 Months	Patients at Risk, Survival Est. (95% CI)	0	3, 0.12 ( 0.04, 0.25)
18 Months	Patients at Risk, Survival Est. (95% CI)	0	1, 0.08 ( 0.02, 0.21)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_MOR\_KM.SAS

Date/time of run: 16APR2021 11:47

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table PFS1S.KM.S4.FAS: Time to Progression-Free Survival on Study Therapy (Months) - Sensitivity Analysis (Full Analysis Set)

Subgroup: Region, Level: Western Europe

Time Point	Statistics	Enfortumab Vedotin (N=126)	Chemotherapy (N=129)
Overall	No. of Events (%)	88 ( 69.8)	96 ( 74.4)
	Median Survival Est. (95% CI)	5.55 ( 3.91, 6.77)	3.75 ( 3.02, 5.13)
	Hazard Ratio (95% CI)		0.686 ( 0.514, 0.917)
	Treatment P-value [a]		0.01158
	Interaction P-value [b]		0.86356
6 Months	Patients at Risk, Survival Est. (95% CI)	48, 0.44 ( 0.35, 0.53)	29, 0.28 ( 0.20, 0.36)
12 Months	Patients at Risk, Survival Est. (95% CI)	10, 0.22 ( 0.14, 0.30)	6, 0.14 ( 0.07, 0.23)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_MOR\_KM.SAS

Date/time of run: 16APR2021 11:47

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table PFS1S.KM.S4.FAS: Time to Progression-Free Survival on Study Therapy (Months) - Sensitivity Analysis (Full Analysis Set)

Subgroup: Region, Level: US

Time Point	Statistics	Enfortumab Vedotin (N=43)	Chemotherapy (N=44)
Overall	No. of Events (%)	31 ( 72.1)	35 ( 79.5)
	Median Survival Est. (95% CI)	5.65 ( 3.45, 7.46)	3.35 ( 2.07, 5.62)
	Hazard Ratio (95% CI)		0.609 ( 0.375, 0.989)
	Treatment P-value [a]		0.05059
	Interaction P-value [b]		0.86356
6 Months	Patients at Risk, Survival Est. (95% CI)	17, 0.45 ( 0.29, 0.60)	11, 0.33 ( 0.18, 0.48)
12 Months	Patients at Risk, Survival Est. (95% CI)	6, 0.23 ( 0.11, 0.38)	1, 0.04 ( 0.00, 0.15)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_MOR\_KM.SAS

Date/time of run: 16APR2021 11:47

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table PFS1S.KM.S4.FAS: Time to Progression-Free Survival on Study Therapy (Months) - Sensitivity Analysis (Full Analysis Set)

Subgroup: Region, Level: Rest of the World

Time Point	Statistics	Enfortumab Vedotin (N=132)	Chemotherapy (N=134)
Overall	No. of Events (%)	85 ( 64.4)	103 ( 76.9)
	Median Survival Est. (95% CI)	5.55 ( 5.32, 7.16)	3.78 ( 3.52, 5.39)
	Hazard Ratio (95% CI)		0.621 ( 0.466, 0.829)
	Treatment P-value [a]		0.00062
	Interaction P-value [b]		0.86356
6 Months	Patients at Risk, Survival Est. (95% CI)	39, 0.44 ( 0.35, 0.53)	24, 0.28 ( 0.20, 0.37)
12 Months	Patients at Risk, Survival Est. (95% CI)	7, 0.20 ( 0.12, 0.30)	1, 0.04 ( 0.01, 0.12)
18 Months	Patients at Risk, Survival Est. (95% CI)	2, 0.15 ( 0.07, 0.25)	1, 0.04 ( 0.01, 0.12)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_MOR\_KM.SAS

Date/time of run: 16APR2021 11:47

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table PFS1S.KM.S5.FAS: Time to Progression-Free Survival on Study Therapy (Months) - Sensitivity Analysis (Full Analysis Set)

Subgroup: ECOG PS from IRT Strata, Level: 0

Time Point	Statistics	Enfortumab Vedotin (N=120)	Chemotherapy (N=124)
Overall	No. of Events (%)	72 ( 60.0)	86 ( 69.4)
	Median Survival Est. (95% CI)	6.57 ( 5.55, 7.66)	4.14 ( 3.71, 5.59)
	Hazard Ratio (95% CI)		0.622 ( 0.455, 0.851)
	Treatment P-value [a]		0.00237
	Interaction P-value [b]		0.78317
6 Months	Patients at Risk, Survival Est. (95% CI)	48, 0.52 ( 0.42, 0.61)	27, 0.33 ( 0.24, 0.43)
12 Months	Patients at Risk, Survival Est. (95% CI)	13, 0.31 ( 0.21, 0.41)	5, 0.12 ( 0.05, 0.22)
18 Months	Patients at Risk, Survival Est. (95% CI)	2, 0.23 ( 0.14, 0.34)	1, 0.05 ( 0.01, 0.17)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_MOR\_KM.SAS

Date/time of run: 16APR2021 11:47

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table PFS1S.KM.S5.FAS: Time to Progression-Free Survival on Study Therapy (Months) - Sensitivity Analysis (Full Analysis Set)

Subgroup: ECOG PS from IRT Strata, Level: 1

Time Point	Statistics	Enfortumab Vedotin (N=181)	Chemotherapy (N=183)
Overall	No. of Events (%)	132 ( 72.9)	148 ( 80.9)
	Median Survival Est. (95% CI)	5.39 ( 3.94, 5.62)	3.35 ( 2.30, 3.84)
	Hazard Ratio (95% CI)		0.657 ( 0.519, 0.832)
	Treatment P-value [a]		0.00065
	Interaction P-value [b]		0.78317
6 Months	Patients at Risk, Survival Est. (95% CI)	56, 0.39 ( 0.32, 0.46)	37, 0.26 ( 0.19, 0.33)
12 Months	Patients at Risk, Survival Est. (95% CI)	10, 0.15 ( 0.10, 0.22)	3, 0.05 ( 0.02, 0.11)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_MOR\_KM.SAS

Date/time of run: 16APR2021 11:47

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table PFS1S.KM.S6.FAS: Time to Progression-Free Survival on Study Therapy (Months) - Sensitivity Analysis (Full Analysis Set)

Subgroup: Liver Metastasis from IRT Strata, Level: Yes

Time Point	Statistics	Enfortumab Vedotin (N=93)	Chemotherapy (N=95)
Overall	No. of Events (%)	73 ( 78.5)	76 ( 80.0)
	Median Survival Est. (95% CI)	4.44 ( 3.71, 5.55)	2.63 ( 2.07, 3.55)
	Hazard Ratio (95% CI)		0.592 ( 0.428, 0.818)
	Treatment P-value [a]		0.00183
	Interaction P-value [b]		0.65399
6 Months	Patients at Risk, Survival Est. (95% CI)	27, 0.35 ( 0.25, 0.46)	9, 0.15 ( 0.08, 0.23)
12 Months	Patients at Risk, Survival Est. (95% CI)	2, 0.08 ( 0.03, 0.18)	2, 0.09 ( 0.03, 0.17)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_MOR\_KM.SAS

Date/time of run: 16APR2021 11:47

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table PFS1S.KM.S6.FAS: Time to Progression-Free Survival on Study Therapy (Months) - Sensitivity Analysis (Full Analysis Set)

Subgroup: Liver Metastasis from IRT Strata, Level: No

Time Point	Statistics	Enfortumab Vedotin (N=208)	Chemotherapy (N=212)
Overall	No. of Events (%)	131 ( 63.0)	158 ( 74.5)
	Median Survival Est. (95% CI)	5.78 ( 5.49, 7.20)	4.14 ( 3.68, 5.55)
	Hazard Ratio (95% CI)		0.648 ( 0.514, 0.818)
	Treatment P-value [a]		0.00023
	Interaction P-value [b]		0.65399
6 Months	Patients at Risk, Survival Est. (95% CI)	77, 0.48 ( 0.41, 0.55)	55, 0.35 ( 0.28, 0.42)
12 Months	Patients at Risk, Survival Est. (95% CI)	21, 0.27 ( 0.20, 0.34)	6, 0.08 ( 0.04, 0.15)
18 Months	Patients at Risk, Survival Est. (95% CI)	2, 0.21 ( 0.14, 0.29)	1, 0.03 ( 0.00, 0.11)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_MOR\_KM.SAS

Date/time of run: 16APR2021 11:47

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table PFS1S.KM.S7.FAS: Time to Progression-Free Survival on Study Therapy (Months) - Sensitivity Analysis (Full Analysis Set)

Subgroup: Pre-selected Investigator's Choice of Paclitaxel/Docetaxel/Vinflunine, Level: Paclitaxel

Time Point	Statistics	Enfortumab Vedotin (N=141)	Chemotherapy (N=112)
Overall	No. of Events (%)	97 ( 68.8)	90 ( 80.4)
	Median Survival Est. (95% CI)	5.55 ( 4.44, 7.20)	3.65 ( 3.35, 5.13)
	Hazard Ratio (95% CI)		0.629 ( 0.472, 0.839)
	Treatment P-value [a]		0.00123
	Interaction P-value [b]		0.20868
6 Months	Patients at Risk, Survival Est. (95% CI)	49, 0.45 ( 0.36, 0.53)	23, 0.28 ( 0.20, 0.37)
12 Months	Patients at Risk, Survival Est. (95% CI)	10, 0.20 ( 0.13, 0.29)	2, 0.06 ( 0.01, 0.14)
18 Months	Patients at Risk, Survival Est. (95% CI)	1, 0.16 ( 0.09, 0.25)	1, 0.03 ( 0.00, 0.11)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_MOR\_KM.SAS

Date/time of run: 16APR2021 11:47

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table PFS1S.KM.S7.FAS: Time to Progression-Free Survival on Study Therapy (Months) - Sensitivity Analysis (Full Analysis Set)

Subgroup: Pre-selected Investigator's Choice of Paclitaxel/Docetaxel/Vinflunine, Level: Docetaxel

Time Point	Statistics	Enfortumab Vedotin (N=87)	Chemotherapy (N=117)
Overall	No. of Events (%)	56 ( 64.4)	89 ( 76.1)
	Median Survival Est. (95% CI)	5.68 ( 3.94, 7.23)	3.38 ( 2.20, 3.84)
	Hazard Ratio (95% CI)		0.537 ( 0.384, 0.752)
	Treatment P-value [a]		0.00031
	Interaction P-value [b]		0.20868
6 Months	Patients at Risk, Survival Est. (95% CI)	32, 0.48 ( 0.36, 0.58)	21, 0.27 ( 0.18, 0.36)
12 Months	Patients at Risk, Survival Est. (95% CI)	8, 0.25 ( 0.14, 0.36)	1, 0.03 ( 0.00, 0.12)
18 Months	Patients at Risk, Survival Est. (95% CI)	1, 0.16 ( 0.06, 0.30)	0

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_MOR\_KM.SAS

Date/time of run: 16APR2021 11:47

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table PFS1S.KM.S7.FAS: Time to Progression-Free Survival on Study Therapy (Months) - Sensitivity Analysis (Full Analysis Set)

Subgroup: Pre-selected Investigator's Choice of Paclitaxel/Docetaxel/Vinflunine, Level: Vinflunine

Time Point	Statistics	Enfortumab Vedotin (N=73)	Chemotherapy (N=78)
Overall	No. of Events (%)	51 ( 69.9)	55 ( 70.5)
	Median Survival Est. (95% CI)	5.55 ( 4.60, 6.57)	4.16 ( 3.71, 5.55)
	Hazard Ratio (95% CI)		0.847 ( 0.579, 1.241)
	Treatment P-value [a]		0.35449
	Interaction P-value [b]		0.20868
6 Months	Patients at Risk, Survival Est. (95% CI)	23, 0.39 ( 0.28, 0.51)	20, 0.32 ( 0.21, 0.43)
12 Months	Patients at Risk, Survival Est. (95% CI)	5, 0.20 ( 0.10, 0.33)	5, 0.18 ( 0.09, 0.29)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_MOR\_KM.SAS

Date/time of run: 16APR2021 11:47

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table PFS1S.KM.S8.FAS: Time to Progression-Free Survival on Study Therapy (Months) - Sensitivity Analysis (Full Analysis Set)

Subgroup: Primary Site of Tumor, Level: Upper Tract

Time Point	Statistics	Enfortumab Vedotin (N=98)	Chemotherapy (N=107)
Overall	No. of Events (%)	65 ( 66.3)	74 ( 69.2)
	Median Survival Est. (95% CI)	5.62 ( 5.32, 7.29)	3.78 ( 2.23, 5.39)
	Hazard Ratio (95% CI)		0.704 ( 0.504, 0.983)
	Treatment P-value [a]		0.05194
	Interaction P-value [b]		0.51395
6 Months	Patients at Risk, Survival Est. (95% CI)	37, 0.48 ( 0.38, 0.58)	26, 0.34 ( 0.25, 0.44)
12 Months	Patients at Risk, Survival Est. (95% CI)	8, 0.23 ( 0.13, 0.34)	6, 0.16 ( 0.08, 0.26)
18 Months	Patients at Risk, Survival Est. (95% CI)	1, 0.17 ( 0.08, 0.28)	1, 0.08 ( 0.01, 0.24)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_MOR\_KM.SAS

Date/time of run: 16APR2021 11:47

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table PFS1S.KM.S8.FAS: Time to Progression-Free Survival on Study Therapy (Months) - Sensitivity Analysis (Full Analysis Set)

Subgroup: Primary Site of Tumor, Level: Other

Time Point	Statistics	Enfortumab Vedotin (N=203)	Chemotherapy (N=200)
Overall	No. of Events (%)	139 ( 68.5)	160 ( 80.0)
	Median Survival Est. (95% CI)	5.55 ( 4.44, 5.78)	3.68 ( 3.42, 4.04)
	Hazard Ratio (95% CI)		0.616 ( 0.490, 0.774)
	Treatment P-value [a]		0.00002
	Interaction P-value [b]		0.51395
6 Months	Patients at Risk, Survival Est. (95% CI)	67, 0.42 ( 0.35, 0.49)	38, 0.26 ( 0.20, 0.33)
12 Months	Patients at Risk, Survival Est. (95% CI)	15, 0.21 ( 0.14, 0.28)	2, 0.05 ( 0.02, 0.10)
18 Months	Patients at Risk, Survival Est. (95% CI)	1, 0.13 ( 0.06, 0.24)	0

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_MOR\_KM.SAS

Date/time of run: 16APR2021 11:47

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table PFS1S.KM.S9.FAS: Time to Progression-Free Survival on Study Therapy (Months) - Sensitivity Analysis (Full Analysis Set)

Subgroup: Prior Lines of Systemic Therapy, Level: 1-2 lines

Time Point	Statistics	Enfortumab Vedotin (N=262)	Chemotherapy (N=270)
Overall	No. of Events (%)	178 ( 67.9)	206 ( 76.3)
	Median Survival Est. (95% CI)	5.55 ( 5.32, 6.08)	3.75 ( 3.52, 4.07)
	Hazard Ratio (95% CI)		0.641 ( 0.524, 0.784)
	Treatment P-value [a]		0.00001
	Interaction P-value [b]		0.81764
6 Months	Patients at Risk, Survival Est. (95% CI)	92, 0.44 ( 0.38, 0.50)	57, 0.29 ( 0.23, 0.35)
12 Months	Patients at Risk, Survival Est. (95% CI)	21, 0.22 ( 0.16, 0.28)	7, 0.08 ( 0.05, 0.14)
18 Months	Patients at Risk, Survival Est. (95% CI)	1, 0.16 ( 0.09, 0.23)	1, 0.02 ( 0.00, 0.10)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_MOR\_KM.SAS

Date/time of run: 16APR2021 11:47

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table PFS1S.KM.S9.FAS: Time to Progression-Free Survival on Study Therapy (Months) - Sensitivity Analysis (Full Analysis Set)

Subgroup: Prior Lines of Systemic Therapy, Level: &gt;=3 lines

Time Point	Statistics	Enfortumab Vedotin (N=39)	Chemotherapy (N=37)
Overall	No. of Events (%)	26 ( 66.7)	28 ( 75.7)
	Median Survival Est. (95% CI)	5.55 ( 3.71, 7.20)	3.61 ( 2.10, 5.68)
	Hazard Ratio (95% CI)		0.686 ( 0.402, 1.170)
	Treatment P-value [a]		0.14675
	Interaction P-value [b]		0.81764
6 Months	Patients at Risk, Survival Est. (95% CI)	12, 0.45 ( 0.27, 0.60)	7, 0.27 ( 0.13, 0.43)
12 Months	Patients at Risk, Survival Est. (95% CI)	2, 0.19 ( 0.07, 0.37)	1, 0.07 ( 0.01, 0.24)
18 Months	Patients at Risk, Survival Est. (95% CI)	1, 0.10 ( 0.01, 0.31)	0

Subgroup analyses are conducted if there exist at least 2 levels with >= 10 patients across treatment arms and >=10 events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_MOR\_KM.SAS

Date/time of run: 16APR2021 11:47

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table PFS1S.KM.S10.FAS: Time to Progression-Free Survival on Study Therapy (Months) - Sensitivity Analysis (Full Analysis Set)

Subgroup: Best Response to Prior CPI, Level: Responder

Time Point	Statistics	Enfortumab Vedotin (N=61)	Chemotherapy (N=50)
Overall	No. of Events (%)	33 ( 54.1)	37 ( 74.0)
	Median Survival Est. (95% CI)	7.23 ( 5.78, 11.10)	5.39 ( 3.65, 7.23)
	Hazard Ratio (95% CI)		0.523 ( 0.327, 0.836)
	Treatment P-value [a]		0.00607
	Interaction P-value [b]		0.29636
6 Months	Patients at Risk, Survival Est. (95% CI)	25, 0.60 ( 0.45, 0.72)	14, 0.37 ( 0.22, 0.51)
12 Months	Patients at Risk, Survival Est. (95% CI)	5, 0.33 ( 0.19, 0.48)	1, 0.04 ( 0.00, 0.17)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_MOR\_KM.SAS

Date/time of run: 16APR2021 11:47

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table PFS1S.KM.S10.FAS: Time to Progression-Free Survival on Study Therapy (Months) - Sensitivity Analysis (Full Analysis Set)

Subgroup: Best Response to Prior CPI, Level: Non-responder

Time Point	Statistics	Enfortumab Vedotin (N=207)	Chemotherapy (N=215)
Overall	No. of Events (%)	147 ( 71.0)	162 ( 75.3)
	Median Survival Est. (95% CI)	5.45 ( 4.60, 5.65)	3.68 ( 3.35, 3.94)
	Hazard Ratio (95% CI)		0.690 ( 0.551, 0.863)
	Treatment P-value [a]		0.00141
	Interaction P-value [b]		0.29636
6 Months	Patients at Risk, Survival Est. (95% CI)	68, 0.41 ( 0.33, 0.47)	41, 0.27 ( 0.21, 0.34)
12 Months	Patients at Risk, Survival Est. (95% CI)	15, 0.18 ( 0.12, 0.25)	7, 0.10 ( 0.05, 0.16)
18 Months	Patients at Risk, Survival Est. (95% CI)	2, 0.12 ( 0.06, 0.21)	1, 0.03 ( 0.00, 0.11)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_MOR\_KM.SAS

Date/time of run: 16APR2021 11:47

Analysis Plan: 15FEB2021

Confidential

## 2.2 Subgruppenanalysen zum Progressionsfreien Überleben 2 (PFS2)

Astellas: 7465-CL-0301

Table PFS2.KM.S1.FAS: Time to Progression-Free Survival After Next-line Therapy (Months) (Full Analysis Set)

Subgroup: Age Group 1, Level: &lt;65 years

Time Point	Statistics	Enfortumab Vedotin (N=108)	Chemotherapy (N=111)
Overall	No. of Events (%)	55 ( 50.9)	79 ( 71.2)
	Median Survival Est. (95% CI)	9.89 ( 7.13, 11.40)	6.70 ( 5.95, 8.05)
	Hazard Ratio (95% CI)		0.626 ( 0.444, 0.884)
	Treatment P-value [a]		0.00879
	Interaction P-value [b]		0.87110
6 Months	Patients at Risk, Survival Est. (95% CI)	68, 0.71 ( 0.62, 0.79)	57, 0.58 ( 0.48, 0.67)
12 Months	Patients at Risk, Survival Est. (95% CI)	11, 0.34 ( 0.22, 0.47)	9, 0.17 ( 0.10, 0.27)
18 Months	Patients at Risk, Survival Est. (95% CI)	0	2, 0.12 ( 0.05, 0.22)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_MOR\_KM.SAS

Date/time of run: 16APR2021 11:47

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table PFS2.KM.S1.FAS: Time to Progression-Free Survival After Next-line Therapy (Months) (Full Analysis Set)

Subgroup: Age Group 1, Level: &gt;=65 years

Time Point	Statistics	Enfortumab Vedotin (N=193)	Chemotherapy (N=196)
Overall	No. of Events (%)	97 ( 50.3)	116 ( 59.2)
	Median Survival Est. (95% CI)	9.63 ( 8.08, 11.27)	7.23 ( 6.51, 8.71)
	Hazard Ratio (95% CI)		0.649 ( 0.495, 0.852)
	Treatment P-value [a]		0.00189
	Interaction P-value [b]		0.87110
6 Months	Patients at Risk, Survival Est. (95% CI)	116, 0.71 ( 0.64, 0.77)	99, 0.65 ( 0.57, 0.71)
12 Months	Patients at Risk, Survival Est. (95% CI)	32, 0.39 ( 0.31, 0.48)	19, 0.28 ( 0.20, 0.36)
18 Months	Patients at Risk, Survival Est. (95% CI)	6, 0.26 ( 0.15, 0.39)	1, 0.05 ( 0.01, 0.17)

Subgroup analyses are conducted if there exist at least 2 levels with >= 10 patients across treatment arms and >=10 events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_MOR\_KM.SAS

Date/time of run: 16APR2021 11:47

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table PFS2.KM.S2.FAS: Time to Progression-Free Survival After Next-line Therapy (Months) (Full Analysis Set)

Subgroup: Age Group 2, Level: &lt;75 years

Time Point	Statistics	Enfortumab Vedotin (N=249)	Chemotherapy (N=239)
Overall	No. of Events (%)	123 ( 49.4)	152 ( 63.6)
	Median Survival Est. (95% CI)	9.99 ( 8.08, 11.56)	7.03 ( 6.41, 8.15)
	Hazard Ratio (95% CI)		0.592 ( 0.466, 0.751)
	Treatment P-value [a]		0.00002
	Interaction P-value [b]		0.10641
6 Months	Patients at Risk, Survival Est. (95% CI)	158, 0.72 ( 0.66, 0.78)	120, 0.61 ( 0.54, 0.67)
12 Months	Patients at Risk, Survival Est. (95% CI)	38, 0.41 ( 0.33, 0.48)	20, 0.23 ( 0.16, 0.30)
18 Months	Patients at Risk, Survival Est. (95% CI)	5, 0.26 ( 0.15, 0.39)	3, 0.09 ( 0.03, 0.18)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_MOR\_KM.SAS

Date/time of run: 16APR2021 11:47

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table PFS2.KM.S2.FAS: Time to Progression-Free Survival After Next-line Therapy (Months) (Full Analysis Set)

Subgroup: Age Group 2, Level: &gt;=75 years

Time Point	Statistics	Enfortumab Vedotin (N=52)	Chemotherapy (N=68)
Overall	No. of Events (%)	29 ( 55.8)	43 ( 63.2)
	Median Survival Est. (95% CI)	8.48 ( 5.59, 9.92)	7.00 ( 6.05, 8.94)
	Hazard Ratio (95% CI)		0.914 ( 0.571, 1.464)
	Treatment P-value [a]		0.71119
	Interaction P-value [b]		0.10641
6 Months	Patients at Risk, Survival Est. (95% CI)	26, 0.66 ( 0.49, 0.78)	36, 0.66 ( 0.53, 0.77)
12 Months	Patients at Risk, Survival Est. (95% CI)	5, 0.23 ( 0.10, 0.39)	8, 0.27 ( 0.15, 0.40)
18 Months	Patients at Risk, Survival Est. (95% CI)	1, 0.11 ( 0.01, 0.35)	0

Subgroup analyses are conducted if there exist at least 2 levels with >= 10 patients across treatment arms and >=10 events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_MOR\_KM.SAS

Date/time of run: 16APR2021 11:47

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table PFS2.KM.S3.FAS: Time to Progression-Free Survival After Next-line Therapy (Months) (Full Analysis Set)

Subgroup: Gender, Level: Male

Time Point	Statistics	Enfortumab Vedotin (N=238)	Chemotherapy (N=232)
Overall	No. of Events (%)	117 ( 49.2)	152 ( 65.5)
	Median Survival Est. (95% CI)	9.63 ( 7.95, 10.81)	7.00 ( 6.41, 8.05)
	Hazard Ratio (95% CI)		0.574 ( 0.450, 0.732)
	Treatment P-value [a]		<.00001
	Interaction P-value [b]		0.07996
6 Months	Patients at Risk, Survival Est. (95% CI)	149, 0.73 ( 0.66, 0.78)	118, 0.61 ( 0.54, 0.67)
12 Months	Patients at Risk, Survival Est. (95% CI)	37, 0.40 ( 0.32, 0.48)	20, 0.21 ( 0.15, 0.28)
18 Months	Patients at Risk, Survival Est. (95% CI)	6, 0.28 ( 0.17, 0.40)	1, 0.06 ( 0.02, 0.14)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_MOR\_KM.SAS

Date/time of run: 16APR2021 11:47

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table PFS2.KM.S3.FAS: Time to Progression-Free Survival After Next-line Therapy (Months) (Full Analysis Set)

Subgroup: Gender, Level: Female

Time Point	Statistics	Enfortumab Vedotin (N=63)	Chemotherapy (N=75)
Overall	No. of Events (%)	35 ( 55.6)	43 ( 57.3)
	Median Survival Est. (95% CI)	9.46 ( 6.34, 11.63)	7.36 ( 6.24, 10.68)
	Hazard Ratio (95% CI)		0.908 ( 0.580, 1.421)
	Treatment P-value [a]		0.73291
	Interaction P-value [b]		0.07996
6 Months	Patients at Risk, Survival Est. (95% CI)	35, 0.66 ( 0.53, 0.77)	38, 0.65 ( 0.52, 0.75)
12 Months	Patients at Risk, Survival Est. (95% CI)	6, 0.29 ( 0.15, 0.45)	8, 0.31 ( 0.18, 0.45)
18 Months	Patients at Risk, Survival Est. (95% CI)	0	2, 0.17 ( 0.04, 0.36)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_MOR\_KM.SAS

Date/time of run: 16APR2021 11:47

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table PFS2.KM.S4.FAS: Time to Progression-Free Survival After Next-line Therapy (Months) (Full Analysis Set)

Subgroup: Region, Level: Western Europe

Time Point	Statistics	Enfortumab Vedotin (N=126)	Chemotherapy (N=129)
Overall	No. of Events (%)	66 ( 52.4)	79 ( 61.2)
	Median Survival Est. (95% CI)	8.28 ( 7.20, 10.41)	6.67 ( 5.98, 8.05)
	Hazard Ratio (95% CI)		0.642 ( 0.463, 0.890)
	Treatment P-value [a]		0.01264
	Interaction P-value [b]		0.94559
6 Months	Patients at Risk, Survival Est. (95% CI)	79, 0.72 ( 0.63, 0.79)	59, 0.59 ( 0.49, 0.68)
12 Months	Patients at Risk, Survival Est. (95% CI)	16, 0.38 ( 0.28, 0.48)	11, 0.25 ( 0.16, 0.35)
18 Months	Patients at Risk, Survival Est. (95% CI)	0	1, 0.10 ( 0.02, 0.24)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_MOR\_KM.SAS

Date/time of run: 16APR2021 11:47

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table PFS2.KM.S4.FAS: Time to Progression-Free Survival After Next-line Therapy (Months) (Full Analysis Set)

Subgroup: Region, Level: US

Time Point	Statistics	Enfortumab Vedotin (N=43)	Chemotherapy (N=44)
Overall	No. of Events (%)	26 ( 60.5)	30 ( 68.2)
	Median Survival Est. (95% CI)	9.59 ( 6.77, 17.15)	7.10 ( 4.93, 11.40)
	Hazard Ratio (95% CI)		0.681 ( 0.400, 1.157)
	Treatment P-value [a]		0.16654
	Interaction P-value [b]		0.94559
6 Months	Patients at Risk, Survival Est. (95% CI)	27, 0.70 ( 0.53, 0.81)	23, 0.59 ( 0.42, 0.73)
12 Months	Patients at Risk, Survival Est. (95% CI)	10, 0.36 ( 0.21, 0.52)	8, 0.33 ( 0.18, 0.49)
18 Months	Patients at Risk, Survival Est. (95% CI)	4, 0.30 ( 0.15, 0.47)	1, 0.08 ( 0.01, 0.28)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_MOR\_KM.SAS

Date/time of run: 16APR2021 11:47

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table PFS2.KM.S4.FAS: Time to Progression-Free Survival After Next-line Therapy (Months) (Full Analysis Set)

Subgroup: Region, Level: Rest of the World

Time Point	Statistics	Enfortumab Vedotin (N=132)	Chemotherapy (N=134)
Overall	No. of Events (%)	60 ( 45.5)	86 ( 64.2)
	Median Survival Est. (95% CI)	10.15 ( 8.61, 11.83)	7.62 ( 6.64, 8.61)
	Hazard Ratio (95% CI)		0.613 ( 0.441, 0.854)
	Treatment P-value [a]		0.00217
	Interaction P-value [b]		0.94559
6 Months	Patients at Risk, Survival Est. (95% CI)	78, 0.71 ( 0.62, 0.79)	74, 0.66 ( 0.57, 0.74)
12 Months	Patients at Risk, Survival Est. (95% CI)	17, 0.38 ( 0.27, 0.50)	9, 0.18 ( 0.10, 0.28)
18 Months	Patients at Risk, Survival Est. (95% CI)	2, 0.23 ( 0.11, 0.38)	1, 0.07 ( 0.02, 0.18)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_MOR\_KM.SAS

Date/time of run: 16APR2021 11:47

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table PFS2.KM.S5.FAS: Time to Progression-Free Survival After Next-line Therapy (Months) (Full Analysis Set)

Subgroup: ECOG PS from IRT Strata, Level: 0

Time Point	Statistics	Enfortumab Vedotin (N=120)	Chemotherapy (N=124)
Overall	No. of Events (%)	50 ( 41.7)	67 ( 54.0)
	Median Survival Est. (95% CI)	10.58 ( 9.26, 15.34)	8.84 ( 7.36, 9.59)
	Hazard Ratio (95% CI)		0.693 ( 0.480, 1.000)
	Treatment P-value [a]		0.03597
	Interaction P-value [b]		0.46851
6 Months	Patients at Risk, Survival Est. (95% CI)	81, 0.81 ( 0.72, 0.87)	82, 0.81 ( 0.73, 0.88)
12 Months	Patients at Risk, Survival Est. (95% CI)	17, 0.40 ( 0.28, 0.52)	12, 0.27 ( 0.17, 0.38)
18 Months	Patients at Risk, Survival Est. (95% CI)	2, 0.35 ( 0.22, 0.49)	2, 0.17 ( 0.08, 0.30)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_MOR\_KM.SAS

Date/time of run: 16APR2021 11:47

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table PFS2.KM.S5.FAS: Time to Progression-Free Survival After Next-line Therapy (Months) (Full Analysis Set)

Subgroup: ECOG PS from IRT Strata, Level: 1

Time Point	Statistics	Enfortumab Vedotin (N=181)	Chemotherapy (N=183)
Overall	No. of Events (%)	102 ( 56.4)	128 ( 69.9)
	Median Survival Est. (95% CI)	8.25 ( 6.80, 9.89)	5.98 ( 4.83, 6.67)
	Hazard Ratio (95% CI)		0.586 ( 0.451, 0.762)
	Treatment P-value [a]		0.00017
	Interaction P-value [b]		0.46851
6 Months	Patients at Risk, Survival Est. (95% CI)	103, 0.65 ( 0.57, 0.72)	74, 0.49 ( 0.41, 0.57)
12 Months	Patients at Risk, Survival Est. (95% CI)	26, 0.36 ( 0.28, 0.44)	16, 0.21 ( 0.14, 0.29)
18 Months	Patients at Risk, Survival Est. (95% CI)	4, 0.20 ( 0.10, 0.33)	1, 0.03 ( 0.00, 0.12)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_MOR\_KM.SAS

Date/time of run: 16APR2021 11:47

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table PFS2.KM.S6.FAS: Time to Progression-Free Survival After Next-line Therapy (Months) (Full Analysis Set)

Subgroup: Liver Metastasis from IRT Strata, Level: Yes

Time Point	Statistics	Enfortumab Vedotin (N=93)	Chemotherapy (N=95)
Overall	No. of Events (%)	57 ( 61.3)	67 ( 70.5)
	Median Survival Est. (95% CI)	7.85 ( 5.59, 9.26)	5.78 ( 4.40, 6.05)
	Hazard Ratio (95% CI)		0.578 ( 0.405, 0.826)
	Treatment P-value [a]		0.00804
	Interaction P-value [b]		0.66630
6 Months	Patients at Risk, Survival Est. (95% CI)	43, 0.56 ( 0.45, 0.66)	32, 0.43 ( 0.32, 0.54)
12 Months	Patients at Risk, Survival Est. (95% CI)	8, 0.24 ( 0.14, 0.36)	4, 0.12 ( 0.05, 0.23)
18 Months	Patients at Risk, Survival Est. (95% CI)	2, 0.21 ( 0.10, 0.33)	0

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_MOR\_KM.SAS

Date/time of run: 16APR2021 11:47

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table PFS2.KM.S6.FAS: Time to Progression-Free Survival After Next-line Therapy (Months) (Full Analysis Set)

Subgroup: Liver Metastasis from IRT Strata, Level: No

Time Point	Statistics	Enfortumab Vedotin (N=208)	Chemotherapy (N=212)
Overall	No. of Events (%)	95 ( 45.7)	128 ( 60.4)
	Median Survival Est. (95% CI)	10.15 ( 8.48, 14.42)	8.31 ( 7.10, 9.17)
	Hazard Ratio (95% CI)		0.638 ( 0.489, 0.832)
	Treatment P-value [a]		0.00076
	Interaction P-value [b]		0.66630
6 Months	Patients at Risk, Survival Est. (95% CI)	141, 0.78 ( 0.71, 0.83)	124, 0.71 ( 0.64, 0.77)
12 Months	Patients at Risk, Survival Est. (95% CI)	35, 0.44 ( 0.35, 0.52)	24, 0.28 ( 0.21, 0.36)
18 Months	Patients at Risk, Survival Est. (95% CI)	4, 0.26 ( 0.13, 0.41)	3, 0.10 ( 0.04, 0.20)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_MOR\_KM.SAS

Date/time of run: 16APR2021 11:47

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table PFS2.KM.S7.FAS: Time to Progression-Free Survival After Next-line Therapy (Months) (Full Analysis Set)

Subgroup: Pre-selected Investigator's Choice of Paclitaxel/Docetaxel/Vinflunine, Level: Paclitaxel

Time Point	Statistics	Enfortumab Vedotin (N=141)	Chemotherapy (N=112)
Overall	No. of Events (%)	70 ( 49.6)	68 ( 60.7)
	Median Survival Est. (95% CI)	9.89 ( 7.62, 13.01)	6.47 ( 5.78, 8.51)
	Hazard Ratio (95% CI)		0.590 ( 0.422, 0.826)
	Treatment P-value [a]		0.00342
	Interaction P-value [b]		0.76587
6 Months	Patients at Risk, Survival Est. (95% CI)	85, 0.71 ( 0.63, 0.78)	49, 0.57 ( 0.47, 0.66)
12 Months	Patients at Risk, Survival Est. (95% CI)	23, 0.40 ( 0.30, 0.50)	11, 0.25 ( 0.16, 0.36)
18 Months	Patients at Risk, Survival Est. (95% CI)	2, 0.21 ( 0.06, 0.41)	0

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_MOR\_KM.SAS

Date/time of run: 16APR2021 11:47

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table PFS2.KM.S7.FAS: Time to Progression-Free Survival After Next-line Therapy (Months) (Full Analysis Set)

Subgroup: Pre-selected Investigator's Choice of Paclitaxel/Docetaxel/Vinflunine, Level: Docetaxel

Time Point	Statistics	Enfortumab Vedotin (N=87)	Chemotherapy (N=117)
Overall	No. of Events (%)	46 ( 52.9)	83 ( 70.9)
	Median Survival Est. (95% CI)	9.63 ( 7.52, 11.63)	7.23 ( 6.64, 8.61)
	Hazard Ratio (95% CI)		0.638 ( 0.444, 0.915)
	Treatment P-value [a]		0.01438
	Interaction P-value [b]		0.76587
6 Months	Patients at Risk, Survival Est. (95% CI)	53, 0.70 ( 0.58, 0.79)	66, 0.65 ( 0.55, 0.74)
12 Months	Patients at Risk, Survival Est. (95% CI)	13, 0.33 ( 0.21, 0.46)	11, 0.21 ( 0.13, 0.30)
18 Months	Patients at Risk, Survival Est. (95% CI)	4, 0.25 ( 0.12, 0.40)	3, 0.09 ( 0.03, 0.19)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_MOR\_KM.SAS

Date/time of run: 16APR2021 11:47

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table PFS2.KM.S7.FAS: Time to Progression-Free Survival After Next-line Therapy (Months) (Full Analysis Set)

Subgroup: Pre-selected Investigator's Choice of Paclitaxel/Docetaxel/Vinflunine, Level: Vinflunine

Time Point	Statistics	Enfortumab Vedotin (N=73)	Chemotherapy (N=78)
Overall	No. of Events (%)	36 ( 49.3)	44 ( 56.4)
	Median Survival Est. (95% CI)	8.44 ( 7.49, 14.13)	7.43 ( 6.21, 9.46)
	Hazard Ratio (95% CI)		0.725 ( 0.467, 1.127)
	Treatment P-value [a]		0.15609
	Interaction P-value [b]		0.76587
6 Months	Patients at Risk, Survival Est. (95% CI)	46, 0.73 ( 0.61, 0.82)	41, 0.64 ( 0.52, 0.74)
12 Months	Patients at Risk, Survival Est. (95% CI)	7, 0.39 ( 0.25, 0.52)	6, 0.27 ( 0.14, 0.41)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_MOR\_KM.SAS

Date/time of run: 16APR2021 11:47

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table PFS2.KM.S8.FAS: Time to Progression-Free Survival After Next-line Therapy (Months) (Full Analysis Set)

Subgroup: Primary Site of Tumor, Level: Upper Tract

Time Point	Statistics	Enfortumab Vedotin (N=98)	Chemotherapy (N=107)
Overall	No. of Events (%)	47 ( 48.0)	62 ( 57.9)
	Median Survival Est. (95% CI)	9.99 ( 8.28, 13.01)	7.89 ( 6.28, 9.53)
	Hazard Ratio (95% CI)		0.673 ( 0.461, 0.984)
	Treatment P-value [a]		0.04389
	Interaction P-value [b]		0.72224
6 Months	Patients at Risk, Survival Est. (95% CI)	62, 0.71 ( 0.61, 0.80)	59, 0.67 ( 0.56, 0.75)
12 Months	Patients at Risk, Survival Est. (95% CI)	14, 0.38 ( 0.26, 0.51)	10, 0.30 ( 0.19, 0.41)
18 Months	Patients at Risk, Survival Est. (95% CI)	1, 0.25 ( 0.12, 0.41)	0

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_MOR\_KM.SAS

Date/time of run: 16APR2021 11:47

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table PFS2.KM.S8.FAS: Time to Progression-Free Survival After Next-line Therapy (Months) (Full Analysis Set)

Subgroup: Primary Site of Tumor, Level: Other

Time Point	Statistics	Enfortumab Vedotin (N=203)	Chemotherapy (N=200)
Overall	No. of Events (%)	105 ( 51.7)	133 ( 66.5)
	Median Survival Est. (95% CI)	8.61 ( 7.59, 10.58)	6.97 ( 6.37, 7.79)
	Hazard Ratio (95% CI)		0.620 ( 0.479, 0.801)
	Treatment P-value [a]		0.00026
	Interaction P-value [b]		0.72224
6 Months	Patients at Risk, Survival Est. (95% CI)	122, 0.71 ( 0.64, 0.77)	97, 0.60 ( 0.52, 0.67)
12 Months	Patients at Risk, Survival Est. (95% CI)	29, 0.38 ( 0.29, 0.46)	18, 0.21 ( 0.14, 0.28)
18 Months	Patients at Risk, Survival Est. (95% CI)	5, 0.25 ( 0.14, 0.38)	3, 0.08 ( 0.03, 0.17)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_MOR\_KM.SAS

Date/time of run: 16APR2021 11:47

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table PFS2.KM.S9.FAS: Time to Progression-Free Survival After Next-line Therapy (Months) (Full Analysis Set)

Subgroup: Prior Lines of Systemic Therapy, Level: 1-2 lines

Time Point	Statistics	Enfortumab Vedotin (N=262)	Chemotherapy (N=270)
Overall	No. of Events (%)	132 ( 50.4)	170 ( 63.0)
	Median Survival Est. (95% CI)	9.79 ( 8.25, 11.04)	7.00 ( 6.51, 8.05)
	Hazard Ratio (95% CI)		0.625 ( 0.497, 0.786)
	Treatment P-value [a]		0.00004
	Interaction P-value [b]		0.62595
6 Months	Patients at Risk, Survival Est. (95% CI)	161, 0.71 ( 0.65, 0.77)	136, 0.62 ( 0.56, 0.68)
12 Months	Patients at Risk, Survival Est. (95% CI)	38, 0.38 ( 0.30, 0.45)	25, 0.24 ( 0.18, 0.31)
18 Months	Patients at Risk, Survival Est. (95% CI)	5, 0.23 ( 0.13, 0.35)	2, 0.06 ( 0.02, 0.14)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_MOR\_KM.SAS

Date/time of run: 16APR2021 11:47

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table PFS2.KM.S9.FAS: Time to Progression-Free Survival After Next-line Therapy (Months) (Full Analysis Set)

Subgroup: Prior Lines of Systemic Therapy, Level: &gt;=3 lines

Time Point	Statistics	Enfortumab Vedotin (N=39)	Chemotherapy (N=37)
Overall	No. of Events (%)	20 ( 51.3)	25 ( 67.6)
	Median Survival Est. (95% CI)	7.89 ( 6.41, NC)	7.36 ( 4.86, 10.55)
	Hazard Ratio (95% CI)		0.731 ( 0.406, 1.317)
	Treatment P-value [a]		0.30413
	Interaction P-value [b]		0.62595
6 Months	Patients at Risk, Survival Est. (95% CI)	23, 0.71 ( 0.54, 0.83)	20, 0.61 ( 0.43, 0.74)
12 Months	Patients at Risk, Survival Est. (95% CI)	5, 0.38 ( 0.21, 0.55)	3, 0.18 ( 0.06, 0.37)
18 Months	Patients at Risk, Survival Est. (95% CI)	1, 0.38 ( 0.21, 0.55)	1, 0.18 ( 0.06, 0.37)

Subgroup analyses are conducted if there exist at least 2 levels with >= 10 patients across treatment arms and >=10 events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_MOR\_KM.SAS

Date/time of run: 16APR2021 11:47

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table PFS2.KM.S10.FAS: Time to Progression-Free Survival After Next-line Therapy (Months) (Full Analysis Set)

Subgroup: Best Response to Prior CPI, Level: Responder

Time Point	Statistics	Enfortumab Vedotin (N=61)	Chemotherapy (N=50)
Overall	No. of Events (%)	22 ( 36.1)	29 ( 58.0)
	Median Survival Est. (95% CI)	9.99 ( 8.90, NC)	8.05 ( 6.57, 8.87)
	Hazard Ratio (95% CI)		0.495 ( 0.284, 0.862)
	Treatment P-value [a]		0.00904
	Interaction P-value [b]		0.28327
6 Months	Patients at Risk, Survival Est. (95% CI)	43, 0.81 ( 0.68, 0.89)	29, 0.71 ( 0.56, 0.82)
12 Months	Patients at Risk, Survival Est. (95% CI)	9, 0.50 ( 0.33, 0.65)	3, 0.21 ( 0.07, 0.40)
18 Months	Patients at Risk, Survival Est. (95% CI)	0	1, 0.14 ( 0.03, 0.33)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_MOR\_KM.SAS

Date/time of run: 16APR2021 11:47

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table PFS2.KM.S10.FAS: Time to Progression-Free Survival After Next-line Therapy (Months) (Full Analysis Set)

Subgroup: Best Response to Prior CPI, Level: Non-responder

Time Point	Statistics	Enfortumab Vedotin (N=207)	Chemotherapy (N=215)
Overall	No. of Events (%)	114 ( 55.1)	140 ( 65.1)
	Median Survival Est. (95% CI)	8.48 ( 7.62, 10.41)	6.87 ( 6.28, 8.05)
	Hazard Ratio (95% CI)		0.691 ( 0.539, 0.885)
	Treatment P-value [a]		0.00353
	Interaction P-value [b]		0.28327
6 Months	Patients at Risk, Survival Est. (95% CI)	124, 0.70 ( 0.63, 0.76)	107, 0.61 ( 0.54, 0.68)
12 Months	Patients at Risk, Survival Est. (95% CI)	28, 0.34 ( 0.26, 0.42)	22, 0.24 ( 0.17, 0.31)
18 Months	Patients at Risk, Survival Est. (95% CI)	5, 0.20 ( 0.11, 0.32)	2, 0.07 ( 0.02, 0.16)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_MOR\_KM.SAS

Date/time of run: 16APR2021 11:47

Analysis Plan: 15FEB2021

Confidential

## 2.3 Subgruppenanalysen zum Ansprechen

### 2.3.1 Gesamtansprechraten

Astellas: 7465-CL-0301

Table ORC.BIN.S1.RES: Overall Response - Confirmed (Response Evaluable Set)

Subgroup: Age Group 1

Subgroup Level	Statistics	Enfortumab Vedotin	Chemotherapy	Enfortumab Vedotin vs Chemotherapy
<65 years	N, n (%)	104, 42 ( 40.4)	105, 15 ( 14.3)	4.065, 0.343 ( 2.075, 7.963)
	OR, SE (95% CI)			0.00004
	Treatment P-value			
	Peto's OR (95% CI)			3.704 ( 2.018, 6.800)
	RR (95% CI)			2.827 ( 1.675, 4.772)
	Treatment P-value			0.00010
	RD (95% CI)			0.261 ( 0.145, 0.377)
	Treatment P-value			<.00001

Analyses are based on a binomial regression model with logistic (OR), log (RR) and identity (RD) links. Peto's OR should be considered if there are 1% or 99% of events in any arm. Two-sided p-values are presented.

Subgroup analyses are conducted if there exists at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

[a] The Overall analysis is adjusted for Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[b] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_MOR\_BIN.SAS

Date/time of run: 13MAY2021 08:45

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table ORC.BIN.S1.RES: Overall Response - Confirmed (Response Evaluable Set)

Subgroup: Age Group 1

Subgroup Level	Statistics	Enfortumab Vedotin	Chemotherapy	Enfortumab Vedotin vs Chemotherapy
>=65 years	N, n (%)	184, 75 ( 40.8)	191, 38 ( 19.9)	
	OR, SE (95% CI)			2.770, 0.235 ( 1.747, 4.394)
	Treatment P-value			0.00001
	Interaction P-value [b]			0.35361
	Peto's OR (95% CI)			2.687 ( 1.729, 4.175)
	RR (95% CI)			2.049 ( 1.468, 2.860)
	Treatment P-value			0.00003
	Interaction P-value [b]			0.30157
	RD (95% CI)			0.209 ( 0.118, 0.299)
	Treatment P-value			<.00001
	Interaction P-value [b]			0.48598

Analyses are based on a binomial regression model with logistic (OR), log (RR) and identity (RD) links. Peto's OR should be considered if there are 1% or 99% of events in any arm. Two-sided p-values are presented.

Subgroup analyses are conducted if there exists at least 2 levels with >= 10 patients across treatment arms and >=10 events in total across treatment arms in at least 1 level.

[a] The Overall analysis is adjusted for Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[b] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_MOR\_BIN.SAS

Date/time of run: 13MAY2021 08:45

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table ORC.BIN.S2.RES: Overall Response - Confirmed (Response Evaluable Set)

Subgroup: Age Group 2

Subgroup Level	Statistics	Enfortumab Vedotin	Chemotherapy	Enfortumab Vedotin vs Chemotherapy
<75 years	N, n (%)	237, 102 ( 43.0)	230, 38 ( 16.5)	
	OR, SE (95% CI)			3.818, 0.221 ( 2.477, 5.884)
	Treatment P-value			<.00001
	Peto's OR (95% CI)			3.527 ( 2.375, 5.238)
	RR (95% CI)			2.605 ( 1.882, 3.607)
	Treatment P-value			<.00001
	RD (95% CI)			0.265 ( 0.186, 0.344)
	Treatment P-value			<.00001

Analyses are based on a binomial regression model with logistic (OR), log (RR) and identity (RD) links. Peto's OR should be considered if there are 1% or 99% of events in any arm. Two-sided p-values are presented.

Subgroup analyses are conducted if there exists at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

[a] The Overall analysis is adjusted for Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[b] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_MOR\_BIN.SAS

Date/time of run: 13MAY2021 08:45

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table ORC.BIN.S2.RES: Overall Response - Confirmed (Response Evaluable Set)

Subgroup: Age Group 2

Subgroup Level	Statistics	Enfortumab Vedotin	Chemotherapy	Enfortumab Vedotin vs Chemotherapy
>=75 years	N, n (%)	51, 15 ( 29.4)	66, 15 ( 22.7)	
	OR, SE (95% CI)			1.417, 0.425 ( 0.616, 3.259)
	Treatment P-value			0.41260
	Interaction P-value [b]			0.03921
	Peto's OR (95% CI)			1.416 ( 0.615, 3.257)
	RR (95% CI)			1.294 ( 0.699, 2.395)
	Treatment P-value			0.41153
	Interaction P-value [b]			0.05090
	RD (95% CI)			0.067 ( -0.094, 0.228)
	Treatment P-value			0.41524
	Interaction P-value [b]			0.03174

Analyses are based on a binomial regression model with logistic (OR), log (RR) and identity (RD) links. Peto's OR should be considered if there are 1% or 99% of events in any arm. Two-sided p-values are presented.

Subgroup analyses are conducted if there exists at least 2 levels with >= 10 patients across treatment arms and >=10 events in total across treatment arms in at least 1 level.

[a] The Overall analysis is adjusted for Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[b] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_MOR\_BIN.SAS

Date/time of run: 13MAY2021 08:45

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table ORC.BIN.S3.RES: Overall Response - Confirmed (Response Evaluable Set)

Subgroup: Gender

Subgroup Level	Statistics	Enfortumab Vedotin	Chemotherapy	Enfortumab Vedotin vs Chemotherapy
Male	N, n (%)	228, 90 ( 39.5)	224, 37 ( 16.5)	
	OR, SE (95% CI)			3.296, 0.225 ( 2.120, 5.125)
	Treatment P-value			<.00001
	Peto's OR (95% CI)			3.107 ( 2.063, 4.681)
	RR (95% CI)			2.390 ( 1.709, 3.342)
	Treatment P-value			<.00001
	RD (95% CI)			0.230 ( 0.150, 0.309)
	Treatment P-value			<.00001

Analyses are based on a binomial regression model with logistic (OR), log (RR) and identity (RD) links. Peto's OR should be considered if there are 1% or 99% of events in any arm. Two-sided p-values are presented.

Subgroup analyses are conducted if there exists at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

[a] The Overall analysis is adjusted for Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[b] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_MOR\_BIN.SAS

Date/time of run: 13MAY2021 08:45

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table ORC.BIN.S3.RES: Overall Response - Confirmed (Response Evaluable Set)

Subgroup: Gender

Subgroup Level	Statistics	Enfortumab Vedotin	Chemotherapy	Enfortumab Vedotin vs Chemotherapy
Female	N, n (%)	60, 27 ( 45.0)	72, 16 ( 22.2)	
	OR, SE (95% CI)			2.864, 0.384 ( 1.348, 6.082)
	Treatment P-value			0.00619
	Interaction P-value [b]			0.75256
	Peto's OR (95% CI)			2.799 ( 1.351, 5.798)
	RR (95% CI)			2.025 ( 1.210, 3.388)
	Treatment P-value			0.00722
	Interaction P-value [b]			0.59960
	RD (95% CI)			0.228 ( 0.069, 0.386)
	Treatment P-value			0.00481
	Interaction P-value [b]			0.98430

Analyses are based on a binomial regression model with logistic (OR), log (RR) and identity (RD) links. Peto's OR should be considered if there are 1% or 99% of events in any arm. Two-sided p-values are presented.

Subgroup analyses are conducted if there exists at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

[a] The Overall analysis is adjusted for Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[b] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_MOR\_BIN.SAS

Date/time of run: 13MAY2021 08:45

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table ORC.BIN.S4.RES: Overall Response - Confirmed (Response Evaluable Set)

Subgroup: Region

Subgroup Level	Statistics	Enfortumab Vedotin	Chemotherapy	Enfortumab Vedotin vs Chemotherapy
Western Europe	N, n (%)	117, 46 ( 39.3)	125, 22 ( 17.6)	
	OR, SE (95% CI)			3.033, 0.302 ( 1.679, 5.479)
	Treatment P-value			0.00023
	Peto's OR (95% CI)			2.917 ( 1.666, 5.105)
	RR (95% CI)			2.234 ( 1.437, 3.472)
	Treatment P-value			0.00036
	RD (95% CI)			0.217 ( 0.106, 0.328)
	Treatment P-value			0.00012

Analyses are based on a binomial regression model with logistic (OR), log (RR) and identity (RD) links. Peto's OR should be considered if there are 1% or 99% of events in any arm. Two-sided p-values are presented.

Subgroup analyses are conducted if there exists at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

[a] The Overall analysis is adjusted for Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[b] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_MOR\_BIN.SAS

Date/time of run: 13MAY2021 08:45

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table ORC.BIN.S4.RES: Overall Response - Confirmed (Response Evaluable Set)

Subgroup: Region

Subgroup Level	Statistics	Enfortumab Vedotin	Chemotherapy	Enfortumab Vedotin vs Chemotherapy
US	N, n (%)	43, 15 ( 34.9)	41, 6 ( 14.6)	
	OR, SE (95% CI)			3.125, 0.546 ( 1.073, 9.104)
	Treatment P-value			0.03674
	Peto's OR (95% CI)			2.907 ( 1.089, 7.762)
	RR (95% CI)			2.384 ( 1.024, 5.547)
	Treatment P-value			0.04381
	RD (95% CI)			0.202 ( 0.024, 0.381)
	Treatment P-value			0.02650

Analyses are based on a binomial regression model with logistic (OR), log (RR) and identity (RD) links. Peto's OR should be considered if there are 1% or 99% of events in any arm. Two-sided p-values are presented.

Subgroup analyses are conducted if there exists at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

[a] The Overall analysis is adjusted for Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[b] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_MOR\_BIN.SAS

Date/time of run: 13MAY2021 08:45

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table ORC.BIN.S4.RES: Overall Response - Confirmed (Response Evaluable Set)

Subgroup: Region

Subgroup Level	Statistics	Enfortumab Vedotin	Chemotherapy	Enfortumab Vedotin vs Chemotherapy
Rest of the World	N, n (%)	128, 56 ( 43.8)	130, 25 ( 19.2)	
	OR, SE (95% CI)			3.267, 0.285 ( 1.868, 5.712)
	Treatment P-value			0.00003
	Interaction P-value [b]			0.98405
	Peto's OR (95% CI)			3.108 ( 1.839, 5.253)
	RR (95% CI)			2.275 ( 1.520, 3.405)
	Treatment P-value			0.00006
	Interaction P-value [b]			0.99095
	RD (95% CI)			0.245 ( 0.136, 0.355)
	Treatment P-value			0.00001
	Interaction P-value [b]			0.90112

Analyses are based on a binomial regression model with logistic (OR), log (RR) and identity (RD) links. Peto's OR should be considered if there are 1% or 99% of events in any arm. Two-sided p-values are presented.

Subgroup analyses are conducted if there exists at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

[a] The Overall analysis is adjusted for Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[b] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_MOR\_BIN.SAS

Date/time of run: 13MAY2021 08:45

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table ORC.BIN.S5.RES: Overall Response - Confirmed (Response Evaluable Set)

Subgroup: ECOG PS from IRT Strata

Subgroup Level	Statistics	Enfortumab Vedotin	Chemotherapy	Enfortumab Vedotin vs Chemotherapy
0	N, n (%)	115, 49 ( 42.6)	121, 30 ( 24.8)	
	OR, SE (95% CI)			2.252, 0.283 ( 1.294, 3.919)
	Treatment P-value			0.00407
	Peto's OR (95% CI)			2.218 ( 1.293, 3.805)
	RR (95% CI)			1.719 ( 1.180, 2.503)
	Treatment P-value			0.00475
	RD (95% CI)			0.178 ( 0.059, 0.297)
	Treatment P-value			0.00326

Analyses are based on a binomial regression model with logistic (OR), log (RR) and identity (RD) links. Peto's OR should be considered if there are 1% or 99% of events in any arm. Two-sided p-values are presented.

Subgroup analyses are conducted if there exists at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

[a] The Overall analysis is adjusted for Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[b] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_MOR\_BIN.SAS

Date/time of run: 13MAY2021 08:45

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table ORC.BIN.S5.RES: Overall Response - Confirmed (Response Evaluable Set)

Subgroup: ECOG PS from IRT Strata

Subgroup Level	Statistics	Enfortumab Vedotin	Chemotherapy	Enfortumab Vedotin vs Chemotherapy
1	N, n (%)	173, 68 ( 39.3)	175, 23 ( 13.1)	
	OR, SE (95% CI)			4.280, 0.273 ( 2.509, 7.302)
	Treatment P-value			<.00001
	Interaction P-value [b]			0.10098
	Peto's OR (95% CI)			3.861 ( 2.395, 6.224)
	RR (95% CI)			2.991 ( 1.958, 4.568)
	Treatment P-value			<.00001
	Interaction P-value [b]			0.05333
	RD (95% CI)			0.262 ( 0.173, 0.350)
	Treatment P-value			<.00001
	Interaction P-value [b]			0.26756

Analyses are based on a binomial regression model with logistic (OR), log (RR) and identity (RD) links. Peto's OR should be considered if there are 1% or 99% of events in any arm. Two-sided p-values are presented.

Subgroup analyses are conducted if there exists at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

[a] The Overall analysis is adjusted for Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[b] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_MOR\_BIN.SAS

Date/time of run: 13MAY2021 08:45

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table ORC.BIN.S6.RES: Overall Response - Confirmed (Response Evaluable Set)

Subgroup: Liver Metastasis from IRT Strata

Subgroup Level	Statistics	Enfortumab Vedotin	Chemotherapy	Enfortumab Vedotin vs Chemotherapy
Yes	N, n (%)	93, 33 ( 35.5)	93, 10 ( 10.8)	
	OR, SE (95% CI)			4.565, 0.399 ( 2.089, 9.974)
	Treatment P-value			0.00014
	Peto's OR (95% CI)			3.991 ( 2.022, 7.877)
	RR (95% CI)			3.300 ( 1.729, 6.299)
	Treatment P-value			0.00030
	RD (95% CI)			0.247 ( 0.131, 0.363)
	Treatment P-value			0.00003

Analyses are based on a binomial regression model with logistic (OR), log (RR) and identity (RD) links. Peto's OR should be considered if there are 1% or 99% of events in any arm. Two-sided p-values are presented.

Subgroup analyses are conducted if there exists at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

[a] The Overall analysis is adjusted for Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[b] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_MOR\_BIN.SAS

Date/time of run: 13MAY2021 08:45

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table ORC.BIN.S6.RES: Overall Response - Confirmed (Response Evaluable Set)

Subgroup: Liver Metastasis from IRT Strata

Subgroup Level	Statistics	Enfortumab Vedotin	Chemotherapy	Enfortumab Vedotin vs Chemotherapy
No	N, n (%)	195, 84 ( 43.1)	203, 43 ( 21.2)	
	OR, SE (95% CI)			2.816, 0.225 ( 1.813, 4.373)
	Treatment P-value			<.00001
	Interaction P-value [b]			0.28394
	Peto's OR (95% CI)			2.732 ( 1.793, 4.163)
	RR (95% CI)			2.034 ( 1.491, 2.774)
	Treatment P-value			<.00001
	Interaction P-value [b]			0.17043
	RD (95% CI)			0.219 ( 0.130, 0.308)
	Treatment P-value			<.00001
	Interaction P-value [b]			0.70395

Analyses are based on a binomial regression model with logistic (OR), log (RR) and identity (RD) links. Peto's OR should be considered if there are 1% or 99% of events in any arm. Two-sided p-values are presented.

Subgroup analyses are conducted if there exists at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

[a] The Overall analysis is adjusted for Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[b] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_MOR\_BIN.SAS

Date/time of run: 13MAY2021 08:45

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table ORC.BIN.S7.RES: Overall Response - Confirmed (Response Evaluable Set)

Subgroup: Pre-selected Investigator's Choice of Paclitaxel/Docetaxel/Vinflunine

Subgroup Level	Statistics	Enfortumab Vedotin	Chemotherapy	Enfortumab Vedotin vs Chemotherapy
Paclitaxel	N, n (%)	134, 56 ( 41.8)	109, 28 ( 25.7)	
	OR, SE (95% CI)			2.077, 0.281 ( 1.198, 3.600)
	Treatment P-value			0.00920
	Peto's OR (95% CI)			2.032 ( 1.195, 3.454)
	RR (95% CI)			1.627 ( 1.116, 2.371)
	Treatment P-value			0.01133
	RD (95% CI)			0.161 ( 0.044, 0.278)
	Treatment P-value			0.00701

Analyses are based on a binomial regression model with logistic (OR), log (RR) and identity (RD) links. Peto's OR should be considered if there are 1% or 99% of events in any arm. Two-sided p-values are presented.

Subgroup analyses are conducted if there exists at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

[a] The Overall analysis is adjusted for Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[b] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_MOR\_BIN.SAS

Date/time of run: 13MAY2021 08:45

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table ORC.BIN.S7.RES: Overall Response - Confirmed (Response Evaluable Set)

Subgroup: Pre-selected Investigator's Choice of Paclitaxel/Docetaxel/Vinflunine

Subgroup Level	Statistics	Enfortumab Vedotin	Chemotherapy	Enfortumab Vedotin vs Chemotherapy
Docetaxel	N, n (%)	84, 33 ( 39.3)	112, 13 ( 11.6)	
	OR, SE (95% CI)			4.928, 0.370 ( 2.386, 10.177)
	Treatment P-value			0.00002
	Peto's OR (95% CI)			4.633 ( 2.381, 9.016)
	RR (95% CI)			3.385 ( 1.902, 6.021)
	Treatment P-value			0.00003
	RD (95% CI)			0.277 ( 0.157, 0.397)
	Treatment P-value			<.00001

Analyses are based on a binomial regression model with logistic (OR), log (RR) and identity (RD) links. Peto's OR should be considered if there are 1% or 99% of events in any arm. Two-sided p-values are presented.

Subgroup analyses are conducted if there exists at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

[a] The Overall analysis is adjusted for Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[b] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_MOR\_BIN.SAS

Date/time of run: 13MAY2021 08:45

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table ORC.BIN.S7.RES: Overall Response - Confirmed (Response Evaluable Set)

Subgroup: Pre-selected Investigator's Choice of Paclitaxel/Docetaxel/Vinflunine

Subgroup Level	Statistics	Enfortumab Vedotin	Chemotherapy	Enfortumab Vedotin vs Chemotherapy
Vinflunine	N, n (%)	70, 28 ( 40.0)	75, 12 ( 16.0)	
	OR, SE (95% CI)			3.500, 0.398 ( 1.603, 7.642)
	Treatment P-value			0.00166
	Interaction P-value [b]			0.15681
	Peto's OR (95% CI)			3.297 ( 1.595, 6.817)
	RR (95% CI)			2.500 ( 1.382, 4.522)
	Treatment P-value			0.00244
	Interaction P-value [b]			0.08976
	RD (95% CI)			0.240 ( 0.098, 0.382)
	Treatment P-value			0.00089
	Interaction P-value [b]			0.38179

Analyses are based on a binomial regression model with logistic (OR), log (RR) and identity (RD) links. Peto's OR should be considered if there are 1% or 99% of events in any arm. Two-sided p-values are presented.

Subgroup analyses are conducted if there exists at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

[a] The Overall analysis is adjusted for Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[b] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_MOR\_BIN.SAS

Date/time of run: 13MAY2021 08:45

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table ORC.BIN.S8.RES: Overall Response - Confirmed (Response Evaluable Set)

Subgroup: Primary Site of Tumor

Subgroup Level	Statistics	Enfortumab Vedotin	Chemotherapy	Enfortumab Vedotin vs Chemotherapy
Upper Tract	N, n (%)	98, 43 ( 43.9)	105, 20 ( 19.0)	
	OR, SE (95% CI)			3.323, 0.321 ( 1.770, 6.237)
	Treatment P-value			0.00019
	Peto's OR (95% CI)			3.172 ( 1.752, 5.743)
	RR (95% CI)			2.304 ( 1.464, 3.625)
	Treatment P-value			0.00031
	RD (95% CI)			0.248 ( 0.125, 0.372)
	Treatment P-value			0.00008

Analyses are based on a binomial regression model with logistic (OR), log (RR) and identity (RD) links. Peto's OR should be considered if there are 1% or 99% of events in any arm. Two-sided p-values are presented.

Subgroup analyses are conducted if there exists at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

[a] The Overall analysis is adjusted for Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[b] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_MOR\_BIN.SAS

Date/time of run: 13MAY2021 08:45

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table ORC.BIN.S8.RES: Overall Response - Confirmed (Response Evaluable Set)

Subgroup: Primary Site of Tumor

Subgroup Level	Statistics	Enfortumab Vedotin	Chemotherapy	Enfortumab Vedotin vs Chemotherapy
Other	N, n (%)	190, 74 ( 38.9)	191, 33 ( 17.3)	
	OR, SE (95% CI)			3.054, 0.242 ( 1.899, 4.912)
	Treatment P-value			<.00001
	Interaction P-value [b]			0.83412
	Peto's OR (95% CI)			2.916 ( 1.866, 4.556)
	RR (95% CI)			2.254 ( 1.576, 3.224)
	Treatment P-value			<.00001
	Interaction P-value [b]			0.94139
	RD (95% CI)			0.217 ( 0.129, 0.304)
	Treatment P-value			<.00001
	Interaction P-value [b]			0.68321

Analyses are based on a binomial regression model with logistic (OR), log (RR) and identity (RD) links. Peto's OR should be considered if there are 1% or 99% of events in any arm. Two-sided p-values are presented.

Subgroup analyses are conducted if there exists at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

[a] The Overall analysis is adjusted for Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[b] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_MOR\_BIN.SAS

Date/time of run: 13MAY2021 08:45

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table ORC.BIN.S9.RES: Overall Response - Confirmed (Response Evaluable Set)

Subgroup: Prior Lines of Systemic Therapy

Subgroup Level	Statistics	Enfortumab Vedotin	Chemotherapy	Enfortumab Vedotin vs Chemotherapy
1-2 lines	N, n (%)	251, 103 ( 41.0)	262, 47 ( 17.9)	
	OR, SE (95% CI)			3.184, 0.206 ( 2.126, 4.766)
	Treatment P-value			<.00001
	Peto's OR (95% CI)			3.047 ( 2.083, 4.456)
	RR (95% CI)			2.288 ( 1.697, 3.083)
	Treatment P-value			<.00001
	RD (95% CI)			0.231 ( 0.154, 0.308)
	Treatment P-value			<.00001

Analyses are based on a binomial regression model with logistic (OR), log (RR) and identity (RD) links. Peto's OR should be considered if there are 1% or 99% of events in any arm. Two-sided p-values are presented.

Subgroup analyses are conducted if there exists at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

[a] The Overall analysis is adjusted for Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[b] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_MOR\_BIN.SAS

Date/time of run: 13MAY2021 08:45

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table ORC.BIN.S9.RES: Overall Response - Confirmed (Response Evaluable Set)

Subgroup: Prior Lines of Systemic Therapy

Subgroup Level	Statistics	Enfortumab Vedotin	Chemotherapy	Enfortumab Vedotin vs Chemotherapy
>=3 lines	N, n (%)	37, 14 ( 37.8)	34, 6 ( 17.6)	
	OR, SE (95% CI)			2.841, 0.563 ( 0.942, 8.568)
	Treatment P-value			0.06382
	Interaction P-value [b]			0.84976
	Peto's OR (95% CI)			2.675 ( 0.957, 7.475)
	RR (95% CI)			2.144 ( 0.930, 4.944)
	Treatment P-value			0.07352
	Interaction P-value [b]			0.88692
	RD (95% CI)			0.202 ( -0.000, 0.404)
	Treatment P-value			0.05021
	Interaction P-value [b]			0.79159

Analyses are based on a binomial regression model with logistic (OR), log (RR) and identity (RD) links. Peto's OR should be considered if there are 1% or 99% of events in any arm. Two-sided p-values are presented.

Subgroup analyses are conducted if there exists at least 2 levels with >= 10 patients across treatment arms and >=10 events in total across treatment arms in at least 1 level.

[a] The Overall analysis is adjusted for Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[b] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_MOR\_BIN.SAS

Date/time of run: 13MAY2021 08:45

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table ORC.BIN.S10.RES: Overall Response - Confirmed (Response Evaluable Set)

Subgroup: Best Response to Prior CPI

Subgroup Level	Statistics	Enfortumab Vedotin	Chemotherapy	Enfortumab Vedotin vs Chemotherapy
Responder	N, n (%)	56, 28 ( 50.0)	49, 12 ( 24.5)	
	OR, SE (95% CI)			3.083, 0.426 ( 1.337, 7.111)
	Treatment P-value			0.00827
	Peto's OR (95% CI)			2.920 ( 1.331, 6.406)
	RR (95% CI)			2.042 ( 1.170, 3.564)
	Treatment P-value			0.01203
	RD (95% CI)			0.255 ( 0.077, 0.433)
	Treatment P-value			0.00495

Analyses are based on a binomial regression model with logistic (OR), log (RR) and identity (RD) links. Peto's OR should be considered if there are 1% or 99% of events in any arm. Two-sided p-values are presented.

Subgroup analyses are conducted if there exists at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

[a] The Overall analysis is adjusted for Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[b] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_MOR\_BIN.SAS

Date/time of run: 13MAY2021 08:45

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table ORC.BIN.S10.RES: Overall Response - Confirmed (Response Evaluable Set)

Subgroup: Best Response to Prior CPI

Subgroup Level	Statistics	Enfortumab Vedotin	Chemotherapy	Enfortumab Vedotin vs Chemotherapy
Non-responder	N, n (%)	199, 79 ( 39.7)	207, 36 ( 17.4)	
	OR, SE (95% CI)			3.127, 0.234 ( 1.978, 4.944)
	Treatment P-value			<.00001
	Interaction P-value [b]			0.97689
	Peto's OR (95% CI)			2.992 ( 1.944, 4.606)
	RR (95% CI)			2.283 ( 1.620, 3.216)
	Treatment P-value			<.00001
	Interaction P-value [b]			0.74005
	RD (95% CI)			0.223 ( 0.138, 0.308)
	Treatment P-value			<.00001
	Interaction P-value [b]			0.75130

Analyses are based on a binomial regression model with logistic (OR), log (RR) and identity (RD) links. Peto's OR should be considered if there are 1% or 99% of events in any arm. Two-sided p-values are presented.

Subgroup analyses are conducted if there exists at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

[a] The Overall analysis is adjusted for Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[b] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_MOR\_BIN.SAS

Date/time of run: 13MAY2021 08:45

Analysis Plan: 15FEB2021

Confidential

### 2.3.2 Krankheitskontrollrate

Astellas: 7465-CL-0301

Table DCC.BIN.S1.RES: Disease Control - Confirmed (Response Evaluable Set)

Subgroup: Age Group 1

Subgroup Level	Statistics	Enfortumab Vedotin	Chemotherapy	Enfortumab Vedotin vs Chemotherapy
<65 years	N, n (%)	104, 74 ( 71.2)	105, 47 ( 44.8)	
	OR, SE (95% CI)			3.044, 0.292 ( 1.717, 5.397)
	Treatment P-value			0.00014
	Peto's OR (95% CI)			2.937 ( 1.698, 5.080)
	RR (95% CI)			1.590 ( 1.244, 2.031)
	Treatment P-value			0.00021
	RD (95% CI)			0.264 ( 0.135, 0.393)
	Treatment P-value			0.00006

Analyses are based on a binomial regression model with logistic (OR), log (RR) and identity (RD) links. Peto's OR should be considered if there are 1% or 99% of events in any arm. Two-sided p-values are presented.

Subgroup analyses are conducted if there exists at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

[a] The Overall analysis is adjusted for Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[b] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_MOR\_BIN.SAS

Date/time of run: 13MAY2021 08:45

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table DCC.BIN.S1.RES: Disease Control - Confirmed (Response Evaluable Set)

Subgroup: Age Group 1

Subgroup Level	Statistics	Enfortumab Vedotin	Chemotherapy	Enfortumab Vedotin vs Chemotherapy
>=65 years	N, n (%)	184, 133 ( 72.3)	191, 111 ( 58.1)	
	OR, SE (95% CI)			1.880, 0.221 ( 1.220, 2.896)
	Treatment P-value			0.00422
	Interaction P-value [b]			0.18637
	Peto's OR (95% CI)			1.862 ( 1.218, 2.845)
	RR (95% CI)			1.244 ( 1.071, 1.445)
	Treatment P-value			0.00437
	Interaction P-value [b]			0.08877
	RD (95% CI)			0.142 ( 0.046, 0.237)
	Treatment P-value			0.00356
	Interaction P-value [b]			0.13782

Analyses are based on a binomial regression model with logistic (OR), log (RR) and identity (RD) links. Peto's OR should be considered if there are 1% or 99% of events in any arm. Two-sided p-values are presented.

Subgroup analyses are conducted if there exists at least 2 levels with >= 10 patients across treatment arms and >=10 events in total across treatment arms in at least 1 level.

[a] The Overall analysis is adjusted for Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[b] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_MOR\_BIN.SAS

Date/time of run: 13MAY2021 08:45

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table DCC.BIN.S2.RES: Disease Control - Confirmed (Response Evaluable Set)

Subgroup: Age Group 2

Subgroup Level	Statistics	Enfortumab Vedotin	Chemotherapy	Enfortumab Vedotin vs Chemotherapy
<75 years	N, n (%)	237, 174 ( 73.4)	230, 117 ( 50.9)	
	OR, SE (95% CI)			2.667, 0.198 ( 1.811, 3.929)
	Treatment P-value			<.00001
	Peto's OR (95% CI)			2.607 ( 1.793, 3.789)
	RR (95% CI)			1.443 ( 1.244, 1.674)
	Treatment P-value			<.00001
	RD (95% CI)			0.225 ( 0.140, 0.311)
	Treatment P-value			<.00001

Analyses are based on a binomial regression model with logistic (OR), log (RR) and identity (RD) links. Peto's OR should be considered if there are 1% or 99% of events in any arm. Two-sided p-values are presented.

Subgroup analyses are conducted if there exists at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

[a] The Overall analysis is adjusted for Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[b] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_MOR\_BIN.SAS

Date/time of run: 13MAY2021 08:45

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table DCC.BIN.S2.RES: Disease Control - Confirmed (Response Evaluable Set)

Subgroup: Age Group 2

Subgroup Level	Statistics	Enfortumab Vedotin	Chemotherapy	Enfortumab Vedotin vs Chemotherapy
>=75 years	N, n (%)	51, 33 ( 64.7)	66, 41 ( 62.1)	
	OR, SE (95% CI)			1.118, 0.388 ( 0.523, 2.390)
	Treatment P-value			0.77373
	Interaction P-value [b]			0.04702
	Peto's OR (95% CI)			1.117 ( 0.525, 2.375)
	RR (95% CI)			1.042 ( 0.790, 1.374)
	Treatment P-value			0.77279
	Interaction P-value [b]			0.04154
	RD (95% CI)			0.026 ( -0.150, 0.202)
	Treatment P-value			0.77320
	Interaction P-value [b]			0.04297

Analyses are based on a binomial regression model with logistic (OR), log (RR) and identity (RD) links. Peto's OR should be considered if there are 1% or 99% of events in any arm. Two-sided p-values are presented.

Subgroup analyses are conducted if there exists at least 2 levels with >= 10 patients across treatment arms and >=10 events in total across treatment arms in at least 1 level.

[a] The Overall analysis is adjusted for Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[b] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_MOR\_BIN.SAS

Date/time of run: 13MAY2021 08:45

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table DCC.BIN.S3.RES: Disease Control - Confirmed (Response Evaluable Set)

Subgroup: Gender

Subgroup Level	Statistics	Enfortumab Vedotin	Chemotherapy	Enfortumab Vedotin vs Chemotherapy
Male	N, n (%)	228, 166 ( 72.8)	224, 120 ( 53.6)	
	OR, SE (95% CI)			2.320, 0.200 ( 1.567, 3.436)
	Treatment P-value			0.00003
	Peto's OR (95% CI)			2.284 ( 1.559, 3.347)
	RR (95% CI)			1.359 ( 1.175, 1.572)
	Treatment P-value			0.00004
	RD (95% CI)			0.192 ( 0.105, 0.280)
	Treatment P-value			0.00002

Analyses are based on a binomial regression model with logistic (OR), log (RR) and identity (RD) links. Peto's OR should be considered if there are 1% or 99% of events in any arm. Two-sided p-values are presented.

Subgroup analyses are conducted if there exists at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

[a] The Overall analysis is adjusted for Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[b] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_MOR\_BIN.SAS

Date/time of run: 13MAY2021 08:45

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table DCC.BIN.S3.RES: Disease Control - Confirmed (Response Evaluable Set)

Subgroup: Gender

Subgroup Level	Statistics	Enfortumab Vedotin	Chemotherapy	Enfortumab Vedotin vs Chemotherapy
Female	N, n (%)	60, 41 ( 68.3)	72, 38 ( 52.8)	
	OR, SE (95% CI)			1.931, 0.364 ( 0.945, 3.943)
	Treatment P-value			0.07096
	Interaction P-value [b]			0.65897
	Peto's OR (95% CI)			1.901 ( 0.948, 3.814)
	RR (95% CI)			1.295 ( 0.980, 1.710)
	Treatment P-value			0.06881
	Interaction P-value [b]			0.76260
	RD (95% CI)			0.156 ( -0.009, 0.320)
	Treatment P-value			0.06427
	Interaction P-value [b]			0.69801

Analyses are based on a binomial regression model with logistic (OR), log (RR) and identity (RD) links. Peto's OR should be considered if there are 1% or 99% of events in any arm. Two-sided p-values are presented.

Subgroup analyses are conducted if there exists at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

[a] The Overall analysis is adjusted for Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[b] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_MOR\_BIN.SAS

Date/time of run: 13MAY2021 08:45

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table DCC.BIN.S4.RES: Disease Control - Confirmed (Response Evaluable Set)

Subgroup: Region

Subgroup Level	Statistics	Enfortumab Vedotin	Chemotherapy	Enfortumab Vedotin vs Chemotherapy
Western Europe	N, n (%)	117, 85 ( 72.6)	125, 67 ( 53.6)	
	OR, SE (95% CI)			2.299, 0.274 ( 1.343, 3.936)
	Treatment P-value			0.00239
	Peto's OR (95% CI)			2.253 ( 1.339, 3.791)
	RR (95% CI)			1.355 ( 1.113, 1.651)
	Treatment P-value			0.00253
	RD (95% CI)			0.190 ( 0.071, 0.310)
	Treatment P-value			0.00171

Analyses are based on a binomial regression model with logistic (OR), log (RR) and identity (RD) links. Peto's OR should be considered if there are 1% or 99% of events in any arm. Two-sided p-values are presented.

Subgroup analyses are conducted if there exists at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

[a] The Overall analysis is adjusted for Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[b] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_MOR\_BIN.SAS

Date/time of run: 13MAY2021 08:45

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table DCC.BIN.S4.RES: Disease Control - Confirmed (Response Evaluable Set)

Subgroup: Region

Subgroup Level	Statistics	Enfortumab Vedotin	Chemotherapy	Enfortumab Vedotin vs Chemotherapy
US	N, n (%)	43, 26 ( 60.5)	41, 15 ( 36.6)	
	OR, SE (95% CI)			2.651, 0.450 ( 1.098, 6.403)
	Treatment P-value			0.03024
	Peto's OR (95% CI)			2.571 ( 1.098, 6.020)
	RR (95% CI)			1.653 ( 1.033, 2.644)
	Treatment P-value			0.03612
	RD (95% CI)			0.239 ( 0.031, 0.446)
	Treatment P-value			0.02416

Analyses are based on a binomial regression model with logistic (OR), log (RR) and identity (RD) links. Peto's OR should be considered if there are 1% or 99% of events in any arm. Two-sided p-values are presented.

Subgroup analyses are conducted if there exists at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

[a] The Overall analysis is adjusted for Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[b] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_MOR\_BIN.SAS

Date/time of run: 13MAY2021 08:45

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table DCC.BIN.S4.RES: Disease Control - Confirmed (Response Evaluable Set)

Subgroup: Region

Subgroup Level	Statistics	Enfortumab Vedotin	Chemotherapy	Enfortumab Vedotin vs Chemotherapy
Rest of the World	N, n (%)	128, 96 ( 75.0)	130, 76 ( 58.5)	
	OR, SE (95% CI)			2.132, 0.271 ( 1.254, 3.624)
	Treatment P-value			0.00519
	Interaction P-value [b]			0.91603
	Peto's OR (95% CI)			2.099 ( 1.252, 3.519)
	RR (95% CI)			1.283 ( 1.076, 1.530)
	Treatment P-value			0.00555
	Interaction P-value [b]			0.59090
	RD (95% CI)			0.165 ( 0.052, 0.279)
	Treatment P-value			0.00417
	Interaction P-value [b]			0.82789

Analyses are based on a binomial regression model with logistic (OR), log (RR) and identity (RD) links. Peto's OR should be considered if there are 1% or 99% of events in any arm. Two-sided p-values are presented.

Subgroup analyses are conducted if there exists at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

[a] The Overall analysis is adjusted for Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[b] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_MOR\_BIN.SAS

Date/time of run: 13MAY2021 08:45

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table DCC.BIN.S5.RES: Disease Control - Confirmed (Response Evaluable Set)

Subgroup: ECOG PS from IRT Strata

Subgroup Level	Statistics	Enfortumab Vedotin	Chemotherapy	Enfortumab Vedotin vs Chemotherapy
0	N, n (%)	115, 93 ( 80.9)	121, 76 ( 62.8)	
	OR, SE (95% CI)			2.503, 0.303 ( 1.383, 4.530)
	Treatment P-value			0.00243
	Peto's OR (95% CI)			2.422 ( 1.377, 4.261)
	RR (95% CI)			1.288 ( 1.093, 1.516)
	Treatment P-value			0.00243
	RD (95% CI)			0.181 ( 0.068, 0.293)
	Treatment P-value			0.00160

Analyses are based on a binomial regression model with logistic (OR), log (RR) and identity (RD) links. Peto's OR should be considered if there are 1% or 99% of events in any arm. Two-sided p-values are presented.

Subgroup analyses are conducted if there exists at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

[a] The Overall analysis is adjusted for Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[b] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_MOR\_BIN.SAS

Date/time of run: 13MAY2021 08:45

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table DCC.BIN.S5.RES: Disease Control - Confirmed (Response Evaluable Set)

Subgroup: ECOG PS from IRT Strata

Subgroup Level	Statistics	Enfortumab Vedotin	Chemotherapy	Enfortumab Vedotin vs Chemotherapy
1	N, n (%)	173, 114 ( 65.9)	175, 82 ( 46.9)	
	OR, SE (95% CI)			2.191, 0.221 ( 1.422, 3.377)
	Treatment P-value			0.00038
	Interaction P-value [b]			0.72220
	Peto's OR (95% CI)			2.163 ( 1.417, 3.303)
	RR (95% CI)			1.406 ( 1.162, 1.702)
	Treatment P-value			0.00046
	Interaction P-value [b]			0.49116
	RD (95% CI)			0.190 ( 0.088, 0.293)
	Treatment P-value			0.00026
	Interaction P-value [b]			0.89939

Analyses are based on a binomial regression model with logistic (OR), log (RR) and identity (RD) links. Peto's OR should be considered if there are 1% or 99% of events in any arm. Two-sided p-values are presented.

Subgroup analyses are conducted if there exists at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

[a] The Overall analysis is adjusted for Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[b] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_MOR\_BIN.SAS

Date/time of run: 13MAY2021 08:45

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table DCC.BIN.S6.RES: Disease Control - Confirmed (Response Evaluable Set)

Subgroup: Liver Metastasis from IRT Strata

Subgroup Level	Statistics	Enfortumab Vedotin	Chemotherapy	Enfortumab Vedotin vs Chemotherapy
Yes	N, n (%)	93, 58 ( 62.4)	93, 38 ( 40.9)	
	OR, SE (95% CI)			2.398, 0.301 ( 1.331, 4.323)
	Treatment P-value			0.00360
	Peto's OR (95% CI)			2.355 ( 1.327, 4.179)
	RR (95% CI)			1.526 ( 1.141, 2.042)
	Treatment P-value			0.00441
	RD (95% CI)			0.215 ( 0.075, 0.355)
	Treatment P-value			0.00266

Analyses are based on a binomial regression model with logistic (OR), log (RR) and identity (RD) links. Peto's OR should be considered if there are 1% or 99% of events in any arm. Two-sided p-values are presented.

Subgroup analyses are conducted if there exists at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

[a] The Overall analysis is adjusted for Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[b] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_MOR\_BIN.SAS

Date/time of run: 13MAY2021 08:45

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table DCC.BIN.S6.RES: Disease Control - Confirmed (Response Evaluable Set)

Subgroup: Liver Metastasis from IRT Strata

Subgroup Level	Statistics	Enfortumab Vedotin	Chemotherapy	Enfortumab Vedotin vs Chemotherapy
No	N, n (%)	195, 149 ( 76.4)	203, 120 ( 59.1)	
	OR, SE (95% CI)			2.240, 0.221 ( 1.453, 3.455)
	Treatment P-value			0.00026
	Interaction P-value [b]			0.85491
	Peto's OR (95% CI)			2.198 ( 1.445, 3.343)
	RR (95% CI)			1.293 ( 1.125, 1.485)
	Treatment P-value			0.00028
	Interaction P-value [b]			0.30637
	RD (95% CI)			0.173 ( 0.083, 0.263)
	Treatment P-value			0.00017
	Interaction P-value [b]			0.62173

Analyses are based on a binomial regression model with logistic (OR), log (RR) and identity (RD) links. Peto's OR should be considered if there are 1% or 99% of events in any arm. Two-sided p-values are presented.

Subgroup analyses are conducted if there exists at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

[a] The Overall analysis is adjusted for Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[b] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_MOR\_BIN.SAS

Date/time of run: 13MAY2021 08:45

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table DCC.BIN.S7.RES: Disease Control - Confirmed (Response Evaluable Set)

Subgroup: Pre-selected Investigator's Choice of Paclitaxel/Docetaxel/Vinflunine

Subgroup Level	Statistics	Enfortumab Vedotin	Chemotherapy	Enfortumab Vedotin vs Chemotherapy
Paclitaxel	N, n (%)	134, 97 ( 72.4)	109, 60 ( 55.0)	
	OR, SE (95% CI)			2.141, 0.273 ( 1.254, 3.654)
	Treatment P-value			0.00526
	Peto's OR (95% CI)			2.128 ( 1.256, 3.607)
	RR (95% CI)			1.315 ( 1.077, 1.605)
	Treatment P-value			0.00707
	RD (95% CI)			0.173 ( 0.053, 0.294)
	Treatment P-value			0.00469

Analyses are based on a binomial regression model with logistic (OR), log (RR) and identity (RD) links. Peto's OR should be considered if there are 1% or 99% of events in any arm. Two-sided p-values are presented.

Subgroup analyses are conducted if there exists at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

[a] The Overall analysis is adjusted for Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[b] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_MOR\_BIN.SAS

Date/time of run: 13MAY2021 08:45

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table DCC.BIN.S7.RES: Disease Control - Confirmed (Response Evaluable Set)

Subgroup: Pre-selected Investigator's Choice of Paclitaxel/Docetaxel/Vinflunine

Subgroup Level	Statistics	Enfortumab Vedotin	Chemotherapy	Enfortumab Vedotin vs Chemotherapy
Docetaxel	N, n (%)	84, 59 ( 70.2)	112, 51 ( 45.5)	
	OR, SE (95% CI)			2.823, 0.305 ( 1.553, 5.131)
	Treatment P-value			0.00066
	Peto's OR (95% CI)			2.713 ( 1.536, 4.791)
	RR (95% CI)			1.542 ( 1.206, 1.972)
	Treatment P-value			0.00055
	RD (95% CI)			0.247 ( 0.113, 0.381)
	Treatment P-value			0.00032

Analyses are based on a binomial regression model with logistic (OR), log (RR) and identity (RD) links. Peto's OR should be considered if there are 1% or 99% of events in any arm. Two-sided p-values are presented.

Subgroup analyses are conducted if there exists at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

[a] The Overall analysis is adjusted for Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[b] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_MOR\_BIN.SAS

Date/time of run: 13MAY2021 08:45

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table DCC.BIN.S7.RES: Disease Control - Confirmed (Response Evaluable Set)

Subgroup: Pre-selected Investigator's Choice of Paclitaxel/Docetaxel/Vinflunine

Subgroup Level	Statistics	Enfortumab Vedotin	Chemotherapy	Enfortumab Vedotin vs Chemotherapy
Vinflunine	N, n (%)	70, 51 ( 72.9)	75, 47 ( 62.7)	
	OR, SE (95% CI)			1.599, 0.359 ( 0.790, 3.235)
	Treatment P-value			0.19160
	Interaction P-value [b]			0.48057
	Peto's OR (95% CI)			1.587 ( 0.793, 3.176)
	RR (95% CI)			1.163 ( 0.928, 1.457)
	Treatment P-value			0.19081
	Interaction P-value [b]			0.25243
	RD (95% CI)			0.102 ( -0.049, 0.253)
	Treatment P-value			0.18626
	Interaction P-value [b]			0.37169

Analyses are based on a binomial regression model with logistic (OR), log (RR) and identity (RD) links. Peto's OR should be considered if there are 1% or 99% of events in any arm. Two-sided p-values are presented.

Subgroup analyses are conducted if there exists at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

[a] The Overall analysis is adjusted for Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[b] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_MOR\_BIN.SAS

Date/time of run: 13MAY2021 08:45

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table DCC.BIN.S8.RES: Disease Control - Confirmed (Response Evaluable Set)

Subgroup: Primary Site of Tumor

Subgroup Level	Statistics	Enfortumab Vedotin	Chemotherapy	Enfortumab Vedotin vs Chemotherapy
Upper Tract	N, n (%)	98, 68 ( 69.4)	105, 57 ( 54.3)	
	OR, SE (95% CI)			1.909, 0.294 ( 1.073, 3.396)
	Treatment P-value			0.02787
	Peto's OR (95% CI)			1.887 ( 1.073, 3.319)
	RR (95% CI)			1.278 ( 1.026, 1.592)
	Treatment P-value			0.02828
	RD (95% CI)			0.151 ( 0.019, 0.283)
	Treatment P-value			0.02486

Analyses are based on a binomial regression model with logistic (OR), log (RR) and identity (RD) links. Peto's OR should be considered if there are 1% or 99% of events in any arm. Two-sided p-values are presented.

Subgroup analyses are conducted if there exists at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

[a] The Overall analysis is adjusted for Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[b] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_MOR\_BIN.SAS

Date/time of run: 13MAY2021 08:45

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table DCC.BIN.S8.RES: Disease Control - Confirmed (Response Evaluable Set)

Subgroup: Primary Site of Tumor

Subgroup Level	Statistics	Enfortumab Vedotin	Chemotherapy	Enfortumab Vedotin vs Chemotherapy
Other	N, n (%)	190, 139 ( 73.2)	191, 101 ( 52.9)	
	OR, SE (95% CI)			2.429, 0.219 ( 1.582, 3.728)
	Treatment P-value			0.00005
	Interaction P-value [b]			0.51137
	Peto's OR (95% CI)			2.381 ( 1.572, 3.607)
	RR (95% CI)			1.383 ( 1.180, 1.622)
	Treatment P-value			0.00006
	Interaction P-value [b]			0.56804
	RD (95% CI)			0.203 ( 0.108, 0.298)
	Treatment P-value			0.00003
	Interaction P-value [b]			0.53152

Analyses are based on a binomial regression model with logistic (OR), log (RR) and identity (RD) links. Peto's OR should be considered if there are 1% or 99% of events in any arm. Two-sided p-values are presented.

Subgroup analyses are conducted if there exists at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

[a] The Overall analysis is adjusted for Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[b] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_MOR\_BIN.SAS

Date/time of run: 13MAY2021 08:45

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table DCC.BIN.S9.RES: Disease Control - Confirmed (Response Evaluable Set)

Subgroup: Prior Lines of Systemic Therapy

Subgroup Level	Statistics	Enfortumab Vedotin	Chemotherapy	Enfortumab Vedotin vs Chemotherapy
1-2 lines	N, n (%)	251, 181 ( 72.1)	262, 139 ( 53.1)	
	OR, SE (95% CI)			2.288, 0.187 ( 1.585, 3.304)
	Treatment P-value			0.00001
	Peto's OR (95% CI)			2.249 ( 1.574, 3.214)
	RR (95% CI)			1.359 ( 1.185, 1.560)
	Treatment P-value			0.00001
	RD (95% CI)			0.191 ( 0.109, 0.273)
	Treatment P-value			<.00001

Analyses are based on a binomial regression model with logistic (OR), log (RR) and identity (RD) links. Peto's OR should be considered if there are 1% or 99% of events in any arm. Two-sided p-values are presented.

Subgroup analyses are conducted if there exists at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

[a] The Overall analysis is adjusted for Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[b] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_MOR\_BIN.SAS

Date/time of run: 13MAY2021 08:45

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table DCC.BIN.S9.RES: Disease Control - Confirmed (Response Evaluable Set)

Subgroup: Prior Lines of Systemic Therapy

Subgroup Level	Statistics	Enfortumab Vedotin	Chemotherapy	Enfortumab Vedotin vs Chemotherapy
>=3 lines	N, n (%)	37, 26 ( 70.3)	34, 19 ( 55.9)	
	OR, SE (95% CI)			1.866, 0.499 ( 0.702, 4.959)
	Treatment P-value			0.21095
	Interaction P-value [b]			0.70255
	Peto's OR (95% CI)			1.843 ( 0.706, 4.811)
	RR (95% CI)			1.257 ( 0.873, 1.811)
	Treatment P-value			0.21844
	Interaction P-value [b]			0.69864
	RD (95% CI)			0.144 ( -0.079, 0.366)
	Treatment P-value			0.20519
	Interaction P-value [b]			0.69877

Analyses are based on a binomial regression model with logistic (OR), log (RR) and identity (RD) links. Peto's OR should be considered if there are 1% or 99% of events in any arm. Two-sided p-values are presented.

Subgroup analyses are conducted if there exists at least 2 levels with >= 10 patients across treatment arms and >=10 events in total across treatment arms in at least 1 level.

[a] The Overall analysis is adjusted for Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[b] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_MOR\_BIN.SAS

Date/time of run: 13MAY2021 08:45

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table DCC.BIN.S10.RES: Disease Control - Confirmed (Response Evaluable Set)

Subgroup: Best Response to Prior CPI

Subgroup Level	Statistics	Enfortumab Vedotin	Chemotherapy	Enfortumab Vedotin vs Chemotherapy
Responder	N, n (%)	56, 49 ( 87.5)	49, 31 ( 63.3)	
	OR, SE (95% CI)			4.065, 0.501 ( 1.522, 10.852)
	Treatment P-value			0.00513
	Peto's OR (95% CI)			3.755 ( 1.533, 9.199)
	RR (95% CI)			1.383 ( 1.093, 1.750)
	Treatment P-value			0.00688
	RD (95% CI)			0.242 ( 0.082, 0.403)
	Treatment P-value			0.00306

Analyses are based on a binomial regression model with logistic (OR), log (RR) and identity (RD) links. Peto's OR should be considered if there are 1% or 99% of events in any arm. Two-sided p-values are presented.

Subgroup analyses are conducted if there exists at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

[a] The Overall analysis is adjusted for Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[b] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_MOR\_BIN.SAS

Date/time of run: 13MAY2021 08:45

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table DCC.BIN.S10.RES: Disease Control - Confirmed (Response Evaluable Set)

Subgroup: Best Response to Prior CPI

Subgroup Level	Statistics	Enfortumab Vedotin	Chemotherapy	Enfortumab Vedotin vs Chemotherapy
Non-responder	N, n (%)	199, 137 ( 68.8)	207, 106 ( 51.2)	
	OR, SE (95% CI)			2.105, 0.207 ( 1.404, 3.158)
	Treatment P-value			0.00032
	Interaction P-value [b]			0.21580
	Peto's OR (95% CI)			2.080 ( 1.399, 3.091)
	RR (95% CI)			1.344 ( 1.143, 1.582)
	Treatment P-value			0.00036
	Interaction P-value [b]			0.84516
	RD (95% CI)			0.176 ( 0.083, 0.270)
	Treatment P-value			0.00022
	Interaction P-value [b]			0.48611

Analyses are based on a binomial regression model with logistic (OR), log (RR) and identity (RD) links. Peto's OR should be considered if there are 1% or 99% of events in any arm. Two-sided p-values are presented.

Subgroup analyses are conducted if there exists at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

[a] The Overall analysis is adjusted for Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[b] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_MOR\_BIN.SAS

Date/time of run: 13MAY2021 08:45

Analysis Plan: 15FEB2021

Confidential

### 2.3.3 Zeit bis zum Gesamtansprechen

Astellas: 7465-CL-0301

Table OR.KM.S1.RES: Time to Overall Response (Months) (Response Evaluable Set - Patients with Confirmed Complete Response or Confirmed Partial Response)

Subgroup: Age Group 1, Level: <65 years

Time Point	Statistics	Enfortumab Vedotin (N=42)	Chemotherapy (N=15)
Overall	No. of Events (%)	42 (100.0)	15 (100.0)
	Median Survival Est. (95% CI)	1.86 ( 1.77, 1.94)	1.97 ( 1.84, 2.10)
	Hazard Ratio (95% CI)		1.225 ( 0.678, 2.214)
	Treatment P-value [a]		0.47280
	Interaction P-value [b]		0.48936

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $> 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_MOR\_KM.SAS

Date/time of run: 16APR2021 11:47

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table OR.KM.S1.RES: Time to Overall Response (Months) (Response Evaluable Set - Patients with Confirmed Complete Response or Confirmed Partial Response)

Subgroup: Age Group 1, Level: &gt;=65 years

Time Point	Statistics	Enfortumab Vedotin (N=75)	Chemotherapy (N=38)
Overall	No. of Events (%)	75 (100.0)	38 (100.0)
	Median Survival Est. (95% CI)	1.87 ( 1.81, 1.91)	1.91 ( 1.87, 2.04)
	Hazard Ratio (95% CI)		1.577 ( 1.059, 2.349)
	Treatment P-value [a]		0.02875
	Interaction P-value [b]		0.48936
6 Months	Patients at Risk, Survival Est. (95% CI)	0	1, 0.03 ( 0.00, 0.12)

Subgroup analyses are conducted if there exist at least 2 levels with >= 10 patients across treatment arms and >=10 events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of > 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_MOR\_KM.SAS

Date/time of run: 16APR2021 11:47

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table OR.KM.S2.RES: Time to Overall Response (Months) (Response Evaluable Set - Patients with Confirmed Complete Response or Confirmed Partial Response)

Subgroup: Age Group 2, Level: &lt;75 years

Time Point	Statistics	Enfortumab Vedotin (N=102)	Chemotherapy (N=38)
Overall	No. of Events (%)	102 (100.0)	38 (100.0)
	Median Survival Est. (95% CI)	1.87 ( 1.84, 1.91)	1.94 ( 1.87, 2.07)
	Hazard Ratio (95% CI)		1.451 ( 0.997, 2.112)
	Treatment P-value [a]		0.04063
	Interaction P-value [b]		0.96056

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $> 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_MOR\_KM.SAS

Date/time of run: 16APR2021 11:47

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table OR.KM.S2.RES: Time to Overall Response (Months) (Response Evaluable Set - Patients with Confirmed Complete Response or Confirmed Partial Response)

Subgroup: Age Group 2, Level: &gt;=75 years

Time Point	Statistics	Enfortumab Vedotin (N=15)	Chemotherapy (N=15)
Overall	No. of Events (%)	15 (100.0)	15 (100.0)
	Median Survival Est. (95% CI)	1.77 ( 1.68, 1.97)	1.91 ( 1.77, 2.07)
	Hazard Ratio (95% CI)		1.421 ( 0.685, 2.950)
	Treatment P-value [a]		0.27227
	Interaction P-value [b]		0.96056
6 Months	Patients at Risk, Survival Est. (95% CI)	0	1, 0.07 ( 0.00, 0.26)

Subgroup analyses are conducted if there exist at least 2 levels with >= 10 patients across treatment arms and >=10 events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of > 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_MOR\_KM.SAS

Date/time of run: 16APR2021 11:47

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table OR.KM.S3.RES: Time to Overall Response (Months) (Response Evaluable Set - Patients with Confirmed Complete Response or Confirmed Partial Response)

Subgroup: Gender, Level: Male

Time Point	Statistics	Enfortumab Vedotin (N=90)	Chemotherapy (N=37)
Overall	No. of Events (%)	90 (100.0)	37 (100.0)
	Median Survival Est. (95% CI)	1.87 ( 1.81, 1.91)	1.91 ( 1.87, 2.07)
	Hazard Ratio (95% CI)		1.621 ( 1.096, 2.398)
	Treatment P-value [a]		0.01825
	Interaction P-value [b]		0.29476
6 Months	Patients at Risk, Survival Est. (95% CI)	0	1, 0.03 ( 0.00, 0.12)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $> 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_MOR\_KM.SAS

Date/time of run: 16APR2021 11:47

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table OR.KM.S3.RES: Time to Overall Response (Months) (Response Evaluable Set - Patients with Confirmed Complete Response or Confirmed Partial Response)

Subgroup: Gender, Level: Female

Time Point	Statistics	Enfortumab Vedotin (N=27)	Chemotherapy (N=16)
Overall	No. of Events (%)	27 (100.0)	16 (100.0)
	Median Survival Est. (95% CI)	1.87 ( 1.77, 1.97)	1.95 ( 1.84, 2.04)
	Hazard Ratio (95% CI)		1.092 ( 0.586, 2.034)
	Treatment P-value [a]		0.86896
	Interaction P-value [b]		0.29476

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $> 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_MOR\_KM.SAS

Date/time of run: 16APR2021 11:47

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table OR.KM.S4.RES: Time to Overall Response (Months) (Response Evaluable Set - Patients with Confirmed Complete Response or Confirmed Partial Response)

Subgroup: Region, Level: Western Europe

Time Point	Statistics	Enfortumab Vedotin (N=46)	Chemotherapy (N=22)
Overall	No. of Events (%)	46 (100.0)	22 (100.0)
	Median Survival Est. (95% CI)	1.84 ( 1.81, 1.91)	1.94 ( 1.87, 2.07)
	Hazard Ratio (95% CI)		1.660 ( 0.987, 2.791)
	Treatment P-value [a]		0.05925
	Interaction P-value [b]		0.68597
6 Months	Patients at Risk, Survival Est. (95% CI)	0	1, 0.05 ( 0.00, 0.19)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $> 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_MOR\_KM.SAS

Date/time of run: 16APR2021 11:47

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table OR.KM.S4.RES: Time to Overall Response (Months) (Response Evaluable Set - Patients with Confirmed Complete Response or Confirmed Partial Response)

Subgroup: Region, Level: US

Time Point	Statistics	Enfortumab Vedotin (N=15)	Chemotherapy (N=6)
Overall	No. of Events (%)	15 (100.0)	6 (100.0)
	Median Survival Est. (95% CI)	1.81 ( 1.68, 1.87)	1.89 ( 1.71, NC)
	Hazard Ratio (95% CI)		1.764 ( 0.678, 4.589)
	Treatment P-value [a]		0.40371
	Interaction P-value [b]		0.68597

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $> 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_MOR\_KM.SAS

Date/time of run: 16APR2021 11:47

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table OR.KM.S4.RES: Time to Overall Response (Months) (Response Evaluable Set - Patients with Confirmed Complete Response or Confirmed Partial Response)

Subgroup: Region, Level: Rest of the World

Time Point	Statistics	Enfortumab Vedotin (N=56)	Chemotherapy (N=25)
Overall	No. of Events (%)	56 (100.0)	25 (100.0)
	Median Survival Est. (95% CI)	1.91 ( 1.77, 1.97)	1.91 ( 1.87, 2.07)
	Hazard Ratio (95% CI)		1.260 ( 0.784, 2.025)
	Treatment P-value [a]		0.14413
	Interaction P-value [b]		0.68597

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $> 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_MOR\_KM.SAS

Date/time of run: 16APR2021 11:47

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table OR.KM.S5.RES: Time to Overall Response (Months) (Response Evaluable Set - Patients with Confirmed Complete Response or Confirmed Partial Response)

Subgroup: ECOG PS from IRT Strata, Level: 0

Time Point	Statistics	Enfortumab Vedotin (N=49)	Chemotherapy (N=30)
Overall	No. of Events (%)	49 (100.0)	30 (100.0)
	Median Survival Est. (95% CI)	1.84 ( 1.77, 1.94)	1.92 ( 1.87, 2.04)
	Hazard Ratio (95% CI)		1.333 ( 0.845, 2.103)
	Treatment P-value [a]		0.20005
	Interaction P-value [b]		0.56228

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $> 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_MOR\_KM.SAS

Date/time of run: 16APR2021 11:47

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table OR.KM.S5.RES: Time to Overall Response (Months) (Response Evaluable Set - Patients with Confirmed Complete Response or Confirmed Partial Response)

Subgroup: ECOG PS from IRT Strata, Level: 1

Time Point	Statistics	Enfortumab Vedotin (N=68)	Chemotherapy (N=23)
Overall	No. of Events (%)	68 (100.0)	23 (100.0)
	Median Survival Est. (95% CI)	1.87 ( 1.81, 1.91)	1.91 ( 1.81, 2.10)
	Hazard Ratio (95% CI)		1.623 ( 0.999, 2.639)
	Treatment P-value [a]		0.06091
	Interaction P-value [b]		0.56228
6 Months	Patients at Risk, Survival Est. (95% CI)	0	1, 0.04 ( 0.00, 0.18)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $> 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_MOR\_KM.SAS

Date/time of run: 16APR2021 11:47

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table OR.KM.S6.RES: Time to Overall Response (Months) (Response Evaluable Set - Patients with Confirmed Complete Response or Confirmed Partial Response)

Subgroup: Liver Metastasis from IRT Strata, Level: Yes

Time Point	Statistics	Enfortumab Vedotin (N=33)	Chemotherapy (N=10)
Overall	No. of Events (%)	33 (100.0)	10 (100.0)
	Median Survival Est. (95% CI)	1.84 ( 1.74, 1.91)	1.86 ( 1.45, 1.97)
	Hazard Ratio (95% CI)		0.733 ( 0.358, 1.501)
	Treatment P-value [a]		0.69473
	Interaction P-value [b]		0.05224

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $> 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_MOR\_KM.SAS

Date/time of run: 16APR2021 11:47

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table OR.KM.S6.RES: Time to Overall Response (Months) (Response Evaluable Set - Patients with Confirmed Complete Response or Confirmed Partial Response)

Subgroup: Liver Metastasis from IRT Strata, Level: No

Time Point	Statistics	Enfortumab Vedotin (N=84)	Chemotherapy (N=43)
Overall	No. of Events (%)	84 (100.0)	43 (100.0)
	Median Survival Est. (95% CI)	1.87 ( 1.81, 1.94)	1.97 ( 1.91, 2.07)
	Hazard Ratio (95% CI)		1.645 ( 1.130, 2.396)
	Treatment P-value [a]		0.00725
	Interaction P-value [b]		0.05224
6 Months	Patients at Risk, Survival Est. (95% CI)	0	1, 0.02 ( 0.00, 0.11)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $> 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_MOR\_KM.SAS

Date/time of run: 16APR2021 11:47

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table OR.KM.S7.RES: Time to Overall Response (Months) (Response Evaluable Set - Patients with Confirmed Complete Response or Confirmed Partial Response)

Subgroup: Pre-selected Investigator's Choice of Paclitaxel/Docetaxel/Vinflunine, Level: Paclitaxel

Time Point	Statistics	Enfortumab Vedotin (N=56)	Chemotherapy (N=28)
Overall	No. of Events (%)	56 (100.0)	28 (100.0)
	Median Survival Est. (95% CI)	1.91 ( 1.84, 1.94)	1.91 ( 1.87, 2.00)
	Hazard Ratio (95% CI)		1.162 ( 0.732, 1.845)
	Treatment P-value [a]		0.54716
	Interaction P-value [b]		0.22833
6 Months	Patients at Risk, Survival Est. (95% CI)	0	1, 0.04 ( 0.00, 0.15)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $> 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_MOR\_KM.SAS

Date/time of run: 16APR2021 11:47

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table OR.KM.S7.RES: Time to Overall Response (Months) (Response Evaluable Set - Patients with Confirmed Complete Response or Confirmed Partial Response)

Subgroup: Pre-selected Investigator's Choice of Paclitaxel/Docetaxel/Vinflunine, Level: Docetaxel

Time Point	Statistics	Enfortumab Vedotin (N=33)	Chemotherapy (N=13)
Overall	No. of Events (%)	33 (100.0)	13 (100.0)
	Median Survival Est. (95% CI)	1.81 ( 1.74, 1.87)	2.10 ( 1.87, 3.75)
	Hazard Ratio (95% CI)		2.320 ( 1.212, 4.443)
	Treatment P-value [a]		0.02186
	Interaction P-value [b]		0.22833

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $> 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_MOR\_KM.SAS

Date/time of run: 16APR2021 11:47

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table OR.KM.S7.RES: Time to Overall Response (Months) (Response Evaluable Set - Patients with Confirmed Complete Response or Confirmed Partial Response)

Subgroup: Pre-selected Investigator's Choice of Paclitaxel/Docetaxel/Vinflunine, Level: Vinflunine

Time Point	Statistics	Enfortumab Vedotin (N=28)	Chemotherapy (N=12)
Overall	No. of Events (%)	28 (100.0)	12 (100.0)
	Median Survival Est. (95% CI)	1.82 ( 1.71, 1.91)	1.91 ( 1.74, 2.14)
	Hazard Ratio (95% CI)		1.329 ( 0.674, 2.621)
	Treatment P-value [a]		0.41600
	Interaction P-value [b]		0.22833

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $> 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_MOR\_KM.SAS

Date/time of run: 16APR2021 11:47

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table OR.KM.S8.RES: Time to Overall Response (Months) (Response Evaluable Set - Patients with Confirmed Complete Response or Confirmed Partial Response)

Subgroup: Primary Site of Tumor, Level: Upper Tract

Time Point	Statistics	Enfortumab Vedotin (N=43)	Chemotherapy (N=20)
Overall	No. of Events (%)	43 (100.0)	20 (100.0)
	Median Survival Est. (95% CI)	1.81 ( 1.74, 1.91)	1.95 ( 1.84, 2.17)
	Hazard Ratio (95% CI)		1.983 ( 1.159, 3.393)
	Treatment P-value [a]		0.00679
	Interaction P-value [b]		0.16494

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $> 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_MOR\_KM.SAS

Date/time of run: 16APR2021 11:47

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table OR.KM.S8.RES: Time to Overall Response (Months) (Response Evaluable Set - Patients with Confirmed Complete Response or Confirmed Partial Response)

Subgroup: Primary Site of Tumor, Level: Other

Time Point	Statistics	Enfortumab Vedotin (N=74)	Chemotherapy (N=33)
Overall	No. of Events (%)	74 (100.0)	33 (100.0)
	Median Survival Est. (95% CI)	1.89 ( 1.84, 1.94)	1.91 ( 1.87, 2.04)
	Hazard Ratio (95% CI)		1.226 ( 0.809, 1.858)
	Treatment P-value [a]		0.31794
	Interaction P-value [b]		0.16494
6 Months	Patients at Risk, Survival Est. (95% CI)	0	1, 0.03 ( 0.00, 0.13)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $> 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_MOR\_KM.SAS

Date/time of run: 16APR2021 11:47

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table OR.KM.S9.RES: Time to Overall Response (Months) (Response Evaluable Set - Patients with Confirmed Complete Response or Confirmed Partial Response)

Subgroup: Prior Lines of Systemic Therapy, Level: 1-2 lines

Time Point	Statistics	Enfortumab Vedotin (N=103)	Chemotherapy (N=47)
Overall	No. of Events (%)	103 (100.0)	47 (100.0)
	Median Survival Est. (95% CI)	1.87 ( 1.81, 1.91)	1.94 ( 1.91, 2.07)
	Hazard Ratio (95% CI)		1.487 ( 1.048, 2.108)
	Treatment P-value [a]		0.02207
	Interaction P-value [b]		0.64913
6 Months	Patients at Risk, Survival Est. (95% CI)	0	1, 0.02 ( 0.00, 0.10)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $> 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_MOR\_KM.SAS

Date/time of run: 16APR2021 11:47

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table OR.KM.S9.RES: Time to Overall Response (Months) (Response Evaluable Set - Patients with Confirmed Complete Response or Confirmed Partial Response)

Subgroup: Prior Lines of Systemic Therapy, Level: &gt;=3 lines

Time Point	Statistics	Enfortumab Vedotin (N=14)	Chemotherapy (N=6)
Overall	No. of Events (%)	14 (100.0)	6 (100.0)
	Median Survival Est. (95% CI)	1.84 ( 1.71, 1.97)	1.81 ( 1.64, NC)
	Hazard Ratio (95% CI)		1.173 ( 0.448, 3.068)
	Treatment P-value [a]		0.67093
	Interaction P-value [b]		0.64913

Subgroup analyses are conducted if there exist at least 2 levels with >= 10 patients across treatment arms and >=10 events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of > 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_MOR\_KM.SAS

Date/time of run: 16APR2021 11:47

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table OR.KM.S10.RES: Time to Overall Response (Months) (Response Evaluable Set - Patients with Confirmed Complete Response or Confirmed Partial Response)

Subgroup: Best Response to Prior CPI, Level: Responder

Time Point	Statistics	Enfortumab Vedotin (N=28)	Chemotherapy (N=12)
Overall	No. of Events (%)	28 (100.0)	12 (100.0)
	Median Survival Est. (95% CI)	1.92 ( 1.81, 2.00)	1.91 ( 1.74, 2.07)
	Hazard Ratio (95% CI)		1.211 ( 0.615, 2.385)
	Treatment P-value [a]		0.44163
	Interaction P-value [b]		0.49701

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $> 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_MOR\_KM.SAS

Date/time of run: 16APR2021 11:47

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table OR.KM.S10.RES: Time to Overall Response (Months) (Response Evaluable Set - Patients with Confirmed Complete Response or Confirmed Partial Response)

Subgroup: Best Response to Prior CPI, Level: Non-responder

Time Point	Statistics	Enfortumab Vedotin (N=79)	Chemotherapy (N=36)
Overall	No. of Events (%)	79 (100.0)	36 (100.0)
	Median Survival Est. (95% CI)	1.87 ( 1.81, 1.91)	1.97 ( 1.87, 2.07)
	Hazard Ratio (95% CI)		1.590 ( 1.065, 2.373)
	Treatment P-value [a]		0.02839
	Interaction P-value [b]		0.49701
6 Months	Patients at Risk, Survival Est. (95% CI)	0	1, 0.03 ( 0.00, 0.12)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $> 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_MOR\_KM.SAS

Date/time of run: 16APR2021 11:47

Analysis Plan: 15FEB2021

Confidential

### 2.3.4 Dauer des Ansprechens

Astellas: 7465-CL-0301

Table DOR.KM.S1.RES: Duration of Response (Months) - Confirmed (Response Evaluable Set - Patients with Confirmed Complete Response or Confirmed Partial Response)

Subgroup: Age Group 1, Level: <65 years

Time Point	Statistics	Enfortumab Vedotin (N=42)	Chemotherapy (N=15)
Overall	No. of Events (%)	24 ( 57.1)	7 ( 46.7)
	Median Survival Est. (95% CI)	5.65 ( 4.90, 9.46)	9.00 ( 5.59, NC)
	Hazard Ratio (95% CI)		1.562 ( 0.671, 3.634)
	Treatment P-value [a]		0.31325
	Interaction P-value [b]		0.18765
6 Months	Patients at Risk, Survival Est. (95% CI)	13, 0.46 ( 0.29, 0.61)	9, 0.78 ( 0.47, 0.92)
12 Months	Patients at Risk, Survival Est. (95% CI)	2, 0.25 ( 0.10, 0.44)	0
18 Months	Patients at Risk, Survival Est. (95% CI)	1, 0.25 ( 0.10, 0.44)	0

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_MOR\_KM.SAS

Date/time of run: 16APR2021 11:47

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table DOR.KM.S1.RES: Duration of Response (Months) - Confirmed (Response Evaluable Set - Patients with Confirmed Complete Response or Confirmed Partial Response)

Subgroup: Age Group 1, Level: &gt;=65 years

Time Point	Statistics	Enfortumab Vedotin (N=75)	Chemotherapy (N=38)
Overall	No. of Events (%)	39 ( 52.0)	22 ( 57.9)
	Median Survival Est. (95% CI)	7.62 ( 5.59, 10.94)	5.98 ( 4.76, 10.09)
	Hazard Ratio (95% CI)		0.800 ( 0.474, 1.351)
	Treatment P-value [a]		0.39271
	Interaction P-value [b]		0.18765
6 Months	Patients at Risk, Survival Est. (95% CI)	31, 0.58 ( 0.46, 0.69)	13, 0.46 ( 0.28, 0.63)
12 Months	Patients at Risk, Survival Est. (95% CI)	7, 0.30 ( 0.16, 0.44)	2, 0.21 ( 0.07, 0.40)

Subgroup analyses are conducted if there exist at least 2 levels with >= 10 patients across treatment arms and >=10 events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_MOR\_KM.SAS

Date/time of run: 16APR2021 11:47

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table DOR.KM.S2.RES: Duration of Response (Months) - Confirmed (Response Evaluable Set - Patients with Confirmed Complete Response or Confirmed Partial Response)

Subgroup: Age Group 2, Level: &lt;75 years

Time Point	Statistics	Enfortumab Vedotin (N=102)	Chemotherapy (N=38)
Overall	No. of Events (%)	54 ( 52.9)	19 ( 50.0)
	Median Survival Est. (95% CI)	7.39 ( 5.52, 9.49)	9.00 ( 5.59, 10.09)
	Hazard Ratio (95% CI)		1.069 ( 0.633, 1.805)
	Treatment P-value [a]		0.80159
	Interaction P-value [b]		0.83389
6 Months	Patients at Risk, Survival Est. (95% CI)	40, 0.55 ( 0.44, 0.65)	17, 0.61 ( 0.42, 0.75)
12 Months	Patients at Risk, Survival Est. (95% CI)	9, 0.30 ( 0.18, 0.42)	2, 0.23 ( 0.07, 0.46)
18 Months	Patients at Risk, Survival Est. (95% CI)	1, 0.30 ( 0.18, 0.42)	0

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_MOR\_KM.SAS

Date/time of run: 16APR2021 11:47

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table DOR.KM.S2.RES: Duration of Response (Months) - Confirmed (Response Evaluable Set - Patients with Confirmed Complete Response or Confirmed Partial Response)

Subgroup: Age Group 2, Level: &gt;=75 years

Time Point	Statistics	Enfortumab Vedotin (N=15)	Chemotherapy (N=15)
Overall	No. of Events (%)	9 ( 60.0)	10 ( 66.7)
	Median Survival Est. (95% CI)	5.59 ( 4.14, 9.23)	5.82 ( 3.71, 11.01)
	Hazard Ratio (95% CI)		0.956 ( 0.387, 2.360)
	Treatment P-value [a]		0.98133
	Interaction P-value [b]		0.83389
6 Months	Patients at Risk, Survival Est. (95% CI)	4, 0.40 ( 0.13, 0.66)	5, 0.44 ( 0.17, 0.69)

Subgroup analyses are conducted if there exist at least 2 levels with >= 10 patients across treatment arms and >=10 events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_MOR\_KM.SAS

Date/time of run: 16APR2021 11:47

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table DOR.KM.S3.RES: Duration of Response (Months) - Confirmed (Response Evaluable Set - Patients with Confirmed Complete Response or Confirmed Partial Response)

Subgroup: Gender, Level: Male

Time Point	Statistics	Enfortumab Vedotin (N=90)	Chemotherapy (N=37)
Overall	No. of Events (%)	45 ( 50.0)	22 ( 59.5)
	Median Survival Est. (95% CI)	9.23 ( 5.59, 11.40)	7.59 ( 4.76, 9.00)
	Hazard Ratio (95% CI)		0.691 ( 0.414, 1.156)
	Treatment P-value [a]		0.18995
	Interaction P-value [b]		0.01165
6 Months	Patients at Risk, Survival Est. (95% CI)	35, 0.55 ( 0.44, 0.66)	14, 0.51 ( 0.33, 0.67)
12 Months	Patients at Risk, Survival Est. (95% CI)	9, 0.34 ( 0.21, 0.48)	1, 0.17 ( 0.04, 0.39)
18 Months	Patients at Risk, Survival Est. (95% CI)	1, 0.34 ( 0.21, 0.48)	0

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_MOR\_KM.SAS

Date/time of run: 16APR2021 11:47

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table DOR.KM.S3.RES: Duration of Response (Months) - Confirmed (Response Evaluable Set - Patients with Confirmed Complete Response or Confirmed Partial Response)

Subgroup: Gender, Level: Female

Time Point	Statistics	Enfortumab Vedotin (N=27)	Chemotherapy (N=16)
Overall	No. of Events (%)	18 ( 66.7)	7 ( 43.8)
	Median Survival Est. (95% CI)	5.95 ( 3.75, 7.69)	9.56 ( 5.82, NC)
	Hazard Ratio (95% CI)		2.591 ( 1.074, 6.250)
	Treatment P-value [a]		0.00725
	Interaction P-value [b]		0.01165
6 Months	Patients at Risk, Survival Est. (95% CI)	9, 0.49 ( 0.28, 0.68)	8, 0.68 ( 0.35, 0.87)
12 Months	Patients at Risk, Survival Est. (95% CI)	0	1, 0.27 ( 0.04, 0.58)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_MOR\_KM.SAS

Date/time of run: 16APR2021 11:47

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table DOR.KM.S4.RES: Duration of Response (Months) - Confirmed (Response Evaluable Set - Patients with Confirmed Complete Response or Confirmed Partial Response)

Subgroup: Region, Level: Western Europe

Time Point	Statistics	Enfortumab Vedotin (N=46)	Chemotherapy (N=22)
Overall	No. of Events (%)	25 ( 54.3)	10 ( 45.5)
	Median Survival Est. (95% CI)	7.16 ( 5.52, NC)	9.00 ( 5.68, NC)
	Hazard Ratio (95% CI)		1.370 ( 0.657, 2.857)
	Treatment P-value [a]		0.38383
	Interaction P-value [b]		0.38730
6 Months	Patients at Risk, Survival Est. (95% CI)	18, 0.55 ( 0.39, 0.69)	13, 0.69 ( 0.44, 0.85)
12 Months	Patients at Risk, Survival Est. (95% CI)	4, 0.32 ( 0.16, 0.50)	1, 0.36 ( 0.11, 0.61)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_MOR\_KM.SAS

Date/time of run: 16APR2021 11:47

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table DOR.KM.S4.RES: Duration of Response (Months) - Confirmed (Response Evaluable Set - Patients with Confirmed Complete Response or Confirmed Partial Response)

Subgroup: Region, Level: US

Time Point	Statistics	Enfortumab Vedotin (N=15)	Chemotherapy (N=6)
Overall	No. of Events (%)	8 ( 53.3)	6 (100.0)
	Median Survival Est. (95% CI)	10.94 ( 4.14, NC)	8.77 ( 5.65, NC)
	Hazard Ratio (95% CI)		0.593 ( 0.205, 1.716)
	Treatment P-value [a]		0.28529
	Interaction P-value [b]		0.38730
6 Months	Patients at Risk, Survival Est. (95% CI)	9, 0.60 ( 0.32, 0.80)	4, 0.67 ( 0.19, 0.90)
12 Months	Patients at Risk, Survival Est. (95% CI)	2, 0.41 ( 0.15, 0.66)	0

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_MOR\_KM.SAS

Date/time of run: 16APR2021 11:47

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table DOR.KM.S4.RES: Duration of Response (Months) - Confirmed (Response Evaluable Set - Patients with Confirmed Complete Response or Confirmed Partial Response)

Subgroup: Region, Level: Rest of the World

Time Point	Statistics	Enfortumab Vedotin (N=56)	Chemotherapy (N=25)
Overall	No. of Events (%)	30 ( 53.6)	13 ( 52.0)
	Median Survival Est. (95% CI)	7.46 ( 4.07, 9.46)	5.59 ( 3.78, NC)
	Hazard Ratio (95% CI)		0.818 ( 0.425, 1.576)
	Treatment P-value [a]		0.66428
	Interaction P-value [b]		0.38730
6 Months	Patients at Risk, Survival Est. (95% CI)	17, 0.50 ( 0.35, 0.64)	5, 0.40 ( 0.18, 0.61)
12 Months	Patients at Risk, Survival Est. (95% CI)	3, 0.19 ( 0.06, 0.37)	1, 0.26 ( 0.06, 0.53)
18 Months	Patients at Risk, Survival Est. (95% CI)	1, 0.19 ( 0.06, 0.37)	0

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_MOR\_KM.SAS

Date/time of run: 16APR2021 11:47

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table DOR.KM.S5.RES: Duration of Response (Months) - Confirmed (Response Evaluable Set - Patients with Confirmed Complete Response or Confirmed Partial Response)

Subgroup: ECOG PS from IRT Strata, Level: 0

Time Point	Statistics	Enfortumab Vedotin (N=49)	Chemotherapy (N=30)
Overall	No. of Events (%)	22 ( 44.9)	14 ( 46.7)
	Median Survival Est. (95% CI)	9.46 ( 5.68, NC)	9.56 ( 5.59, 11.01)
	Hazard Ratio (95% CI)		0.862 ( 0.441, 1.687)
	Treatment P-value [a]		0.62261
	Interaction P-value [b]		0.74766
6 Months	Patients at Risk, Survival Est. (95% CI)	22, 0.65 ( 0.48, 0.77)	14, 0.65 ( 0.43, 0.81)
12 Months	Patients at Risk, Survival Est. (95% CI)	5, 0.33 ( 0.15, 0.52)	1, 0.21 ( 0.04, 0.47)
18 Months	Patients at Risk, Survival Est. (95% CI)	1, 0.33 ( 0.15, 0.52)	0

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_MOR\_KM.SAS

Date/time of run: 16APR2021 11:47

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table DOR.KM.S5.RES: Duration of Response (Months) - Confirmed (Response Evaluable Set - Patients with Confirmed Complete Response or Confirmed Partial Response)

Subgroup: ECOG PS from IRT Strata, Level: 1

Time Point	Statistics	Enfortumab Vedotin (N=68)	Chemotherapy (N=23)
Overall	No. of Events (%)	41 ( 60.3)	15 ( 65.2)
	Median Survival Est. (95% CI)	5.65 ( 5.26, 7.69)	5.98 ( 4.04, 9.00)
	Hazard Ratio (95% CI)		0.999 ( 0.552, 1.806)
	Treatment P-value [a]		0.99160
	Interaction P-value [b]		0.74766
6 Months	Patients at Risk, Survival Est. (95% CI)	22, 0.46 ( 0.33, 0.58)	8, 0.45 ( 0.22, 0.65)
12 Months	Patients at Risk, Survival Est. (95% CI)	4, 0.25 ( 0.13, 0.39)	1, 0.16 ( 0.03, 0.38)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_MOR\_KM.SAS

Date/time of run: 16APR2021 11:47

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table DOR.KM.S6.RES: Duration of Response (Months) - Confirmed (Response Evaluable Set - Patients with Confirmed Complete Response or Confirmed Partial Response)

Subgroup: Liver Metastasis from IRT Strata, Level: Yes

Time Point	Statistics	Enfortumab Vedotin (N=33)	Chemotherapy (N=10)
Overall	No. of Events (%)	21 ( 63.6)	4 ( 40.0)
	Median Survival Est. (95% CI)	7.16 ( 5.29, 9.13)	11.01 ( 3.71, NC)
	Hazard Ratio (95% CI)		2.028 ( 0.693, 5.934)
	Treatment P-value [a]		0.14071
	Interaction P-value [b]		0.12081
6 Months	Patients at Risk, Survival Est. (95% CI)	11, 0.50 ( 0.31, 0.66)	3, 0.54 ( 0.13, 0.83)
12 Months	Patients at Risk, Survival Est. (95% CI)	1, 0.09 ( 0.01, 0.31)	0

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_MOR\_KM.SAS

Date/time of run: 16APR2021 11:47

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table DOR.KM.S6.RES: Duration of Response (Months) - Confirmed (Response Evaluable Set - Patients with Confirmed Complete Response or Confirmed Partial Response)

Subgroup: Liver Metastasis from IRT Strata, Level: No

Time Point	Statistics	Enfortumab Vedotin (N=84)	Chemotherapy (N=43)
Overall	No. of Events (%)	42 ( 50.0)	25 ( 58.1)
	Median Survival Est. (95% CI)	7.69 ( 5.59, 11.40)	8.11 ( 5.16, 9.43)
	Hazard Ratio (95% CI)		0.793 ( 0.482, 1.304)
	Treatment P-value [a]		0.38605
	Interaction P-value [b]		0.12081
6 Months	Patients at Risk, Survival Est. (95% CI)	33, 0.55 ( 0.43, 0.66)	19, 0.55 ( 0.38, 0.70)
12 Months	Patients at Risk, Survival Est. (95% CI)	8, 0.33 ( 0.20, 0.47)	2, 0.17 ( 0.05, 0.36)
18 Months	Patients at Risk, Survival Est. (95% CI)	1, 0.33 ( 0.20, 0.47)	0

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_MOR\_KM.SAS

Date/time of run: 16APR2021 11:47

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table DOR.KM.S7.RES: Duration of Response (Months) - Confirmed (Response Evaluable Set - Patients with Confirmed Complete Response or Confirmed Partial Response)

Subgroup: Pre-selected Investigator's Choice of Paclitaxel/Docetaxel/Vinflunine, Level: Paclitaxel

Time Point	Statistics	Enfortumab Vedotin (N=56)	Chemotherapy (N=28)
Overall	No. of Events (%)	31 ( 55.4)	16 ( 57.1)
	Median Survival Est. (95% CI)	6.44 ( 5.52, 9.46)	5.98 ( 4.76, 8.25)
	Hazard Ratio (95% CI)		0.885 ( 0.482, 1.623)
	Treatment P-value [a]		0.82320
	Interaction P-value [b]		0.31480
6 Months	Patients at Risk, Survival Est. (95% CI)	20, 0.51 ( 0.36, 0.64)	10, 0.48 ( 0.27, 0.67)
12 Months	Patients at Risk, Survival Est. (95% CI)	5, 0.29 ( 0.15, 0.44)	1, 0.14 ( 0.01, 0.41)
18 Months	Patients at Risk, Survival Est. (95% CI)	1, 0.29 ( 0.15, 0.44)	0

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_MOR\_KM.SAS

Date/time of run: 16APR2021 11:47

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table DOR.KM.S7.RES: Duration of Response (Months) - Confirmed (Response Evaluable Set - Patients with Confirmed Complete Response or Confirmed Partial Response)

Subgroup: Pre-selected Investigator's Choice of Paclitaxel/Docetaxel/Vinflunine, Level: Docetaxel

Time Point	Statistics	Enfortumab Vedotin (N=33)	Chemotherapy (N=13)
Overall	No. of Events (%)	18 ( 54.5)	9 ( 69.2)
	Median Survival Est. (95% CI)	9.23 ( 4.86, 11.40)	8.11 ( 3.68, NC)
	Hazard Ratio (95% CI)		0.703 ( 0.315, 1.569)
	Treatment P-value [a]		0.39280
	Interaction P-value [b]		0.31480
6 Months	Patients at Risk, Survival Est. (95% CI)	13, 0.54 ( 0.34, 0.70)	5, 0.53 ( 0.23, 0.75)
12 Months	Patients at Risk, Survival Est. (95% CI)	3, 0.28 ( 0.09, 0.50)	0

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_MOR\_KM.SAS

Date/time of run: 16APR2021 11:47

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table DOR.KM.S7.RES: Duration of Response (Months) - Confirmed (Response Evaluable Set - Patients with Confirmed Complete Response or Confirmed Partial Response)

Subgroup: Pre-selected Investigator's Choice of Paclitaxel/Docetaxel/Vinflunine, Level: Vinflunine

Time Point	Statistics	Enfortumab Vedotin (N=28)	Chemotherapy (N=12)
Overall	No. of Events (%)	14 ( 50.0)	4 ( 33.3)
	Median Survival Est. (95% CI)	7.39 ( 4.90, NC)	11.01 ( 3.68, NC)
	Hazard Ratio (95% CI)		2.010 ( 0.659, 6.131)
	Treatment P-value [a]		0.23904
	Interaction P-value [b]		0.31480
6 Months	Patients at Risk, Survival Est. (95% CI)	11, 0.59 ( 0.37, 0.76)	7, 0.79 ( 0.38, 0.94)
12 Months	Patients at Risk, Survival Est. (95% CI)	1, 0.27 ( 0.06, 0.54)	1, 0.47 ( 0.12, 0.77)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_MOR\_KM.SAS

Date/time of run: 16APR2021 11:47

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table DOR.KM.S8.RES: Duration of Response (Months) - Confirmed (Response Evaluable Set - Patients with Confirmed Complete Response or Confirmed Partial Response)

Subgroup: Primary Site of Tumor, Level: Upper Tract

Time Point	Statistics	Enfortumab Vedotin (N=43)	Chemotherapy (N=20)
Overall	No. of Events (%)	22 ( 51.2)	8 ( 40.0)
	Median Survival Est. (95% CI)	9.13 ( 5.52, 11.40)	10.09 ( 5.16, NC)
	Hazard Ratio (95% CI)		1.489 ( 0.662, 3.346)
	Treatment P-value [a]		0.32856
	Interaction P-value [b]		0.18258
6 Months	Patients at Risk, Survival Est. (95% CI)	17, 0.58 ( 0.41, 0.72)	10, 0.70 ( 0.42, 0.86)
12 Months	Patients at Risk, Survival Est. (95% CI)	5, 0.31 ( 0.14, 0.50)	2, 0.41 ( 0.15, 0.67)
18 Months	Patients at Risk, Survival Est. (95% CI)	1, 0.31 ( 0.14, 0.50)	0

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_MOR\_KM.SAS

Date/time of run: 16APR2021 11:47

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table DOR.KM.S8.RES: Duration of Response (Months) - Confirmed (Response Evaluable Set - Patients with Confirmed Complete Response or Confirmed Partial Response)

Subgroup: Primary Site of Tumor, Level: Other

Time Point	Statistics	Enfortumab Vedotin (N=74)	Chemotherapy (N=33)
Overall	No. of Events (%)	41 ( 55.4)	21 ( 63.6)
	Median Survival Est. (95% CI)	6.44 ( 5.52, 9.46)	5.98 ( 4.04, 8.25)
	Hazard Ratio (95% CI)		0.771 ( 0.454, 1.308)
	Treatment P-value [a]		0.32827
	Interaction P-value [b]		0.18258
6 Months	Patients at Risk, Survival Est. (95% CI)	27, 0.51 ( 0.39, 0.63)	12, 0.48 ( 0.28, 0.65)
12 Months	Patients at Risk, Survival Est. (95% CI)	4, 0.27 ( 0.14, 0.41)	0

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_MOR\_KM.SAS

Date/time of run: 16APR2021 11:47

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table DOR.KM.S9.RES: Duration of Response (Months) - Confirmed (Response Evaluable Set - Patients with Confirmed Complete Response or Confirmed Partial Response)

Subgroup: Prior Lines of Systemic Therapy, Level: 1-2 lines

Time Point	Statistics	Enfortumab Vedotin (N=103)	Chemotherapy (N=47)
Overall	No. of Events (%)	55 ( 53.4)	26 ( 55.3)
	Median Survival Est. (95% CI)	7.46 ( 5.59, 9.46)	8.11 ( 5.65, 9.56)
	Hazard Ratio (95% CI)		0.949 ( 0.595, 1.514)
	Treatment P-value [a]		0.81178
	Interaction P-value [b]		0.65639
6 Months	Patients at Risk, Survival Est. (95% CI)	40, 0.55 ( 0.44, 0.64)	20, 0.56 ( 0.40, 0.70)
12 Months	Patients at Risk, Survival Est. (95% CI)	9, 0.31 ( 0.20, 0.43)	1, 0.18 ( 0.05, 0.37)
18 Months	Patients at Risk, Survival Est. (95% CI)	1, 0.31 ( 0.20, 0.43)	0

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_MOR\_KM.SAS

Date/time of run: 16APR2021 11:47

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table DOR.KM.S9.RES: Duration of Response (Months) - Confirmed (Response Evaluable Set - Patients with Confirmed Complete Response or Confirmed Partial Response)

Subgroup: Prior Lines of Systemic Therapy, Level: &gt;=3 lines

Time Point	Statistics	Enfortumab Vedotin (N=14)	Chemotherapy (N=6)
Overall	No. of Events (%)	8 ( 57.1)	3 ( 50.0)
	Median Survival Est. (95% CI)	5.95 ( 3.52, NC)	8.21 ( 3.52, NC)
	Hazard Ratio (95% CI)		1.306 ( 0.346, 4.933)
	Treatment P-value [a]		0.57183
	Interaction P-value [b]		0.65639
6 Months	Patients at Risk, Survival Est. (95% CI)	4, 0.46 ( 0.16, 0.72)	2, 0.56 ( 0.07, 0.88)
12 Months	Patients at Risk, Survival Est. (95% CI)	0	1, 0.28 ( 0.01, 0.70)

Subgroup analyses are conducted if there exist at least 2 levels with >= 10 patients across treatment arms and >=10 events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_MOR\_KM.SAS

Date/time of run: 16APR2021 11:47

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table DOR.KM.S10.RES: Duration of Response (Months) - Confirmed (Response Evaluable Set - Patients with Confirmed Complete Response or Confirmed Partial Response)

Subgroup: Best Response to Prior CPI, Level: Responder

Time Point	Statistics	Enfortumab Vedotin (N=28)	Chemotherapy (N=12)
Overall	No. of Events (%)	12 ( 42.9)	8 ( 66.7)
	Median Survival Est. (95% CI)	9.49 ( 5.26, NC)	5.82 ( 3.68, 8.21)
	Hazard Ratio (95% CI)		0.538 ( 0.220, 1.318)
	Treatment P-value [a]		0.18553
	Interaction P-value [b]		0.14706
6 Months	Patients at Risk, Survival Est. (95% CI)	11, 0.61 ( 0.38, 0.78)	5, 0.46 ( 0.17, 0.71)
12 Months	Patients at Risk, Survival Est. (95% CI)	2, 0.30 ( 0.06, 0.58)	1, 0.15 ( 0.01, 0.47)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_MOR\_KM.SAS

Date/time of run: 16APR2021 11:47

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table DOR.KM.S10.RES: Duration of Response (Months) - Confirmed (Response Evaluable Set - Patients with Confirmed Complete Response or Confirmed Partial Response)

Subgroup: Best Response to Prior CPI, Level: Non-responder

Time Point	Statistics	Enfortumab Vedotin (N=79)	Chemotherapy (N=36)
Overall	No. of Events (%)	46 ( 58.2)	19 ( 52.8)
	Median Survival Est. (95% CI)	6.44 ( 5.49, 9.23)	8.25 ( 5.59, 10.09)
	Hazard Ratio (95% CI)		1.164 ( 0.682, 1.988)
	Treatment P-value [a]		0.59761
	Interaction P-value [b]		0.14706
6 Months	Patients at Risk, Survival Est. (95% CI)	28, 0.51 ( 0.38, 0.62)	14, 0.55 ( 0.35, 0.72)
12 Months	Patients at Risk, Survival Est. (95% CI)	5, 0.25 ( 0.14, 0.38)	1, 0.20 ( 0.05, 0.41)
18 Months	Patients at Risk, Survival Est. (95% CI)	1, 0.25 ( 0.14, 0.38)	0

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_MOR\_KM.SAS

Date/time of run: 16APR2021 11:47

Analysis Plan: 15FEB2021

Confidential

### 2.3.5 Zeit bis zur Krankheitskontrolle

Astellas: 7465-CL-0301

Table DC.KM.S1.RES: Time to Disease Control (Months) - Confirmed (Response Evaluable Set - Patients with Confirmed Complete Response or Confirmed Partial Response or Stable Disease)

Subgroup: Age Group 1, Level: <65 years

Time Point	Statistics	Enfortumab Vedotin (N=74)	Chemotherapy (N=47)
Overall	No. of Events (%)	74 (100.0)	47 (100.0)
	Median Survival Est. (95% CI)	1.87 ( 1.81, 1.91)	1.91 ( 1.91, 1.97)
	Hazard Ratio (95% CI)		1.053 ( 0.728, 1.523)
	Treatment P-value [a]		0.83739
	Interaction P-value [b]		0.39789

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $> 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_MOR\_KM.SAS

Date/time of run: 16APR2021 11:47

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table DC.KM.S1.RES: Time to Disease Control (Months) - Confirmed (Response Evaluable Set - Patients with Confirmed Complete Response or Confirmed Partial Response or Stable Disease)

Subgroup: Age Group 1, Level: &gt;=65 years

Time Point	Statistics	Enfortumab Vedotin (N=133)	Chemotherapy (N=111)
Overall	No. of Events (%)	133 (100.0)	111 (100.0)
	Median Survival Est. (95% CI)	1.91 ( 1.84, 1.91)	1.94 ( 1.91, 2.00)
	Hazard Ratio (95% CI)		1.277 ( 0.992, 1.645)
	Treatment P-value [a]		0.04925
	Interaction P-value [b]		0.39789
6 Months	Patients at Risk, Survival Est. (95% CI)	1, 0.01 ( 0.00, 0.04)	1, 0.01 ( 0.00, 0.04)

Subgroup analyses are conducted if there exist at least 2 levels with >= 10 patients across treatment arms and >=10 events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of > 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_MOR\_KM.SAS

Date/time of run: 16APR2021 11:47

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table DC.KM.S2.RES: Time to Disease Control (Months) - Confirmed (Response Evaluable Set - Patients with Confirmed Complete Response or Confirmed Partial Response or Stable Disease)

Subgroup: Age Group 2, Level: &lt;75 years

Time Point	Statistics	Enfortumab Vedotin (N=174)	Chemotherapy (N=117)
Overall	No. of Events (%)	174 (100.0)	117 (100.0)
	Median Survival Est. (95% CI)	1.91 ( 1.87, 1.91)	1.94 ( 1.91, 1.97)
	Hazard Ratio (95% CI)		1.179 ( 0.931, 1.492)
	Treatment P-value [a]		0.16441
	Interaction P-value [b]		0.56135
6 Months	Patients at Risk, Survival Est. (95% CI)	1, 0.01 ( 0.00, 0.03)	0

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $> 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_MOR\_KM.SAS

Date/time of run: 16APR2021 11:47

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table DC.KM.S2.RES: Time to Disease Control (Months) - Confirmed (Response Evaluable Set - Patients with Confirmed Complete Response or Confirmed Partial Response or Stable Disease)

Subgroup: Age Group 2, Level: &gt;=75 years

Time Point	Statistics	Enfortumab Vedotin (N=33)	Chemotherapy (N=41)
Overall	No. of Events (%)	33 (100.0)	41 (100.0)
	Median Survival Est. (95% CI)	1.84 ( 1.74, 1.87)	1.91 ( 1.87, 2.00)
	Hazard Ratio (95% CI)		1.374 ( 0.867, 2.176)
	Treatment P-value [a]		0.12332
	Interaction P-value [b]		0.56135
6 Months	Patients at Risk, Survival Est. (95% CI)	0	1, 0.02 ( 0.00, 0.11)

Subgroup analyses are conducted if there exist at least 2 levels with >= 10 patients across treatment arms and >=10 events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of > 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_MOR\_KM.SAS

Date/time of run: 16APR2021 11:47

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table DC.KM.S3.RES: Time to Disease Control (Months) - Confirmed (Response Evaluable Set - Patients with Confirmed Complete Response or Confirmed Partial Response or Stable Disease)

Subgroup: Gender, Level: Male

Time Point	Statistics	Enfortumab Vedotin (N=166)	Chemotherapy (N=120)
Overall	No. of Events (%)	166 (100.0)	120 (100.0)
	Median Survival Est. (95% CI)	1.87 ( 1.84, 1.91)	1.91 ( 1.91, 1.97)
	Hazard Ratio (95% CI)		1.231 ( 0.972, 1.558)
	Treatment P-value [a]		0.07986
	Interaction P-value [b]		0.66785
6 Months	Patients at Risk, Survival Est. (95% CI)	1, 0.01 ( 0.00, 0.03)	1, 0.01 ( 0.00, 0.04)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $> 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_MOR\_KM.SAS

Date/time of run: 16APR2021 11:47

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table DC.KM.S3.RES: Time to Disease Control (Months) - Confirmed (Response Evaluable Set - Patients with Confirmed Complete Response or Confirmed Partial Response or Stable Disease)

Subgroup: Gender, Level: Female

Time Point	Statistics	Enfortumab Vedotin (N=41)	Chemotherapy (N=38)
Overall	No. of Events (%)	41 (100.0)	38 (100.0)
	Median Survival Est. (95% CI)	1.91 ( 1.81, 1.97)	1.94 ( 1.91, 1.97)
	Hazard Ratio (95% CI)		1.103 ( 0.709, 1.716)
	Treatment P-value [a]		0.70634
	Interaction P-value [b]		0.66785

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $> 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_MOR\_KM.SAS

Date/time of run: 16APR2021 11:47

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table DC.KM.S4.RES: Time to Disease Control (Months) - Confirmed (Response Evaluable Set - Patients with Confirmed Complete Response or Confirmed Partial Response or Stable Disease)

Subgroup: Region, Level: Western Europe

Time Point	Statistics	Enfortumab Vedotin (N=85)	Chemotherapy (N=67)
Overall	No. of Events (%)	85 (100.0)	67 (100.0)
	Median Survival Est. (95% CI)	1.87 ( 1.84, 1.91)	1.94 ( 1.91, 2.04)
	Hazard Ratio (95% CI)		1.434 ( 1.039, 1.978)
	Treatment P-value [a]		0.02075
	Interaction P-value [b]		0.17205
6 Months	Patients at Risk, Survival Est. (95% CI)	0	1, 0.01 ( 0.00, 0.07)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $> 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_MOR\_KM.SAS

Date/time of run: 16APR2021 11:47

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table DC.KM.S4.RES: Time to Disease Control (Months) - Confirmed (Response Evaluable Set - Patients with Confirmed Complete Response or Confirmed Partial Response or Stable Disease)

Subgroup: Region, Level: US

Time Point	Statistics	Enfortumab Vedotin (N=26)	Chemotherapy (N=15)
Overall	No. of Events (%)	26 (100.0)	15 (100.0)
	Median Survival Est. (95% CI)	1.81 ( 1.74, 1.87)	2.00 ( 1.77, 2.07)
	Hazard Ratio (95% CI)		1.555 ( 0.820, 2.948)
	Treatment P-value [a]		0.23203
	Interaction P-value [b]		0.17205

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $> 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_MOR\_KM.SAS

Date/time of run: 16APR2021 11:47

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table DC.KM.S4.RES: Time to Disease Control (Months) - Confirmed (Response Evaluable Set - Patients with Confirmed Complete Response or Confirmed Partial Response or Stable Disease)

Subgroup: Region, Level: Rest of the World

Time Point	Statistics	Enfortumab Vedotin (N=96)	Chemotherapy (N=76)
Overall	No. of Events (%)	96 (100.0)	76 (100.0)
	Median Survival Est. (95% CI)	1.91 ( 1.87, 1.94)	1.91 ( 1.87, 1.97)
	Hazard Ratio (95% CI)		0.979 ( 0.723, 1.326)
	Treatment P-value [a]		0.94546
	Interaction P-value [b]		0.17205
6 Months	Patients at Risk, Survival Est. (95% CI)	1, 0.01 ( 0.00, 0.05)	0

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $> 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_MOR\_KM.SAS

Date/time of run: 16APR2021 11:47

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table DC.KM.S5.RES: Time to Disease Control (Months) - Confirmed (Response Evaluable Set - Patients with Confirmed Complete Response or Confirmed Partial Response or Stable Disease)

Subgroup: ECOG PS from IRT Strata, Level: 0

Time Point	Statistics	Enfortumab Vedotin (N=93)	Chemotherapy (N=76)
Overall	No. of Events (%)	93 (100.0)	76 (100.0)
	Median Survival Est. (95% CI)	1.91 ( 1.84, 1.94)	1.92 ( 1.91, 1.97)
	Hazard Ratio (95% CI)		1.137 ( 0.839, 1.541)
	Treatment P-value [a]		0.40864
	Interaction P-value [b]		0.62999

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $> 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_MOR\_KM.SAS

Date/time of run: 16APR2021 11:47

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table DC.KM.S5.RES: Time to Disease Control (Months) - Confirmed (Response Evaluable Set - Patients with Confirmed Complete Response or Confirmed Partial Response or Stable Disease)

Subgroup: ECOG PS from IRT Strata, Level: 1

Time Point	Statistics	Enfortumab Vedotin (N=114)	Chemotherapy (N=82)
Overall	No. of Events (%)	114 (100.0)	82 (100.0)
	Median Survival Est. (95% CI)	1.87 ( 1.84, 1.91)	1.92 ( 1.91, 2.00)
	Hazard Ratio (95% CI)		1.260 ( 0.947, 1.676)
	Treatment P-value [a]		0.09188
	Interaction P-value [b]		0.62999
6 Months	Patients at Risk, Survival Est. (95% CI)	1, 0.01 ( 0.00, 0.04)	1, 0.01 ( 0.00, 0.06)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $> 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_MOR\_KM.SAS

Date/time of run: 16APR2021 11:47

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table DC.KM.S6.RES: Time to Disease Control (Months) - Confirmed (Response Evaluable Set - Patients with Confirmed Complete Response or Confirmed Partial Response or Stable Disease)

Subgroup: Liver Metastasis from IRT Strata, Level: Yes

Time Point	Statistics	Enfortumab Vedotin (N=58)	Chemotherapy (N=38)
Overall	No. of Events (%)	58 (100.0)	38 (100.0)
	Median Survival Est. (95% CI)	1.86 ( 1.81, 1.91)	1.92 ( 1.87, 2.00)
	Hazard Ratio (95% CI)		1.234 ( 0.818, 1.862)
	Treatment P-value [a]		0.28931
	Interaction P-value [b]		0.86417

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $> 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_MOR\_KM.SAS

Date/time of run: 16APR2021 11:47

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table DC.KM.S6.RES: Time to Disease Control (Months) - Confirmed (Response Evaluable Set - Patients with Confirmed Complete Response or Confirmed Partial Response or Stable Disease)

Subgroup: Liver Metastasis from IRT Strata, Level: No

Time Point	Statistics	Enfortumab Vedotin (N=149)	Chemotherapy (N=120)
Overall	No. of Events (%)	149 (100.0)	120 (100.0)
	Median Survival Est. (95% CI)	1.91 ( 1.87, 1.91)	1.92 ( 1.91, 1.97)
	Hazard Ratio (95% CI)		1.184 ( 0.930, 1.507)
	Treatment P-value [a]		0.13803
	Interaction P-value [b]		0.86417
6 Months	Patients at Risk, Survival Est. (95% CI)	1, 0.01 ( 0.00, 0.03)	1, 0.01 ( 0.00, 0.04)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $> 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_MOR\_KM.SAS

Date/time of run: 16APR2021 11:47

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table DC.KM.S7.RES: Time to Disease Control (Months) - Confirmed (Response Evaluable Set - Patients with Confirmed Complete Response or Confirmed Partial Response or Stable Disease)

Subgroup: Pre-selected Investigator's Choice of Paclitaxel/Docetaxel/Vinflunine, Level: Paclitaxel

Time Point	Statistics	Enfortumab Vedotin (N=97)	Chemotherapy (N=60)
Overall	No. of Events (%)	97 (100.0)	60 (100.0)
	Median Survival Est. (95% CI)	1.91 ( 1.87, 1.94)	1.91 ( 1.91, 1.97)
	Hazard Ratio (95% CI)		0.964 ( 0.697, 1.333)
	Treatment P-value [a]		0.98322
	Interaction P-value [b]		0.13231
6 Months	Patients at Risk, Survival Est. (95% CI)	1, 0.01 ( 0.00, 0.05)	1, 0.02 ( 0.00, 0.08)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $> 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_MOR\_KM.SAS

Date/time of run: 16APR2021 11:47

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table DC.KM.S7.RES: Time to Disease Control (Months) - Confirmed (Response Evaluable Set - Patients with Confirmed Complete Response or Confirmed Partial Response or Stable Disease)

Subgroup: Pre-selected Investigator's Choice of Paclitaxel/Docetaxel/Vinflunine, Level: Docetaxel

Time Point	Statistics	Enfortumab Vedotin (N=59)	Chemotherapy (N=51)
Overall	No. of Events (%)	59 (100.0)	51 (100.0)
	Median Survival Est. (95% CI)	1.87 ( 1.81, 1.91)	1.97 ( 1.91, 2.00)
	Hazard Ratio (95% CI)		1.497 ( 1.028, 2.180)
	Treatment P-value [a]		0.03826
	Interaction P-value [b]		0.13231

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $> 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_MOR\_KM.SAS

Date/time of run: 16APR2021 11:47

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table DC.KM.S7.RES: Time to Disease Control (Months) - Confirmed (Response Evaluable Set - Patients with Confirmed Complete Response or Confirmed Partial Response or Stable Disease)

Subgroup: Pre-selected Investigator's Choice of Paclitaxel/Docetaxel/Vinflunine, Level: Vinflunine

Time Point	Statistics	Enfortumab Vedotin (N=51)	Chemotherapy (N=47)
Overall	No. of Events (%)	51 (100.0)	47 (100.0)
	Median Survival Est. (95% CI)	1.84 ( 1.74, 1.91)	1.91 ( 1.87, 2.00)
	Hazard Ratio (95% CI)		1.482 ( 0.996, 2.207)
	Treatment P-value [a]		0.07506
	Interaction P-value [b]		0.13231

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $> 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_MOR\_KM.SAS

Date/time of run: 16APR2021 11:47

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table DC.KM.S8.RES: Time to Disease Control (Months) - Confirmed (Response Evaluable Set - Patients with Confirmed Complete Response or Confirmed Partial Response or Stable Disease)

Subgroup: Primary Site of Tumor, Level: Upper Tract

Time Point	Statistics	Enfortumab Vedotin (N=68)	Chemotherapy (N=57)
Overall	No. of Events (%)	68 (100.0)	57 (100.0)
	Median Survival Est. (95% CI)	1.82 ( 1.74, 1.91)	1.94 ( 1.91, 2.00)
	Hazard Ratio (95% CI)		1.425 ( 1.000, 2.031)
	Treatment P-value [a]		0.05902
	Interaction P-value [b]		0.24521
6 Months	Patients at Risk, Survival Est. (95% CI)	1, 0.01 ( 0.00, 0.07)	0

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $> 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_MOR\_KM.SAS

Date/time of run: 16APR2021 11:47

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table DC.KM.S8.RES: Time to Disease Control (Months) - Confirmed (Response Evaluable Set - Patients with Confirmed Complete Response or Confirmed Partial Response or Stable Disease)

Subgroup: Primary Site of Tumor, Level: Other

Time Point	Statistics	Enfortumab Vedotin (N=139)	Chemotherapy (N=101)
Overall	No. of Events (%)	139 (100.0)	101 (100.0)
	Median Survival Est. (95% CI)	1.91 ( 1.87, 1.91)	1.91 ( 1.91, 1.97)
	Hazard Ratio (95% CI)		1.099 ( 0.850, 1.422)
	Treatment P-value [a]		0.43188
	Interaction P-value [b]		0.24521
6 Months	Patients at Risk, Survival Est. (95% CI)	0	1, 0.01 ( 0.00, 0.05)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $> 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_MOR\_KM.SAS

Date/time of run: 16APR2021 11:47

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table DC.KM.S9.RES: Time to Disease Control (Months) - Confirmed (Response Evaluable Set - Patients with Confirmed Complete Response or Confirmed Partial Response or Stable Disease)

Subgroup: Prior Lines of Systemic Therapy, Level: 1-2 lines

Time Point	Statistics	Enfortumab Vedotin (N=181)	Chemotherapy (N=139)
Overall	No. of Events (%)	181 (100.0)	139 (100.0)
	Median Survival Est. (95% CI)	1.87 ( 1.84, 1.91)	1.94 ( 1.91, 1.97)
	Hazard Ratio (95% CI)		1.179 ( 0.944, 1.473)
	Treatment P-value [a]		0.10971
	Interaction P-value [b]		0.62687
6 Months	Patients at Risk, Survival Est. (95% CI)	1, 0.01 ( 0.00, 0.03)	1, 0.01 ( 0.00, 0.04)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $> 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_MOR\_KM.SAS

Date/time of run: 16APR2021 11:47

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table DC.KM.S9.RES: Time to Disease Control (Months) - Confirmed (Response Evaluable Set - Patients with Confirmed Complete Response or Confirmed Partial Response or Stable Disease)

Subgroup: Prior Lines of Systemic Therapy, Level: &gt;=3 lines

Time Point	Statistics	Enfortumab Vedotin (N=26)	Chemotherapy (N=19)
Overall	No. of Events (%)	26 (100.0)	19 (100.0)
	Median Survival Est. (95% CI)	1.89 ( 1.77, 1.94)	1.91 ( 1.74, 2.04)
	Hazard Ratio (95% CI)		1.380 ( 0.763, 2.496)
	Treatment P-value [a]		0.22586
	Interaction P-value [b]		0.62687

Subgroup analyses are conducted if there exist at least 2 levels with >= 10 patients across treatment arms and >=10 events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of > 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_MOR\_KM.SAS

Date/time of run: 16APR2021 11:47

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table DC.KM.S10.RES: Time to Disease Control (Months) - Confirmed (Response Evaluable Set - Patients with Confirmed Complete Response or Confirmed Partial Response or Stable Disease)

Subgroup: Best Response to Prior CPI, Level: Responder

Time Point	Statistics	Enfortumab Vedotin (N=49)	Chemotherapy (N=31)
Overall	No. of Events (%)	49 (100.0)	31 (100.0)
	Median Survival Est. (95% CI)	1.91 ( 1.84, 1.94)	1.91 ( 1.87, 2.00)
	Hazard Ratio (95% CI)		1.030 ( 0.655, 1.620)
	Treatment P-value [a]		0.71454
	Interaction P-value [b]		0.48314
6 Months	Patients at Risk, Survival Est. (95% CI)	1, 0.02 ( 0.00, 0.09)	0

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $> 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_MOR\_KM.SAS

Date/time of run: 16APR2021 11:47

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table DC.KM.S10.RES: Time to Disease Control (Months) - Confirmed (Response Evaluable Set - Patients with Confirmed Complete Response or Confirmed Partial Response or Stable Disease)

Subgroup: Best Response to Prior CPI, Level: Non-responder

Time Point	Statistics	Enfortumab Vedotin (N=137)	Chemotherapy (N=106)
Overall	No. of Events (%)	137 (100.0)	106 (100.0)
	Median Survival Est. (95% CI)	1.87 ( 1.84, 1.91)	1.94 ( 1.91, 1.97)
	Hazard Ratio (95% CI)		1.241 ( 0.962, 1.600)
	Treatment P-value [a]		0.09398
	Interaction P-value [b]		0.48314
6 Months	Patients at Risk, Survival Est. (95% CI)	0	1, 0.01 ( 0.00, 0.05)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $> 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_MOR\_KM.SAS

Date/time of run: 16APR2021 11:47

Analysis Plan: 15FEB2021

Confidential

## 2.4 Subgruppenanalysen zur Symptomatik anhand des EORTC QLQ-C30

### 2.4.1 Primäranalyse (MID ≥ 10 Punkte)

#### 2.4.1.1 Fatigue

Astellas: 7465-CL-0301

Table EORTC10.FS.KM.S1.FAS: EORTC Fatigue Symptom Score: Time to Deterioration of at least 10 points (Months) (Full Analysis Set)

Subgroup: Age Group 1, Level: <65 years

Time Point	Statistics	Enfortumab Vedotin (N=108)	Chemotherapy (N=111)
Overall	No. of Events (%)	71 ( 65.7)	58 ( 52.3)
	Median Survival Est. (95% CI)	0.76 ( 0.56, 0.95)	0.76 ( 0.53, 1.48)
	Hazard Ratio (95% CI)		0.998 ( 0.706, 1.413)
	Treatment P-value [a]		0.93785
	Interaction P-value [b]		0.40163
6 Months	Patients at Risk, Survival Est. (95% CI)	9, 0.21 ( 0.12, 0.32)	5, 0.19 ( 0.10, 0.31)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC10.FS.KM.S1.FAS: EORTC Fatigue Symptom Score: Time to Deterioration of at least 10 points (Months) (Full Analysis Set)

Subgroup: Age Group 1, Level: &gt;=65 years

Time Point	Statistics	Enfortumab Vedotin (N=193)	Chemotherapy (N=196)
Overall	No. of Events (%)	126 ( 65.3)	122 ( 62.2)
	Median Survival Est. (95% CI)	0.76 ( 0.56, 0.99)	0.62 ( 0.39, 0.79)
	Hazard Ratio (95% CI)		0.832 ( 0.648, 1.067)
	Treatment P-value [a]		0.17665
	Interaction P-value [b]		0.40163
6 Months	Patients at Risk, Survival Est. (95% CI)	11, 0.19 ( 0.13, 0.27)	5, 0.11 ( 0.06, 0.18)
12 Months	Patients at Risk, Survival Est. (95% CI)	2, 0.10 ( 0.03, 0.22)	1, 0.07 ( 0.02, 0.17)

Subgroup analyses are conducted if there exist at least 2 levels with >= 10 patients across treatment arms and >=10 events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC10.FS.KM.S2.FAS: EORTC Fatigue Symptom Score: Time to Deterioration of at least 10 points (Months) (Full Analysis Set)

Subgroup: Age Group 2, Level: &lt;75 years

Time Point	Statistics	Enfortumab Vedotin (N=249)	Chemotherapy (N=239)
Overall	No. of Events (%)	162 ( 65.1)	136 ( 56.9)
	Median Survival Est. (95% CI)	0.79 ( 0.59, 0.99)	0.72 ( 0.43, 0.79)
	Hazard Ratio (95% CI)		0.828 ( 0.659, 1.041)
	Treatment P-value [a]		0.09155
	Interaction P-value [b]		0.08525
6 Months	Patients at Risk, Survival Est. (95% CI)	18, 0.22 ( 0.16, 0.29)	7, 0.14 ( 0.09, 0.22)
12 Months	Patients at Risk, Survival Est. (95% CI)	1, 0.06 ( 0.01, 0.19)	0

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC10.FS.KM.S2.FAS: EORTC Fatigue Symptom Score: Time to Deterioration of at least 10 points (Months) (Full Analysis Set)

Subgroup: Age Group 2, Level: &gt;=75 years

Time Point	Statistics	Enfortumab Vedotin (N=52)	Chemotherapy (N=68)
Overall	No. of Events (%)	35 ( 67.3)	44 ( 64.7)
	Median Survival Est. (95% CI)	0.53 ( 0.33, 0.69)	0.79 ( 0.43, 0.99)
	Hazard Ratio (95% CI)		1.285 ( 0.824, 2.004)
	Treatment P-value [a]		0.22702
	Interaction P-value [b]		0.08525
6 Months	Patients at Risk, Survival Est. (95% CI)	2, 0.08 ( 0.02, 0.21)	3, 0.12 ( 0.05, 0.23)
12 Months	Patients at Risk, Survival Est. (95% CI)	1, 0.08 ( 0.02, 0.21)	1, 0.12 ( 0.05, 0.23)

Subgroup analyses are conducted if there exist at least 2 levels with >= 10 patients across treatment arms and >=10 events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC10.FS.KM.S3.FAS: EORTC Fatigue Symptom Score: Time to Deterioration of at least 10 points (Months) (Full Analysis Set)

Subgroup: Gender, Level: Male

Time Point	Statistics	Enfortumab Vedotin (N=238)	Chemotherapy (N=232)
Overall	No. of Events (%)	159 ( 66.8)	135 ( 58.2)
	Median Survival Est. (95% CI)	0.76 ( 0.59, 0.95)	0.72 ( 0.43, 0.79)
	Hazard Ratio (95% CI)		0.900 ( 0.715, 1.133)
	Treatment P-value [a]		0.38588
	Interaction P-value [b]		0.73254
6 Months	Patients at Risk, Survival Est. (95% CI)	19, 0.20 ( 0.14, 0.27)	8, 0.15 ( 0.10, 0.22)
12 Months	Patients at Risk, Survival Est. (95% CI)	2, 0.08 ( 0.02, 0.17)	1, 0.07 ( 0.02, 0.17)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC10.FS.KM.S3.FAS: EORTC Fatigue Symptom Score: Time to Deterioration of at least 10 points (Months) (Full Analysis Set)

Subgroup: Gender, Level: Female

Time Point	Statistics	Enfortumab Vedotin (N=63)	Chemotherapy (N=75)
Overall	No. of Events (%)	38 ( 60.3)	45 ( 60.0)
	Median Survival Est. (95% CI)	0.69 ( 0.49, 1.45)	0.79 ( 0.36, 0.99)
	Hazard Ratio (95% CI)		0.827 ( 0.537, 1.273)
	Treatment P-value [a]		0.32971
	Interaction P-value [b]		0.73254
6 Months	Patients at Risk, Survival Est. (95% CI)	1, 0.18 ( 0.07, 0.34)	2, 0.10 ( 0.02, 0.23)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC10.FS.KM.S4.FAS: EORTC Fatigue Symptom Score: Time to Deterioration of at least 10 points (Months) (Full Analysis Set)

Subgroup: Region, Level: Western Europe

Time Point	Statistics	Enfortumab Vedotin (N=126)	Chemotherapy (N=129)
Overall	No. of Events (%)	72 ( 57.1)	63 ( 48.8)
	Median Survival Est. (95% CI)	0.79 ( 0.56, 1.05)	0.56 ( 0.36, 0.79)
	Hazard Ratio (95% CI)		0.811 ( 0.578, 1.138)
	Treatment P-value [a]		0.25400
	Interaction P-value [b]		0.72150
6 Months	Patients at Risk, Survival Est. (95% CI)	7, 0.21 ( 0.12, 0.33)	5, 0.19 ( 0.11, 0.29)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC10.FS.KM.S4.FAS: EORTC Fatigue Symptom Score: Time to Deterioration of at least 10 points (Months) (Full Analysis Set)

Subgroup: Region, Level: US

Time Point	Statistics	Enfortumab Vedotin (N=43)	Chemotherapy (N=44)
Overall	No. of Events (%)	26 ( 60.5)	21 ( 47.7)
	Median Survival Est. (95% CI)	0.82 ( 0.36, 1.48)	0.79 ( 0.53, 1.71)
	Hazard Ratio (95% CI)		1.059 ( 0.595, 1.886)
	Treatment P-value [a]		0.83021
	Interaction P-value [b]		0.72150
6 Months	Patients at Risk, Survival Est. (95% CI)	2, 0.13 ( 0.04, 0.29)	1, 0.12 ( 0.01, 0.37)
12 Months	Patients at Risk, Survival Est. (95% CI)	1, 0.07 ( 0.01, 0.24)	0

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC10.FS.KM.S4.FAS: EORTC Fatigue Symptom Score: Time to Deterioration of at least 10 points (Months) (Full Analysis Set)

Subgroup: Region, Level: Rest of the World

Time Point	Statistics	Enfortumab Vedotin (N=132)	Chemotherapy (N=134)
Overall	No. of Events (%)	99 ( 75.0)	96 ( 71.6)
	Median Survival Est. (95% CI)	0.62 ( 0.53, 0.82)	0.76 ( 0.43, 1.02)
	Hazard Ratio (95% CI)		0.906 ( 0.684, 1.201)
	Treatment P-value [a]		0.42528
	Interaction P-value [b]		0.72150
6 Months	Patients at Risk, Survival Est. (95% CI)	11, 0.20 ( 0.13, 0.29)	4, 0.11 ( 0.05, 0.19)
12 Months	Patients at Risk, Survival Est. (95% CI)	1, 0.09 ( 0.04, 0.19)	1, 0.05 ( 0.01, 0.14)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table EORTC10.FS.KM.S5.FAS: EORTC Fatigue Symptom Score: Time to Deterioration of at least 10 points (Months) (Full Analysis Set)

Subgroup: ECOG PS from IRT Strata, Level: 0

Time Point	Statistics	Enfortumab Vedotin (N=120)	Chemotherapy (N=124)
Overall	No. of Events (%)	86 ( 71.7)	84 ( 67.7)
	Median Survival Est. (95% CI)	0.79 ( 0.59, 0.99)	0.72 ( 0.36, 0.82)
	Hazard Ratio (95% CI)		0.787 ( 0.582, 1.065)
	Treatment P-value [a]		0.07300
	Interaction P-value [b]		0.30402
6 Months	Patients at Risk, Survival Est. (95% CI)	9, 0.17 ( 0.10, 0.27)	2, 0.09 ( 0.03, 0.21)
12 Months	Patients at Risk, Survival Est. (95% CI)	1, 0.09 ( 0.03, 0.18)	0

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC10.FS.KM.S5.FAS: EORTC Fatigue Symptom Score: Time to Deterioration of at least 10 points (Months) (Full Analysis Set)

Subgroup: ECOG PS from IRT Strata, Level: 1

Time Point	Statistics	Enfortumab Vedotin (N=181)	Chemotherapy (N=183)
Overall	No. of Events (%)	111 ( 61.3)	96 ( 52.5)
	Median Survival Est. (95% CI)	0.62 ( 0.53, 0.82)	0.76 ( 0.49, 0.99)
	Hazard Ratio (95% CI)		0.975 ( 0.742, 1.281)
	Treatment P-value [a]		0.86472
	Interaction P-value [b]		0.30402
6 Months	Patients at Risk, Survival Est. (95% CI)	11, 0.22 ( 0.15, 0.29)	8, 0.16 ( 0.10, 0.24)
12 Months	Patients at Risk, Survival Est. (95% CI)	1, 0.08 ( 0.01, 0.24)	1, 0.10 ( 0.03, 0.21)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC10.FS.KM.S6.FAS: EORTC Fatigue Symptom Score: Time to Deterioration of at least 10 points (Months) (Full Analysis Set)

Subgroup: Liver Metastasis from IRT Strata, Level: Yes

Time Point	Statistics	Enfortumab Vedotin (N=93)	Chemotherapy (N=95)
Overall	No. of Events (%)	58 ( 62.4)	49 ( 51.6)
	Median Survival Est. (95% CI)	0.56 ( 0.36, 0.92)	0.53 ( 0.36, 0.82)
	Hazard Ratio (95% CI)		0.842 ( 0.575, 1.234)
	Treatment P-value [a]		0.47811
	Interaction P-value [b]		0.78334
6 Months	Patients at Risk, Survival Est. (95% CI)	8, 0.20 ( 0.11, 0.31)	1, 0.14 ( 0.06, 0.25)
12 Months	Patients at Risk, Survival Est. (95% CI)	1, 0.14 ( 0.05, 0.25)	0

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC10.FS.KM.S6.FAS: EORTC Fatigue Symptom Score: Time to Deterioration of at least 10 points (Months) (Full Analysis Set)

Subgroup: Liver Metastasis from IRT Strata, Level: No

Time Point	Statistics	Enfortumab Vedotin (N=208)	Chemotherapy (N=212)
Overall	No. of Events (%)	139 ( 66.8)	131 ( 61.8)
	Median Survival Est. (95% CI)	0.79 ( 0.59, 0.99)	0.76 ( 0.53, 0.95)
	Hazard Ratio (95% CI)		0.897 ( 0.707, 1.140)
	Treatment P-value [a]		0.39016
	Interaction P-value [b]		0.78334
6 Months	Patients at Risk, Survival Est. (95% CI)	12, 0.20 ( 0.13, 0.27)	9, 0.15 ( 0.09, 0.22)
12 Months	Patients at Risk, Survival Est. (95% CI)	1, 0.06 ( 0.01, 0.18)	1, 0.07 ( 0.02, 0.17)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC10.FS.KM.S7.FAS: EORTC Fatigue Symptom Score: Time to Deterioration of at least 10 points (Months) (Full Analysis Set)

Subgroup: Pre-selected Investigator's Choice of Paclitaxel/Docetaxel/Vinflunine, Level: Paclitaxel

Time Point	Statistics	Enfortumab Vedotin (N=141)	Chemotherapy (N=112)
Overall	No. of Events (%)	94 ( 66.7)	66 ( 58.9)
	Median Survival Est. (95% CI)	0.72 ( 0.53, 0.99)	0.76 ( 0.43, 1.08)
	Hazard Ratio (95% CI)		0.879 ( 0.641, 1.205)
	Treatment P-value [a]		0.41102
	Interaction P-value [b]		0.99344
6 Months	Patients at Risk, Survival Est. (95% CI)	13, 0.22 ( 0.15, 0.31)	3, 0.12 ( 0.05, 0.21)
12 Months	Patients at Risk, Survival Est. (95% CI)	1, 0.14 ( 0.07, 0.23)	0

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC10.FS.KM.S7.FAS: EORTC Fatigue Symptom Score: Time to Deterioration of at least 10 points (Months) (Full Analysis Set)

Subgroup: Pre-selected Investigator's Choice of Paclitaxel/Docetaxel/Vinflunine, Level: Docetaxel

Time Point	Statistics	Enfortumab Vedotin (N=87)	Chemotherapy (N=117)
Overall	No. of Events (%)	60 ( 69.0)	70 ( 59.8)
	Median Survival Est. (95% CI)	0.62 ( 0.53, 0.82)	0.59 ( 0.33, 0.82)
	Hazard Ratio (95% CI)		0.899 ( 0.637, 1.270)
	Treatment P-value [a]		0.54726
	Interaction P-value [b]		0.99344
6 Months	Patients at Risk, Survival Est. (95% CI)	4, 0.15 ( 0.07, 0.26)	3, 0.13 ( 0.05, 0.25)
12 Months	Patients at Risk, Survival Est. (95% CI)	1, 0.04 ( 0.00, 0.15)	1, 0.09 ( 0.02, 0.21)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC10.FS.KM.S7.FAS: EORTC Fatigue Symptom Score: Time to Deterioration of at least 10 points (Months) (Full Analysis Set)

Subgroup: Pre-selected Investigator's Choice of Paclitaxel/Docetaxel/Vinflunine, Level: Vinflunine

Time Point	Statistics	Enfortumab Vedotin (N=73)	Chemotherapy (N=78)
Overall	No. of Events (%)	43 ( 58.9)	44 ( 56.4)
	Median Survival Est. (95% CI)	0.85 ( 0.53, 1.28)	0.72 ( 0.43, 0.99)
	Hazard Ratio (95% CI)		0.901 ( 0.592, 1.372)
	Treatment P-value [a]		0.59786
	Interaction P-value [b]		0.99344
6 Months	Patients at Risk, Survival Est. (95% CI)	3, 0.20 ( 0.08, 0.35)	4, 0.18 ( 0.08, 0.30)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC10.FS.KM.S8.FAS: EORTC Fatigue Symptom Score: Time to Deterioration of at least 10 points (Months) (Full Analysis Set)

Subgroup: Primary Site of Tumor, Level: Upper Tract

Time Point	Statistics	Enfortumab Vedotin (N=98)	Chemotherapy (N=107)
Overall	No. of Events (%)	63 ( 64.3)	76 ( 71.0)
	Median Survival Est. (95% CI)	0.62 ( 0.56, 0.99)	0.56 ( 0.36, 0.79)
	Hazard Ratio (95% CI)		0.746 ( 0.534, 1.043)
	Treatment P-value [a]		0.08833
	Interaction P-value [b]		0.19095
6 Months	Patients at Risk, Survival Est. (95% CI)	9, 0.23 ( 0.14, 0.33)	3, 0.08 ( 0.03, 0.17)
12 Months	Patients at Risk, Survival Est. (95% CI)	1, 0.12 ( 0.04, 0.23)	0

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC10.FS.KM.S8.FAS: EORTC Fatigue Symptom Score: Time to Deterioration of at least 10 points (Months) (Full Analysis Set)

Subgroup: Primary Site of Tumor, Level: Other

Time Point	Statistics	Enfortumab Vedotin (N=203)	Chemotherapy (N=200)
Overall	No. of Events (%)	134 ( 66.0)	104 ( 52.0)
	Median Survival Est. (95% CI)	0.76 ( 0.56, 0.95)	0.76 ( 0.53, 1.05)
	Hazard Ratio (95% CI)		0.988 ( 0.765, 1.277)
	Treatment P-value [a]		0.90172
	Interaction P-value [b]		0.19095
6 Months	Patients at Risk, Survival Est. (95% CI)	11, 0.18 ( 0.12, 0.26)	7, 0.18 ( 0.11, 0.26)
12 Months	Patients at Risk, Survival Est. (95% CI)	1, 0.06 ( 0.01, 0.20)	1, 0.08 ( 0.01, 0.23)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC10.FS.KM.S9.FAS: EORTC Fatigue Symptom Score: Time to Deterioration of at least 10 points (Months) (Full Analysis Set)

Subgroup: Prior Lines of Systemic Therapy, Level: 1-2 lines

Time Point	Statistics	Enfortumab Vedotin (N=262)	Chemotherapy (N=270)
Overall	No. of Events (%)	169 ( 64.5)	158 ( 58.5)
	Median Survival Est. (95% CI)	0.76 ( 0.59, 0.95)	0.72 ( 0.49, 0.82)
	Hazard Ratio (95% CI)		0.842 ( 0.677, 1.046)
	Treatment P-value [a]		0.11047
	Interaction P-value [b]		0.21887
6 Months	Patients at Risk, Survival Est. (95% CI)	18, 0.21 ( 0.15, 0.28)	8, 0.13 ( 0.08, 0.19)
12 Months	Patients at Risk, Survival Est. (95% CI)	2, 0.09 ( 0.03, 0.19)	0

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC10.FS.KM.S9.FAS: EORTC Fatigue Symptom Score: Time to Deterioration of at least 10 points (Months) (Full Analysis Set)

Subgroup: Prior Lines of Systemic Therapy, Level: &gt;=3 lines

Time Point	Statistics	Enfortumab Vedotin (N=39)	Chemotherapy (N=37)
Overall	No. of Events (%)	28 ( 71.8)	22 ( 59.5)
	Median Survival Est. (95% CI)	0.69 ( 0.39, 1.08)	0.76 ( 0.33, 1.74)
	Hazard Ratio (95% CI)		1.228 ( 0.701, 2.151)
	Treatment P-value [a]		0.49351
	Interaction P-value [b]		0.21887
6 Months	Patients at Risk, Survival Est. (95% CI)	2, 0.12 ( 0.02, 0.29)	2, 0.18 ( 0.05, 0.39)
12 Months	Patients at Risk, Survival Est. (95% CI)	0	1, 0.18 ( 0.05, 0.39)

Subgroup analyses are conducted if there exist at least 2 levels with >= 10 patients across treatment arms and >=10 events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table EORTC10.FS.KM.S10.FAS: EORTC Fatigue Symptom Score: Time to Deterioration of at least 10 points (Months) (Full Analysis Set)

Subgroup: Best Response to Prior CPI, Level: Responder

Time Point	Statistics	Enfortumab Vedotin (N=61)	Chemotherapy (N=50)
Overall	No. of Events (%)	44 ( 72.1)	37 ( 74.0)
	Median Survival Est. (95% CI)	0.59 ( 0.36, 0.95)	0.74 ( 0.33, 0.99)
	Hazard Ratio (95% CI)		0.835 ( 0.539, 1.294)
	Treatment P-value [a]		0.55306
	Interaction P-value [b]		0.60003
6 Months	Patients at Risk, Survival Est. (95% CI)	2, 0.15 ( 0.06, 0.29)	3, 0.11 ( 0.04, 0.23)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC10.FS.KM.S10.FAS: EORTC Fatigue Symptom Score: Time to Deterioration of at least 10 points (Months) (Full Analysis Set)

Subgroup: Best Response to Prior CPI, Level: Non-responder

Time Point	Statistics	Enfortumab Vedotin (N=207)	Chemotherapy (N=215)
Overall	No. of Events (%)	132 ( 63.8)	120 ( 55.8)
	Median Survival Est. (95% CI)	0.76 ( 0.56, 0.95)	0.72 ( 0.49, 0.92)
	Hazard Ratio (95% CI)		0.956 ( 0.746, 1.224)
	Treatment P-value [a]		0.73652
	Interaction P-value [b]		0.60003
6 Months	Patients at Risk, Survival Est. (95% CI)	15, 0.20 ( 0.14, 0.28)	6, 0.14 ( 0.08, 0.22)
12 Months	Patients at Risk, Survival Est. (95% CI)	1, 0.12 ( 0.06, 0.20)	1, 0.14 ( 0.08, 0.22)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## 2.4.1.2 Übelkeit und Erbrechen

Astellas: 7465-CL-0301

Table EORTC10.NVS.KM.S1.FAS: EORTC Nausea and Vomiting Symptom Score: Time to Deterioration of at least 10 points (Months) (Full Analysis Set)

Subgroup: Age Group 1, Level: <65 years

Time Point	Statistics	Enfortumab Vedotin (N=108)	Chemotherapy (N=111)
Overall	No. of Events (%)	51 ( 47.2)	47 ( 42.3)
	Median Survival Est. (95% CI)	1.64 ( 0.95, 5.36)	2.14 ( 0.76, 4.86)
	Hazard Ratio (95% CI)		0.944 ( 0.634, 1.404)
	Treatment P-value [a]		0.80770
	Interaction P-value [b]		0.44357
6 Months	Patients at Risk, Survival Est. (95% CI)	8, 0.38 ( 0.27, 0.49)	10, 0.37 ( 0.25, 0.50)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC10.NVS.KM.S1.FAS: EORTC Nausea and Vomiting Symptom Score: Time to Deterioration of at least 10 points (Months)  
(Full Analysis Set)

Subgroup: Age Group 1, Level: &gt;=65 years

Time Point	Statistics	Enfortumab Vedotin (N=193)	Chemotherapy (N=196)
Overall	No. of Events (%)	89 ( 46.1)	94 ( 48.0)
	Median Survival Est. (95% CI)	1.87 ( 1.25, 2.63)	1.28 ( 0.85, 1.74)
	Hazard Ratio (95% CI)		0.779 ( 0.583, 1.041)
	Treatment P-value [a]		0.09270
	Interaction P-value [b]		0.44357
6 Months	Patients at Risk, Survival Est. (95% CI)	14, 0.36 ( 0.27, 0.44)	8, 0.27 ( 0.18, 0.37)
12 Months	Patients at Risk, Survival Est. (95% CI)	0	1, 0.27 ( 0.18, 0.37)

Subgroup analyses are conducted if there exist at least 2 levels with >= 10 patients across treatment arms and >=10 events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table EORTC10.NVS.KM.S2.FAS: EORTC Nausea and Vomiting Symptom Score: Time to Deterioration of at least 10 points (Months)  
(Full Analysis Set)

Subgroup: Age Group 2, Level: &lt;75 years

Time Point	Statistics	Enfortumab Vedotin (N=249)	Chemotherapy (N=239)
Overall	No. of Events (%)	122 ( 49.0)	112 ( 46.9)
	Median Survival Est. (95% CI)	1.68 ( 1.22, 2.37)	1.18 ( 0.82, 1.71)
	Hazard Ratio (95% CI)		0.797 ( 0.616, 1.030)
	Treatment P-value [a]		0.09288
	Interaction P-value [b]		0.74610
6 Months	Patients at Risk, Survival Est. (95% CI)	19, 0.36 ( 0.28, 0.43)	13, 0.29 ( 0.21, 0.37)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC10.NVS.KM.S2.FAS: EORTC Nausea and Vomiting Symptom Score: Time to Deterioration of at least 10 points (Months)  
(Full Analysis Set)

Subgroup: Age Group 2, Level: &gt;=75 years

Time Point	Statistics	Enfortumab Vedotin (N=52)	Chemotherapy (N=68)
Overall	No. of Events (%)	18 ( 34.6)	29 ( 42.6)
	Median Survival Est. (95% CI)	2.37 ( 0.82, NC)	1.97 ( 0.99, NC)
	Hazard Ratio (95% CI)		0.886 ( 0.492, 1.596)
	Treatment P-value [a]		0.64696
	Interaction P-value [b]		0.74610
6 Months	Patients at Risk, Survival Est. (95% CI)	3, 0.42 ( 0.23, 0.60)	5, 0.37 ( 0.21, 0.52)
12 Months	Patients at Risk, Survival Est. (95% CI)	0	1, 0.37 ( 0.21, 0.52)

Subgroup analyses are conducted if there exist at least 2 levels with >= 10 patients across treatment arms and >=10 events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC10.NVS.KM.S3.FAS: EORTC Nausea and Vomiting Symptom Score: Time to Deterioration of at least 10 points (Months)  
(Full Analysis Set)

Subgroup: Gender, Level: Male

Time Point	Statistics	Enfortumab Vedotin (N=238)	Chemotherapy (N=232)
Overall	No. of Events (%)	113 ( 47.5)	103 ( 44.4)
	Median Survival Est. (95% CI)	1.61 ( 1.18, 2.14)	1.48 ( 0.85, 1.97)
	Hazard Ratio (95% CI)		0.893 ( 0.683, 1.167)
	Treatment P-value [a]		0.42764
	Interaction P-value [b]		0.28523
6 Months	Patients at Risk, Survival Est. (95% CI)	17, 0.35 ( 0.28, 0.43)	13, 0.34 ( 0.25, 0.43)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC10.NVS.KM.S3.FAS: EORTC Nausea and Vomiting Symptom Score: Time to Deterioration of at least 10 points (Months)  
(Full Analysis Set)

Subgroup: Gender, Level: Female

Time Point	Statistics	Enfortumab Vedotin (N=63)	Chemotherapy (N=75)
Overall	No. of Events (%)	27 ( 42.9)	38 ( 50.7)
	Median Survival Est. (95% CI)	2.60 ( 1.51, NC)	1.05 ( 0.82, 1.87)
	Hazard Ratio (95% CI)		0.657 ( 0.401, 1.078)
	Treatment P-value [a]		0.06724
	Interaction P-value [b]		0.28523
6 Months	Patients at Risk, Survival Est. (95% CI)	5, 0.41 ( 0.26, 0.56)	5, 0.23 ( 0.11, 0.37)
12 Months	Patients at Risk, Survival Est. (95% CI)	0	1, 0.23 ( 0.11, 0.37)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC10.NVS.KM.S4.FAS: EORTC Nausea and Vomiting Symptom Score: Time to Deterioration of at least 10 points (Months)  
(Full Analysis Set)

Subgroup: Region, Level: Western Europe

Time Point	Statistics	Enfortumab Vedotin (N=126)	Chemotherapy (N=129)
Overall	No. of Events (%)	52 ( 41.3)	45 ( 34.9)
	Median Survival Est. (95% CI)	1.74 ( 0.95, NC)	1.41 ( 0.95, NC)
	Hazard Ratio (95% CI)		0.908 ( 0.609, 1.354)
	Treatment P-value [a]		0.59716
	Interaction P-value [b]		0.77826
6 Months	Patients at Risk, Survival Est. (95% CI)	6, 0.40 ( 0.29, 0.51)	4, 0.41 ( 0.29, 0.52)
12 Months	Patients at Risk, Survival Est. (95% CI)	0	1, 0.41 ( 0.29, 0.52)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC10.NVS.KM.S4.FAS: EORTC Nausea and Vomiting Symptom Score: Time to Deterioration of at least 10 points (Months)  
(Full Analysis Set)

Subgroup: Region, Level: US

Time Point	Statistics	Enfortumab Vedotin (N=43)	Chemotherapy (N=44)
Overall	No. of Events (%)	16 ( 37.2)	17 ( 38.6)
	Median Survival Est. (95% CI)	1.22 ( 0.56, NC)	0.85 ( 0.62, NC)
	Hazard Ratio (95% CI)		0.932 ( 0.470, 1.850)
	Treatment P-value [a]		0.94181
	Interaction P-value [b]		0.77826
6 Months	Patients at Risk, Survival Est. (95% CI)	3, 0.41 ( 0.22, 0.58)	3, 0.38 ( 0.20, 0.57)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC10.NVS.KM.S4.FAS: EORTC Nausea and Vomiting Symptom Score: Time to Deterioration of at least 10 points (Months)  
(Full Analysis Set)

Subgroup: Region, Level: Rest of the World

Time Point	Statistics	Enfortumab Vedotin (N=132)	Chemotherapy (N=134)
Overall	No. of Events (%)	72 ( 54.5)	79 ( 59.0)
	Median Survival Est. (95% CI)	1.84 ( 1.18, 2.63)	1.25 ( 0.76, 1.97)
	Hazard Ratio (95% CI)		0.772 ( 0.561, 1.062)
	Treatment P-value [a]		0.11311
	Interaction P-value [b]		0.77826
6 Months	Patients at Risk, Survival Est. (95% CI)	13, 0.33 ( 0.24, 0.43)	11, 0.25 ( 0.16, 0.35)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC10.NVS.KM.S5.FAS: EORTC Nausea and Vomiting Symptom Score: Time to Deterioration of at least 10 points (Months)  
(Full Analysis Set)

Subgroup: ECOG PS from IRT Strata, Level: 0

Time Point	Statistics	Enfortumab Vedotin (N=120)	Chemotherapy (N=124)
Overall	No. of Events (%)	57 ( 47.5)	64 ( 51.6)
	Median Survival Est. (95% CI)	2.37 ( 1.22, NC)	1.45 ( 0.82, 1.97)
	Hazard Ratio (95% CI)		0.743 ( 0.520, 1.062)
	Treatment P-value [a]		0.09191
	Interaction P-value [b]		0.40044
6 Months	Patients at Risk, Survival Est. (95% CI)	13, 0.43 ( 0.33, 0.53)	10, 0.30 ( 0.20, 0.42)
12 Months	Patients at Risk, Survival Est. (95% CI)	0	1, 0.15 ( 0.02, 0.41)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC10.NVS.KM.S5.FAS: EORTC Nausea and Vomiting Symptom Score: Time to Deterioration of at least 10 points (Months)  
(Full Analysis Set)

Subgroup: ECOG PS from IRT Strata, Level: 1

Time Point	Statistics	Enfortumab Vedotin (N=181)	Chemotherapy (N=183)
Overall	No. of Events (%)	83 ( 45.9)	77 ( 42.1)
	Median Survival Est. (95% CI)	1.68 ( 1.05, 2.30)	1.18 ( 0.82, 2.14)
	Hazard Ratio (95% CI)		0.910 ( 0.667, 1.241)
	Treatment P-value [a]		0.60194
	Interaction P-value [b]		0.40044
6 Months	Patients at Risk, Survival Est. (95% CI)	9, 0.31 ( 0.22, 0.40)	8, 0.31 ( 0.21, 0.41)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC10.NVS.KM.S6.FAS: EORTC Nausea and Vomiting Symptom Score: Time to Deterioration of at least 10 points (Months)  
(Full Analysis Set)

Subgroup: Liver Metastasis from IRT Strata, Level: Yes

Time Point	Statistics	Enfortumab Vedotin (N=93)	Chemotherapy (N=95)
Overall	No. of Events (%)	44 ( 47.3)	42 ( 44.2)
	Median Survival Est. (95% CI)	1.45 ( 0.59, 2.37)	0.76 ( 0.36, 1.22)
	Hazard Ratio (95% CI)		0.778 ( 0.509, 1.188)
	Treatment P-value [a]		0.19912
	Interaction P-value [b]		0.74504
6 Months	Patients at Risk, Survival Est. (95% CI)	7, 0.29 ( 0.17, 0.41)	4, 0.29 ( 0.18, 0.42)
12 Months	Patients at Risk, Survival Est. (95% CI)	0	1, 0.15 ( 0.02, 0.40)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC10.NVS.KM.S6.FAS: EORTC Nausea and Vomiting Symptom Score: Time to Deterioration of at least 10 points (Months)  
(Full Analysis Set)

Subgroup: Liver Metastasis from IRT Strata, Level: No

Time Point	Statistics	Enfortumab Vedotin (N=208)	Chemotherapy (N=212)
Overall	No. of Events (%)	96 ( 46.2)	99 ( 46.7)
	Median Survival Est. (95% CI)	2.14 ( 1.41, 3.58)	1.74 ( 1.15, 3.55)
	Hazard Ratio (95% CI)		0.846 ( 0.639, 1.121)
	Treatment P-value [a]		0.27141
	Interaction P-value [b]		0.74504
6 Months	Patients at Risk, Survival Est. (95% CI)	15, 0.40 ( 0.31, 0.48)	14, 0.31 ( 0.23, 0.41)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC10.NVS.KM.S7.FAS: EORTC Nausea and Vomiting Symptom Score: Time to Deterioration of at least 10 points (Months)  
(Full Analysis Set)

Subgroup: Pre-selected Investigator's Choice of Paclitaxel/Docetaxel/Vinflunine, Level: Paclitaxel

Time Point	Statistics	Enfortumab Vedotin (N=141)	Chemotherapy (N=112)
Overall	No. of Events (%)	75 ( 53.2)	51 ( 45.5)
	Median Survival Est. (95% CI)	1.51 ( 0.85, 2.37)	1.45 ( 0.85, 3.78)
	Hazard Ratio (95% CI)		0.996 ( 0.698, 1.422)
	Treatment P-value [a]		0.99722
	Interaction P-value [b]		0.07770
6 Months	Patients at Risk, Survival Est. (95% CI)	10, 0.31 ( 0.22, 0.41)	6, 0.29 ( 0.18, 0.42)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC10.NVS.KM.S7.FAS: EORTC Nausea and Vomiting Symptom Score: Time to Deterioration of at least 10 points (Months)  
(Full Analysis Set)

Subgroup: Pre-selected Investigator's Choice of Paclitaxel/Docetaxel/Vinflunine, Level: Docetaxel

Time Point	Statistics	Enfortumab Vedotin (N=87)	Chemotherapy (N=117)
Overall	No. of Events (%)	34 ( 39.1)	61 ( 52.1)
	Median Survival Est. (95% CI)	3.98 ( 1.41, NC)	0.99 ( 0.62, 1.87)
	Hazard Ratio (95% CI)		0.555 ( 0.365, 0.845)
	Treatment P-value [a]		0.00669
	Interaction P-value [b]		0.07770
6 Months	Patients at Risk, Survival Est. (95% CI)	8, 0.46 ( 0.33, 0.58)	8, 0.26 ( 0.15, 0.37)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC10.NVS.KM.S7.FAS: EORTC Nausea and Vomiting Symptom Score: Time to Deterioration of at least 10 points (Months)  
(Full Analysis Set)

Subgroup: Pre-selected Investigator's Choice of Paclitaxel/Docetaxel/Vinflunine, Level: Vinflunine

Time Point	Statistics	Enfortumab Vedotin (N=73)	Chemotherapy (N=78)
Overall	No. of Events (%)	31 ( 42.5)	29 ( 37.2)
	Median Survival Est. (95% CI)	1.68 ( 0.99, NC)	1.74 ( 0.99, NC)
	Hazard Ratio (95% CI)		1.012 ( 0.609, 1.680)
	Treatment P-value [a]		0.96254
	Interaction P-value [b]		0.07770
6 Months	Patients at Risk, Survival Est. (95% CI)	4, 0.37 ( 0.22, 0.51)	4, 0.44 ( 0.30, 0.57)
12 Months	Patients at Risk, Survival Est. (95% CI)	0	1, 0.44 ( 0.30, 0.57)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table EORTC10.NVS.KM.S8.FAS: EORTC Nausea and Vomiting Symptom Score: Time to Deterioration of at least 10 points (Months)  
(Full Analysis Set)

Subgroup: Primary Site of Tumor, Level: Upper Tract

Time Point	Statistics	Enfortumab Vedotin (N=98)	Chemotherapy (N=107)
Overall	No. of Events (%)	47 ( 48.0)	58 ( 54.2)
	Median Survival Est. (95% CI)	1.45 ( 1.12, 1.84)	1.15 ( 0.62, 1.97)
	Hazard Ratio (95% CI)		0.852 ( 0.580, 1.253)
	Treatment P-value [a]		0.46632
	Interaction P-value [b]		0.93091
6 Months	Patients at Risk, Survival Est. (95% CI)	9, 0.36 ( 0.25, 0.47)	9, 0.31 ( 0.21, 0.43)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC10.NVS.KM.S8.FAS: EORTC Nausea and Vomiting Symptom Score: Time to Deterioration of at least 10 points (Months)  
(Full Analysis Set)

Subgroup: Primary Site of Tumor, Level: Other

Time Point	Statistics	Enfortumab Vedotin (N=203)	Chemotherapy (N=200)
Overall	No. of Events (%)	93 ( 45.8)	83 ( 41.5)
	Median Survival Est. (95% CI)	2.14 ( 1.25, 3.58)	1.48 ( 0.99, 2.14)
	Hazard Ratio (95% CI)		0.834 ( 0.620, 1.122)
	Treatment P-value [a]		0.22349
	Interaction P-value [b]		0.93091
6 Months	Patients at Risk, Survival Est. (95% CI)	13, 0.37 ( 0.28, 0.45)	9, 0.30 ( 0.20, 0.41)
12 Months	Patients at Risk, Survival Est. (95% CI)	0	1, 0.26 ( 0.16, 0.38)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table EORTC10.NVS.KM.S9.FAS: EORTC Nausea and Vomiting Symptom Score: Time to Deterioration of at least 10 points (Months)  
(Full Analysis Set)

Subgroup: Prior Lines of Systemic Therapy, Level: 1-2 lines

Time Point	Statistics	Enfortumab Vedotin (N=262)	Chemotherapy (N=270)
Overall	No. of Events (%)	121 ( 46.2)	126 ( 46.7)
	Median Survival Est. (95% CI)	1.84 ( 1.45, 2.60)	1.22 ( 0.99, 1.74)
	Hazard Ratio (95% CI)		0.791 ( 0.616, 1.016)
	Treatment P-value [a]		0.06548
	Interaction P-value [b]		0.26031
6 Months	Patients at Risk, Survival Est. (95% CI)	21, 0.37 ( 0.29, 0.44)	16, 0.30 ( 0.23, 0.38)
12 Months	Patients at Risk, Survival Est. (95% CI)	0	1, 0.09 ( 0.01, 0.29)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table EORTC10.NVS.KM.S9.FAS: EORTC Nausea and Vomiting Symptom Score: Time to Deterioration of at least 10 points (Months)  
(Full Analysis Set)

Subgroup: Prior Lines of Systemic Therapy, Level: &gt;=3 lines

Time Point	Statistics	Enfortumab Vedotin (N=39)	Chemotherapy (N=37)
Overall	No. of Events (%)	19 ( 48.7)	15 ( 40.5)
	Median Survival Est. (95% CI)	1.41 ( 0.69, NC)	5.39 ( 0.39, NC)
	Hazard Ratio (95% CI)		1.198 ( 0.609, 2.358)
	Treatment P-value [a]		0.64190
	Interaction P-value [b]		0.26031
6 Months	Patients at Risk, Survival Est. (95% CI)	1, 0.37 ( 0.20, 0.54)	2, 0.34 ( 0.09, 0.62)

Subgroup analyses are conducted if there exist at least 2 levels with >= 10 patients across treatment arms and >=10 events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC10.NVS.KM.S10.FAS: EORTC Nausea and Vomiting Symptom Score: Time to Deterioration of at least 10 points (Months)  
(Full Analysis Set)

Subgroup: Best Response to Prior CPI, Level: Responder

Time Point	Statistics	Enfortumab Vedotin (N=61)	Chemotherapy (N=50)
Overall	No. of Events (%)	33 ( 54.1)	22 ( 44.0)
	Median Survival Est. (95% CI)	1.74 ( 1.22, 4.01)	1.91 ( 0.99, NC)
	Hazard Ratio (95% CI)		1.044 ( 0.609, 1.791)
	Treatment P-value [a]		0.82349
	Interaction P-value [b]		0.68524
6 Months	Patients at Risk, Survival Est. (95% CI)	4, 0.34 ( 0.21, 0.48)	3, 0.41 ( 0.24, 0.57)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC10.NVS.KM.S10.FAS: EORTC Nausea and Vomiting Symptom Score: Time to Deterioration of at least 10 points (Months)  
(Full Analysis Set)

Subgroup: Best Response to Prior CPI, Level: Non-responder

Time Point	Statistics	Enfortumab Vedotin (N=207)	Chemotherapy (N=215)
Overall	No. of Events (%)	100 ( 48.3)	98 ( 45.6)
	Median Survival Est. (95% CI)	1.25 ( 0.95, 1.87)	1.22 ( 0.82, 1.81)
	Hazard Ratio (95% CI)		0.921 ( 0.696, 1.218)
	Treatment P-value [a]		0.56450
	Interaction P-value [b]		0.68524
6 Months	Patients at Risk, Survival Est. (95% CI)	14, 0.33 ( 0.25, 0.41)	11, 0.27 ( 0.18, 0.37)
12 Months	Patients at Risk, Survival Est. (95% CI)	0	1, 0.14 ( 0.02, 0.38)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

### 2.4.1.3 Schmerz

Astellas: 7465-CL-0301

Table EORTC10.PS.KM.S1.FAS: EORTC Pain Symptom Score: Time to Deterioration of at least 10 points (Months) (Full Analysis Set)

Subgroup: Age Group 1, Level: <65 years

Time Point	Statistics	Enfortumab Vedotin (N=108)	Chemotherapy (N=111)
Overall	No. of Events (%)	60 ( 55.6)	53 ( 47.7)
	Median Survival Est. (95% CI)	0.99 ( 0.53, 2.14)	1.51 ( 0.99, 2.00)
	Hazard Ratio (95% CI)		1.048 ( 0.724, 1.518)
	Treatment P-value [a]		0.89863
	Interaction P-value [b]		0.17617
6 Months	Patients at Risk, Survival Est. (95% CI)	7, 0.29 ( 0.17, 0.42)	5, 0.18 ( 0.08, 0.31)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC10.PS.KM.S1.FAS: EORTC Pain Symptom Score: Time to Deterioration of at least 10 points (Months) (Full Analysis Set)

Subgroup: Age Group 1, Level: &gt;=65 years

Time Point	Statistics	Enfortumab Vedotin (N=193)	Chemotherapy (N=196)
Overall	No. of Events (%)	105 ( 54.4)	106 ( 54.1)
	Median Survival Est. (95% CI)	1.25 ( 0.89, 1.64)	0.99 ( 0.56, 1.18)
	Hazard Ratio (95% CI)		0.764 ( 0.583, 1.002)
	Treatment P-value [a]		0.05970
	Interaction P-value [b]		0.17617
6 Months	Patients at Risk, Survival Est. (95% CI)	14, 0.29 ( 0.22, 0.37)	8, 0.19 ( 0.11, 0.27)
12 Months	Patients at Risk, Survival Est. (95% CI)	1, 0.25 ( 0.16, 0.34)	0

Subgroup analyses are conducted if there exist at least 2 levels with >= 10 patients across treatment arms and >=10 events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table EORTC10.PS.KM.S2.FAS: EORTC Pain Symptom Score: Time to Deterioration of at least 10 points (Months) (Full Analysis Set)

Subgroup: Age Group 2, Level: &lt;75 years

Time Point	Statistics	Enfortumab Vedotin (N=249)	Chemotherapy (N=239)
Overall	No. of Events (%)	140 ( 56.2)	118 ( 49.4)
	Median Survival Est. (95% CI)	1.22 ( 0.89, 1.58)	1.18 ( 0.99, 1.61)
	Hazard Ratio (95% CI)		0.903 ( 0.706, 1.154)
	Treatment P-value [a]		0.40163
	Interaction P-value [b]		0.40849
6 Months	Patients at Risk, Survival Est. (95% CI)	18, 0.29 ( 0.22, 0.37)	10, 0.21 ( 0.13, 0.29)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC10.PS.KM.S2.FAS: EORTC Pain Symptom Score: Time to Deterioration of at least 10 points (Months) (Full Analysis Set)

Subgroup: Age Group 2, Level: &gt;=75 years

Time Point	Statistics	Enfortumab Vedotin (N=52)	Chemotherapy (N=68)
Overall	No. of Events (%)	25 ( 48.1)	41 ( 60.3)
	Median Survival Est. (95% CI)	1.05 ( 0.53, 3.68)	0.95 ( 0.43, 1.28)
	Hazard Ratio (95% CI)		0.714 ( 0.434, 1.175)
	Treatment P-value [a]		0.18852
	Interaction P-value [b]		0.40849
6 Months	Patients at Risk, Survival Est. (95% CI)	3, 0.31 ( 0.16, 0.47)	3, 0.13 ( 0.05, 0.26)
12 Months	Patients at Risk, Survival Est. (95% CI)	1, 0.31 ( 0.16, 0.47)	0

Subgroup analyses are conducted if there exist at least 2 levels with >= 10 patients across treatment arms and >=10 events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC10.PS.KM.S3.FAS: EORTC Pain Symptom Score: Time to Deterioration of at least 10 points (Months) (Full Analysis Set)

Subgroup: Gender, Level: Male

Time Point	Statistics	Enfortumab Vedotin (N=238)	Chemotherapy (N=232)
Overall	No. of Events (%)	135 ( 56.7)	120 ( 51.7)
	Median Survival Est. (95% CI)	1.02 ( 0.82, 1.48)	1.18 ( 0.95, 1.51)
	Hazard Ratio (95% CI)		0.907 ( 0.709, 1.160)
	Treatment P-value [a]		0.44362
	Interaction P-value [b]		0.29656
6 Months	Patients at Risk, Survival Est. (95% CI)	17, 0.27 ( 0.20, 0.35)	10, 0.19 ( 0.12, 0.27)
12 Months	Patients at Risk, Survival Est. (95% CI)	1, 0.18 ( 0.11, 0.27)	0

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC10.PS.KM.S3.FAS: EORTC Pain Symptom Score: Time to Deterioration of at least 10 points (Months) (Full Analysis Set)

Subgroup: Gender, Level: Female

Time Point	Statistics	Enfortumab Vedotin (N=63)	Chemotherapy (N=75)
Overall	No. of Events (%)	30 ( 47.6)	39 ( 52.0)
	Median Survival Est. (95% CI)	1.48 ( 0.85, 9.99)	0.99 ( 0.79, 1.54)
	Hazard Ratio (95% CI)		0.681 ( 0.423, 1.098)
	Treatment P-value [a]		0.09507
	Interaction P-value [b]		0.29656
6 Months	Patients at Risk, Survival Est. (95% CI)	4, 0.37 ( 0.22, 0.53)	3, 0.18 ( 0.08, 0.33)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table EORTC10.PS.KM.S4.FAS: EORTC Pain Symptom Score: Time to Deterioration of at least 10 points (Months) (Full Analysis Set)

Subgroup: Region, Level: Western Europe

Time Point	Statistics	Enfortumab Vedotin (N=126)	Chemotherapy (N=129)
Overall	No. of Events (%)	60 ( 47.6)	58 ( 45.0)
	Median Survival Est. (95% CI)	1.05 ( 0.76, 2.14)	0.99 ( 0.43, 1.22)
	Hazard Ratio (95% CI)		0.738 ( 0.514, 1.060)
	Treatment P-value [a]		0.12427
	Interaction P-value [b]		0.54128
6 Months	Patients at Risk, Survival Est. (95% CI)	8, 0.35 ( 0.23, 0.47)	5, 0.21 ( 0.12, 0.31)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC10.PS.KM.S4.FAS: EORTC Pain Symptom Score: Time to Deterioration of at least 10 points (Months) (Full Analysis Set)

Subgroup: Region, Level: US

Time Point	Statistics	Enfortumab Vedotin (N=43)	Chemotherapy (N=44)
Overall	No. of Events (%)	20 ( 46.5)	18 ( 40.9)
	Median Survival Est. (95% CI)	1.58 ( 0.62, 3.68)	1.02 ( 0.76, 2.69)
	Hazard Ratio (95% CI)		0.831 ( 0.438, 1.575)
	Treatment P-value [a]		0.62359
	Interaction P-value [b]		0.54128
6 Months	Patients at Risk, Survival Est. (95% CI)	4, 0.27 ( 0.11, 0.45)	1, 0.27 ( 0.11, 0.45)
12 Months	Patients at Risk, Survival Est. (95% CI)	1, 0.27 ( 0.11, 0.45)	0

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table EORTC10.PS.KM.S4.FAS: EORTC Pain Symptom Score: Time to Deterioration of at least 10 points (Months) (Full Analysis Set)

Subgroup: Region, Level: Rest of the World

Time Point	Statistics	Enfortumab Vedotin (N=132)	Chemotherapy (N=134)
Overall	No. of Events (%)	85 ( 64.4)	83 ( 61.9)
	Median Survival Est. (95% CI)	1.02 ( 0.79, 1.48)	1.25 ( 0.95, 1.68)
	Hazard Ratio (95% CI)		0.963 ( 0.711, 1.303)
	Treatment P-value [a]		0.87477
	Interaction P-value [b]		0.54128
6 Months	Patients at Risk, Survival Est. (95% CI)	9, 0.27 ( 0.19, 0.36)	7, 0.17 ( 0.09, 0.27)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC10.PS.KM.S5.FAS: EORTC Pain Symptom Score: Time to Deterioration of at least 10 points (Months) (Full Analysis Set)

Subgroup: ECOG PS from IRT Strata, Level: 0

Time Point	Statistics	Enfortumab Vedotin (N=120)	Chemotherapy (N=124)
Overall	No. of Events (%)	70 ( 58.3)	72 ( 58.1)
	Median Survival Est. (95% CI)	1.45 ( 0.89, 2.14)	1.22 ( 0.85, 1.68)
	Hazard Ratio (95% CI)		0.843 ( 0.606, 1.172)
	Treatment P-value [a]		0.25136
	Interaction P-value [b]		0.91829
6 Months	Patients at Risk, Survival Est. (95% CI)	10, 0.32 ( 0.21, 0.43)	5, 0.18 ( 0.09, 0.29)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC10.PS.KM.S5.FAS: EORTC Pain Symptom Score: Time to Deterioration of at least 10 points (Months) (Full Analysis Set)

Subgroup: ECOG PS from IRT Strata, Level: 1

Time Point	Statistics	Enfortumab Vedotin (N=181)	Chemotherapy (N=183)
Overall	No. of Events (%)	95 ( 52.5)	87 ( 47.5)
	Median Survival Est. (95% CI)	1.02 ( 0.76, 1.48)	0.99 ( 0.72, 1.25)
	Hazard Ratio (95% CI)		0.863 ( 0.645, 1.154)
	Treatment P-value [a]		0.34841
	Interaction P-value [b]		0.91829
6 Months	Patients at Risk, Survival Est. (95% CI)	11, 0.28 ( 0.20, 0.37)	8, 0.19 ( 0.11, 0.29)
12 Months	Patients at Risk, Survival Est. (95% CI)	1, 0.25 ( 0.17, 0.35)	0

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC10.PS.KM.S6.FAS: EORTC Pain Symptom Score: Time to Deterioration of at least 10 points (Months) (Full Analysis Set)

Subgroup: Liver Metastasis from IRT Strata, Level: Yes

Time Point	Statistics	Enfortumab Vedotin (N=93)	Chemotherapy (N=95)
Overall	No. of Events (%)	48 ( 51.6)	43 ( 45.3)
	Median Survival Est. (95% CI)	1.38 ( 0.82, 2.14)	0.99 ( 0.69, 1.38)
	Hazard Ratio (95% CI)		0.780 ( 0.516, 1.180)
	Treatment P-value [a]		0.26789
	Interaction P-value [b]		0.60611
6 Months	Patients at Risk, Survival Est. (95% CI)	9, 0.30 ( 0.18, 0.42)	2, 0.18 ( 0.08, 0.32)
12 Months	Patients at Risk, Survival Est. (95% CI)	1, 0.17 ( 0.05, 0.36)	0

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table EORTC10.PS.KM.S6.FAS: EORTC Pain Symptom Score: Time to Deterioration of at least 10 points (Months) (Full Analysis Set)

Subgroup: Liver Metastasis from IRT Strata, Level: No

Time Point	Statistics	Enfortumab Vedotin (N=208)	Chemotherapy (N=212)
Overall	No. of Events (%)	117 ( 56.3)	116 ( 54.7)
	Median Survival Est. (95% CI)	1.05 ( 0.82, 1.61)	1.18 ( 0.95, 1.61)
	Hazard Ratio (95% CI)		0.886 ( 0.686, 1.146)
	Treatment P-value [a]		0.38652
	Interaction P-value [b]		0.60611
6 Months	Patients at Risk, Survival Est. (95% CI)	12, 0.29 ( 0.21, 0.37)	11, 0.19 ( 0.12, 0.27)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table EORTC10.PS.KM.S7.FAS: EORTC Pain Symptom Score: Time to Deterioration of at least 10 points (Months) (Full Analysis Set)

Subgroup: Pre-selected Investigator's Choice of Paclitaxel/Docetaxel/Vinflunine, Level: Paclitaxel

Time Point	Statistics	Enfortumab Vedotin (N=141)	Chemotherapy (N=112)
Overall	No. of Events (%)	82 ( 58.2)	56 ( 50.0)
	Median Survival Est. (95% CI)	0.99 ( 0.79, 1.48)	1.18 ( 0.69, 1.68)
	Hazard Ratio (95% CI)		0.944 ( 0.672, 1.326)
	Treatment P-value [a]		0.75856
	Interaction P-value [b]		0.45954
6 Months	Patients at Risk, Survival Est. (95% CI)	11, 0.30 ( 0.22, 0.39)	4, 0.20 ( 0.11, 0.32)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC10.PS.KM.S7.FAS: EORTC Pain Symptom Score: Time to Deterioration of at least 10 points (Months) (Full Analysis Set)

Subgroup: Pre-selected Investigator's Choice of Paclitaxel/Docetaxel/Vinflunine, Level: Docetaxel

Time Point	Statistics	Enfortumab Vedotin (N=87)	Chemotherapy (N=117)
Overall	No. of Events (%)	51 ( 58.6)	65 ( 55.6)
	Median Survival Est. (95% CI)	1.41 ( 0.59, 1.64)	1.02 ( 0.85, 1.51)
	Hazard Ratio (95% CI)		0.903 ( 0.625, 1.304)
	Treatment P-value [a]		0.52777
	Interaction P-value [b]		0.45954
6 Months	Patients at Risk, Survival Est. (95% CI)	5, 0.22 ( 0.13, 0.34)	5, 0.15 ( 0.07, 0.27)
12 Months	Patients at Risk, Survival Est. (95% CI)	1, 0.18 ( 0.08, 0.31)	0

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC10.PS.KM.S7.FAS: EORTC Pain Symptom Score: Time to Deterioration of at least 10 points (Months) (Full Analysis Set)

Subgroup: Pre-selected Investigator's Choice of Paclitaxel/Docetaxel/Vinflunine, Level: Vinflunine

Time Point	Statistics	Enfortumab Vedotin (N=73)	Chemotherapy (N=78)
Overall	No. of Events (%)	32 ( 43.8)	38 ( 48.7)
	Median Survival Est. (95% CI)	2.14 ( 0.85, 6.21)	1.15 ( 0.53, 1.51)
	Hazard Ratio (95% CI)		0.661 ( 0.413, 1.058)
	Treatment P-value [a]		0.10094
	Interaction P-value [b]		0.45954
6 Months	Patients at Risk, Survival Est. (95% CI)	5, 0.37 ( 0.20, 0.54)	4, 0.23 ( 0.11, 0.36)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC10.PS.KM.S8.FAS: EORTC Pain Symptom Score: Time to Deterioration of at least 10 points (Months) (Full Analysis Set)

Subgroup: Primary Site of Tumor, Level: Upper Tract

Time Point	Statistics	Enfortumab Vedotin (N=98)	Chemotherapy (N=107)
Overall	No. of Events (%)	49 ( 50.0)	66 ( 61.7)
	Median Survival Est. (95% CI)	1.41 ( 0.82, 5.36)	0.99 ( 0.53, 1.25)
	Hazard Ratio (95% CI)		0.702 ( 0.484, 1.016)
	Treatment P-value [a]		0.06014
	Interaction P-value [b]		0.18482
6 Months	Patients at Risk, Survival Est. (95% CI)	9, 0.36 ( 0.25, 0.48)	4, 0.16 ( 0.07, 0.27)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC10.PS.KM.S8.FAS: EORTC Pain Symptom Score: Time to Deterioration of at least 10 points (Months) (Full Analysis Set)

Subgroup: Primary Site of Tumor, Level: Other

Time Point	Statistics	Enfortumab Vedotin (N=203)	Chemotherapy (N=200)
Overall	No. of Events (%)	116 ( 57.1)	93 ( 46.5)
	Median Survival Est. (95% CI)	1.05 ( 0.82, 1.51)	1.22 ( 0.99, 1.54)
	Hazard Ratio (95% CI)		0.958 ( 0.729, 1.259)
	Treatment P-value [a]		0.82331
	Interaction P-value [b]		0.18482
6 Months	Patients at Risk, Survival Est. (95% CI)	12, 0.26 ( 0.18, 0.35)	9, 0.21 ( 0.13, 0.30)
12 Months	Patients at Risk, Survival Est. (95% CI)	1, 0.21 ( 0.13, 0.31)	0

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC10.PS.KM.S9.FAS: EORTC Pain Symptom Score: Time to Deterioration of at least 10 points (Months) (Full Analysis Set)

Subgroup: Prior Lines of Systemic Therapy, Level: 1-2 lines

Time Point	Statistics	Enfortumab Vedotin (N=262)	Chemotherapy (N=270)
Overall	No. of Events (%)	145 ( 55.3)	139 ( 51.5)
	Median Survival Est. (95% CI)	1.08 ( 0.89, 1.51)	1.08 ( 0.95, 1.28)
	Hazard Ratio (95% CI)		0.839 ( 0.665, 1.060)
	Treatment P-value [a]		0.14154
	Interaction P-value [b]		0.69561
6 Months	Patients at Risk, Survival Est. (95% CI)	18, 0.28 ( 0.21, 0.35)	11, 0.19 ( 0.13, 0.26)
12 Months	Patients at Risk, Survival Est. (95% CI)	1, 0.17 ( 0.08, 0.28)	0

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table EORTC10.PS.KM.S9.FAS: EORTC Pain Symptom Score: Time to Deterioration of at least 10 points (Months) (Full Analysis Set)

Subgroup: Prior Lines of Systemic Therapy, Level: &gt;=3 lines

Time Point	Statistics	Enfortumab Vedotin (N=39)	Chemotherapy (N=37)
Overall	No. of Events (%)	20 ( 51.3)	20 ( 54.1)
	Median Survival Est. (95% CI)	1.45 ( 0.36, NC)	1.45 ( 0.72, 5.39)
	Hazard Ratio (95% CI)		0.958 ( 0.515, 1.782)
	Treatment P-value [a]		0.81413
	Interaction P-value [b]		0.69561
6 Months	Patients at Risk, Survival Est. (95% CI)	3, 0.41 ( 0.24, 0.57)	2, 0.17 ( 0.04, 0.39)

Subgroup analyses are conducted if there exist at least 2 levels with >= 10 patients across treatment arms and >=10 events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC10.PS.KM.S10.FAS: EORTC Pain Symptom Score: Time to Deterioration of at least 10 points (Months) (Full Analysis Set)

Subgroup: Best Response to Prior CPI, Level: Responder

Time Point	Statistics	Enfortumab Vedotin (N=61)	Chemotherapy (N=50)
Overall	No. of Events (%)	39 ( 63.9)	34 ( 68.0)
	Median Survival Est. (95% CI)	1.22 ( 0.82, 1.71)	0.99 ( 0.36, 1.45)
	Hazard Ratio (95% CI)		0.743 ( 0.469, 1.177)
	Treatment P-value [a]		0.19900
	Interaction P-value [b]		0.25561
6 Months	Patients at Risk, Survival Est. (95% CI)	1, 0.16 ( 0.04, 0.33)	2, 0.09 ( 0.02, 0.23)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table EORTC10.PS.KM.S10.FAS: EORTC Pain Symptom Score: Time to Deterioration of at least 10 points (Months) (Full Analysis Set)

Subgroup: Best Response to Prior CPI, Level: Non-responder

Time Point	Statistics	Enfortumab Vedotin (N=207)	Chemotherapy (N=215)
Overall	No. of Events (%)	112 ( 54.1)	101 ( 47.0)
	Median Survival Est. (95% CI)	0.99 ( 0.76, 1.48)	1.22 ( 1.02, 1.71)
	Hazard Ratio (95% CI)		1.013 ( 0.773, 1.326)
	Treatment P-value [a]		0.91083
	Interaction P-value [b]		0.25561
6 Months	Patients at Risk, Survival Est. (95% CI)	18, 0.31 ( 0.23, 0.39)	10, 0.24 ( 0.16, 0.33)
12 Months	Patients at Risk, Survival Est. (95% CI)	1, 0.17 ( 0.07, 0.31)	0

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## 2.4.1.4 Atemnot

Astellas: 7465-CL-0301

Table EORTC10.DS.KM.S1.FAS: EORTC Dyspnoea Symptom Score: Time to Deterioration of at least 10 points (Months) (Full Analysis Set)

Subgroup: Age Group 1, Level: <65 years

Time Point	Statistics	Enfortumab Vedotin (N=108)	Chemotherapy (N=111)
Overall	No. of Events (%)	42 ( 38.9)	39 ( 35.1)
	Median Survival Est. (95% CI)	5.45 ( 1.45, NC)	3.78 ( 1.71, 8.05)
	Hazard Ratio (95% CI)		0.936 ( 0.605, 1.448)
	Treatment P-value [a]		0.76028
	Interaction P-value [b]		0.27212
6 Months	Patients at Risk, Survival Est. (95% CI)	12, 0.49 ( 0.36, 0.60)	10, 0.43 ( 0.30, 0.56)
12 Months	Patients at Risk, Survival Est. (95% CI)	1, 0.42 ( 0.26, 0.57)	0

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC10.DS.KM.S1.FAS: EORTC Dyspnoea Symptom Score: Time to Deterioration of at least 10 points (Months) (Full Analysis Set)

Subgroup: Age Group 1, Level: &gt;=65 years

Time Point	Statistics	Enfortumab Vedotin (N=193)	Chemotherapy (N=196)
Overall	No. of Events (%)	76 ( 39.4)	91 ( 46.4)
	Median Survival Est. (95% CI)	3.58 ( 1.64, NC)	1.51 ( 1.18, 2.33)
	Hazard Ratio (95% CI)		0.695 ( 0.512, 0.943)
	Treatment P-value [a]		0.01726
	Interaction P-value [b]		0.27212
6 Months	Patients at Risk, Survival Est. (95% CI)	18, 0.46 ( 0.37, 0.55)	7, 0.27 ( 0.18, 0.37)
12 Months	Patients at Risk, Survival Est. (95% CI)	2, 0.40 ( 0.26, 0.53)	3, 0.27 ( 0.18, 0.37)

Subgroup analyses are conducted if there exist at least 2 levels with >= 10 patients across treatment arms and >=10 events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC10.DS.KM.S2.FAS: EORTC Dyspnoea Symptom Score: Time to Deterioration of at least 10 points (Months) (Full Analysis Set)

Subgroup: Age Group 2, Level: &lt;75 years

Time Point	Statistics	Enfortumab Vedotin (N=249)	Chemotherapy (N=239)
Overall	No. of Events (%)	98 ( 39.4)	96 ( 40.2)
	Median Survival Est. (95% CI)	5.45 ( 1.71, NC)	2.33 ( 1.68, 3.78)
	Hazard Ratio (95% CI)		0.780 ( 0.588, 1.033)
	Treatment P-value [a]		0.08601
	Interaction P-value [b]		0.95375
6 Months	Patients at Risk, Survival Est. (95% CI)	27, 0.49 ( 0.41, 0.56)	13, 0.33 ( 0.24, 0.42)
12 Months	Patients at Risk, Survival Est. (95% CI)	2, 0.46 ( 0.37, 0.55)	0

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC10.DS.KM.S2.FAS: EORTC Dyspnoea Symptom Score: Time to Deterioration of at least 10 points (Months) (Full Analysis Set)

Subgroup: Age Group 2, Level: &gt;=75 years

Time Point	Statistics	Enfortumab Vedotin (N=52)	Chemotherapy (N=68)
Overall	No. of Events (%)	20 ( 38.5)	34 ( 50.0)
	Median Survival Est. (95% CI)	2.60 ( 1.02, NC)	1.28 ( 0.99, 2.23)
	Hazard Ratio (95% CI)		0.765 ( 0.440, 1.330)
	Treatment P-value [a]		0.33048
	Interaction P-value [b]		0.95375
6 Months	Patients at Risk, Survival Est. (95% CI)	3, 0.38 ( 0.19, 0.57)	4, 0.29 ( 0.16, 0.44)
12 Months	Patients at Risk, Survival Est. (95% CI)	1, 0.25 ( 0.06, 0.50)	3, 0.29 ( 0.16, 0.44)

Subgroup analyses are conducted if there exist at least 2 levels with >= 10 patients across treatment arms and >=10 events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC10.DS.KM.S3.FAS: EORTC Dyspnoea Symptom Score: Time to Deterioration of at least 10 points (Months) (Full Analysis Set)

Subgroup: Gender, Level: Male

Time Point	Statistics	Enfortumab Vedotin (N=238)	Chemotherapy (N=232)
Overall	No. of Events (%)	95 ( 39.9)	103 ( 44.4)
	Median Survival Est. (95% CI)	4.44 ( 1.64, NC)	1.68 ( 1.22, 2.43)
	Hazard Ratio (95% CI)		0.726 ( 0.549, 0.959)
	Treatment P-value [a]		0.02205
	Interaction P-value [b]		0.48967
6 Months	Patients at Risk, Survival Est. (95% CI)	24, 0.47 ( 0.39, 0.55)	12, 0.30 ( 0.21, 0.39)
12 Months	Patients at Risk, Survival Est. (95% CI)	3, 0.39 ( 0.26, 0.51)	2, 0.23 ( 0.14, 0.34)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC10.DS.KM.S3.FAS: EORTC Dyspnoea Symptom Score: Time to Deterioration of at least 10 points (Months) (Full Analysis Set)

Subgroup: Gender, Level: Female

Time Point	Statistics	Enfortumab Vedotin (N=63)	Chemotherapy (N=75)
Overall	No. of Events (%)	23 ( 36.5)	27 ( 36.0)
	Median Survival Est. (95% CI)	3.58 ( 1.61, NC)	2.46 ( 1.68, NC)
	Hazard Ratio (95% CI)		0.903 ( 0.518, 1.576)
	Treatment P-value [a]		0.74169
	Interaction P-value [b]		0.48967
6 Months	Patients at Risk, Survival Est. (95% CI)	6, 0.49 ( 0.33, 0.63)	5, 0.42 ( 0.26, 0.56)
12 Months	Patients at Risk, Survival Est. (95% CI)	0	1, 0.42 ( 0.26, 0.56)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC10.DS.KM.S4.FAS: EORTC Dyspnoea Symptom Score: Time to Deterioration of at least 10 points (Months) (Full Analysis Set)

Subgroup: Region, Level: Western Europe

Time Point	Statistics	Enfortumab Vedotin (N=126)	Chemotherapy (N=129)
Overall	No. of Events (%)	40 ( 31.7)	50 ( 38.8)
	Median Survival Est. (95% CI)	NC ( 1.68, NC)	1.28 ( 0.79, 2.66)
	Hazard Ratio (95% CI)		0.568 ( 0.374, 0.861)
	Treatment P-value [a]		0.00997
	Interaction P-value [b]		0.20390
6 Months	Patients at Risk, Survival Est. (95% CI)	8, 0.52 ( 0.39, 0.64)	6, 0.29 ( 0.17, 0.41)
12 Months	Patients at Risk, Survival Est. (95% CI)	0	2, 0.29 ( 0.17, 0.41)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC10.DS.KM.S4.FAS: EORTC Dyspnoea Symptom Score: Time to Deterioration of at least 10 points (Months) (Full Analysis Set)

Subgroup: Region, Level: US

Time Point	Statistics	Enfortumab Vedotin (N=43)	Chemotherapy (N=44)
Overall	No. of Events (%)	13 ( 30.2)	14 ( 31.8)
	Median Survival Est. (95% CI)	NC ( 0.82, NC)	2.60 ( 1.12, NC)
	Hazard Ratio (95% CI)		0.849 ( 0.398, 1.813)
	Treatment P-value [a]		0.86901
	Interaction P-value [b]		0.20390
6 Months	Patients at Risk, Survival Est. (95% CI)	6, 0.51 ( 0.30, 0.68)	2, 0.37 ( 0.16, 0.58)
12 Months	Patients at Risk, Survival Est. (95% CI)	2, 0.51 ( 0.30, 0.68)	0

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC10.DS.KM.S4.FAS: EORTC Dyspnoea Symptom Score: Time to Deterioration of at least 10 points (Months) (Full Analysis Set)

Subgroup: Region, Level: Rest of the World

Time Point	Statistics	Enfortumab Vedotin (N=132)	Chemotherapy (N=134)
Overall	No. of Events (%)	65 ( 49.2)	66 ( 49.3)
	Median Survival Est. (95% CI)	2.60 ( 1.61, 7.56)	2.33 ( 1.51, 4.37)
	Hazard Ratio (95% CI)		0.922 ( 0.654, 1.299)
	Treatment P-value [a]		0.63409
	Interaction P-value [b]		0.20390
6 Months	Patients at Risk, Survival Est. (95% CI)	16, 0.43 ( 0.33, 0.52)	9, 0.34 ( 0.24, 0.45)
12 Months	Patients at Risk, Survival Est. (95% CI)	1, 0.25 ( 0.08, 0.48)	1, 0.25 ( 0.13, 0.39)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC10.DS.KM.S5.FAS: EORTC Dyspnoea Symptom Score: Time to Deterioration of at least 10 points (Months) (Full Analysis Set)

Subgroup: ECOG PS from IRT Strata, Level: 0

Time Point	Statistics	Enfortumab Vedotin (N=120)	Chemotherapy (N=124)
Overall	No. of Events (%)	42 ( 35.0)	58 ( 46.8)
	Median Survival Est. (95% CI)	NC ( 5.36, NC)	2.37 ( 1.61, 4.60)
	Hazard Ratio (95% CI)		0.625 ( 0.420, 0.930)
	Treatment P-value [a]		0.01437
	Interaction P-value [b]		0.19721
6 Months	Patients at Risk, Survival Est. (95% CI)	19, 0.57 ( 0.45, 0.67)	7, 0.35 ( 0.24, 0.47)
12 Months	Patients at Risk, Survival Est. (95% CI)	2, 0.53 ( 0.40, 0.64)	1, 0.25 ( 0.13, 0.40)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC10.DS.KM.S5.FAS: EORTC Dyspnoea Symptom Score: Time to Deterioration of at least 10 points (Months) (Full Analysis Set)

Subgroup: ECOG PS from IRT Strata, Level: 1

Time Point	Statistics	Enfortumab Vedotin (N=181)	Chemotherapy (N=183)
Overall	No. of Events (%)	76 ( 42.0)	72 ( 39.3)
	Median Survival Est. (95% CI)	1.71 ( 1.28, 4.44)	1.71 ( 1.02, 2.66)
	Hazard Ratio (95% CI)		0.875 ( 0.634, 1.208)
	Treatment P-value [a]		0.40971
	Interaction P-value [b]		0.19721
6 Months	Patients at Risk, Survival Est. (95% CI)	11, 0.40 ( 0.31, 0.49)	10, 0.30 ( 0.20, 0.41)
12 Months	Patients at Risk, Survival Est. (95% CI)	1, 0.32 ( 0.17, 0.48)	2, 0.30 ( 0.20, 0.41)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table EORTC10.DS.KM.S6.FAS: EORTC Dyspnoea Symptom Score: Time to Deterioration of at least 10 points (Months) (Full Analysis Set)

Subgroup: Liver Metastasis from IRT Strata, Level: Yes

Time Point	Statistics	Enfortumab Vedotin (N=93)	Chemotherapy (N=95)
Overall	No. of Events (%)	35 ( 37.6)	38 ( 40.0)
	Median Survival Est. (95% CI)	2.60 ( 1.38, NC)	1.51 ( 1.12, 2.66)
	Hazard Ratio (95% CI)		0.717 ( 0.453, 1.136)
	Treatment P-value [a]		0.16642
	Interaction P-value [b]		0.74224
6 Months	Patients at Risk, Survival Est. (95% CI)	9, 0.45 ( 0.31, 0.58)	3, 0.25 ( 0.12, 0.40)
12 Months	Patients at Risk, Survival Est. (95% CI)	1, 0.45 ( 0.31, 0.58)	2, 0.25 ( 0.12, 0.40)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC10.DS.KM.S6.FAS: EORTC Dyspnoea Symptom Score: Time to Deterioration of at least 10 points (Months) (Full Analysis Set)

Subgroup: Liver Metastasis from IRT Strata, Level: No

Time Point	Statistics	Enfortumab Vedotin (N=208)	Chemotherapy (N=212)
Overall	No. of Events (%)	83 ( 39.9)	92 ( 43.4)
	Median Survival Est. (95% CI)	4.44 ( 1.71, NC)	2.23 ( 1.68, 4.17)
	Hazard Ratio (95% CI)		0.786 ( 0.584, 1.058)
	Treatment P-value [a]		0.11947
	Interaction P-value [b]		0.74224
6 Months	Patients at Risk, Survival Est. (95% CI)	21, 0.49 ( 0.40, 0.57)	14, 0.35 ( 0.26, 0.44)
12 Months	Patients at Risk, Survival Est. (95% CI)	2, 0.39 ( 0.25, 0.53)	1, 0.29 ( 0.19, 0.40)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC10.DS.KM.S7.FAS: EORTC Dyspnoea Symptom Score: Time to Deterioration of at least 10 points (Months) (Full Analysis Set)

Subgroup: Pre-selected Investigator's Choice of Paclitaxel/Docetaxel/Vinflunine, Level: Paclitaxel

Time Point	Statistics	Enfortumab Vedotin (N=141)	Chemotherapy (N=112)
Overall	No. of Events (%)	63 ( 44.7)	45 ( 40.2)
	Median Survival Est. (95% CI)	2.66 ( 1.54, 7.56)	2.10 ( 1.48, 4.37)
	Hazard Ratio (95% CI)		0.922 ( 0.629, 1.352)
	Treatment P-value [a]		0.66552
	Interaction P-value [b]		0.20802
6 Months	Patients at Risk, Survival Est. (95% CI)	13, 0.42 ( 0.31, 0.52)	7, 0.34 ( 0.21, 0.46)
12 Months	Patients at Risk, Survival Est. (95% CI)	2, 0.28 ( 0.12, 0.47)	0

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC10.DS.KM.S7.FAS: EORTC Dyspnoea Symptom Score: Time to Deterioration of at least 10 points (Months) (Full Analysis Set)

Subgroup: Pre-selected Investigator's Choice of Paclitaxel/Docetaxel/Vinflunine, Level: Docetaxel

Time Point	Statistics	Enfortumab Vedotin (N=87)	Chemotherapy (N=117)
Overall	No. of Events (%)	35 ( 40.2)	51 ( 43.6)
	Median Survival Est. (95% CI)	2.46 ( 1.41, NC)	1.94 ( 1.25, 5.36)
	Hazard Ratio (95% CI)		0.787 ( 0.512, 1.211)
	Treatment P-value [a]		0.27620
	Interaction P-value [b]		0.20802
6 Months	Patients at Risk, Survival Est. (95% CI)	12, 0.47 ( 0.35, 0.59)	6, 0.32 ( 0.19, 0.45)
12 Months	Patients at Risk, Survival Est. (95% CI)	1, 0.47 ( 0.35, 0.59)	1, 0.27 ( 0.13, 0.42)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC10.DS.KM.S7.FAS: EORTC Dyspnoea Symptom Score: Time to Deterioration of at least 10 points (Months) (Full Analysis Set)

Subgroup: Pre-selected Investigator's Choice of Paclitaxel/Docetaxel/Vinflunine, Level: Vinflunine

Time Point	Statistics	Enfortumab Vedotin (N=73)	Chemotherapy (N=78)
Overall	No. of Events (%)	20 ( 27.4)	34 ( 43.6)
	Median Survival Est. (95% CI)	NC ( 1.68, NC)	1.71 ( 0.79, 3.19)
	Hazard Ratio (95% CI)		0.503 ( 0.290, 0.874)
	Treatment P-value [a]		0.01430
	Interaction P-value [b]		0.20802
6 Months	Patients at Risk, Survival Est. (95% CI)	5, 0.62 ( 0.47, 0.74)	4, 0.31 ( 0.18, 0.45)
12 Months	Patients at Risk, Survival Est. (95% CI)	0	2, 0.31 ( 0.18, 0.45)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table EORTC10.DS.KM.S8.FAS: EORTC Dyspnoea Symptom Score: Time to Deterioration of at least 10 points (Months) (Full Analysis Set)

Subgroup: Primary Site of Tumor, Level: Upper Tract

Time Point	Statistics	Enfortumab Vedotin (N=98)	Chemotherapy (N=107)
Overall	No. of Events (%)	45 ( 45.9)	53 ( 49.5)
	Median Survival Est. (95% CI)	1.64 ( 1.02, 5.36)	1.68 ( 1.25, 2.46)
	Hazard Ratio (95% CI)		0.958 ( 0.644, 1.425)
	Treatment P-value [a]		0.86422
	Interaction P-value [b]		0.21595
6 Months	Patients at Risk, Survival Est. (95% CI)	9, 0.37 ( 0.25, 0.48)	6, 0.28 ( 0.17, 0.41)
12 Months	Patients at Risk, Survival Est. (95% CI)	1, 0.27 ( 0.12, 0.46)	1, 0.24 ( 0.12, 0.38)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table EORTC10.DS.KM.S8.FAS: EORTC Dyspnoea Symptom Score: Time to Deterioration of at least 10 points (Months) (Full Analysis Set)

Subgroup: Primary Site of Tumor, Level: Other

Time Point	Statistics	Enfortumab Vedotin (N=203)	Chemotherapy (N=200)
Overall	No. of Events (%)	73 ( 36.0)	77 ( 38.5)
	Median Survival Est. (95% CI)	9.36 ( 2.63, NC)	2.23 ( 1.38, 4.17)
	Hazard Ratio (95% CI)		0.694 ( 0.504, 0.956)
	Treatment P-value [a]		0.02865
	Interaction P-value [b]		0.21595
6 Months	Patients at Risk, Survival Est. (95% CI)	21, 0.52 ( 0.43, 0.60)	11, 0.35 ( 0.26, 0.45)
12 Months	Patients at Risk, Survival Est. (95% CI)	2, 0.46 ( 0.31, 0.59)	2, 0.31 ( 0.20, 0.43)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table EORTC10.DS.KM.S9.FAS: EORTC Dyspnoea Symptom Score: Time to Deterioration of at least 10 points (Months) (Full Analysis Set)

Subgroup: Prior Lines of Systemic Therapy, Level: 1-2 lines

Time Point	Statistics	Enfortumab Vedotin (N=262)	Chemotherapy (N=270)
Overall	No. of Events (%)	100 ( 38.2)	110 ( 40.7)
	Median Survival Est. (95% CI)	5.36 ( 1.91, NC)	2.17 ( 1.48, 2.83)
	Hazard Ratio (95% CI)		0.761 ( 0.580, 0.998)
	Treatment P-value [a]		0.05157
	Interaction P-value [b]		0.84749
6 Months	Patients at Risk, Survival Est. (95% CI)	29, 0.49 ( 0.42, 0.56)	16, 0.34 ( 0.25, 0.42)
12 Months	Patients at Risk, Survival Est. (95% CI)	3, 0.42 ( 0.30, 0.53)	2, 0.28 ( 0.19, 0.38)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table EORTC10.DS.KM.S9.FAS: EORTC Dyspnoea Symptom Score: Time to Deterioration of at least 10 points (Months) (Full Analysis Set)

Subgroup: Prior Lines of Systemic Therapy, Level: &gt;=3 lines

Time Point	Statistics	Enfortumab Vedotin (N=39)	Chemotherapy (N=37)
Overall	No. of Events (%)	18 ( 46.2)	20 ( 54.1)
	Median Survival Est. (95% CI)	1.71 ( 0.82, NC)	1.94 ( 1.02, 4.60)
	Hazard Ratio (95% CI)		0.815 ( 0.430, 1.545)
	Treatment P-value [a]		0.52896
	Interaction P-value [b]		0.84749
6 Months	Patients at Risk, Survival Est. (95% CI)	1, 0.36 ( 0.17, 0.56)	1, 0.25 ( 0.09, 0.45)
12 Months	Patients at Risk, Survival Est. (95% CI)	0	1, 0.25 ( 0.09, 0.45)

Subgroup analyses are conducted if there exist at least 2 levels with >= 10 patients across treatment arms and >=10 events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table EORTC10.DS.KM.S10.FAS: EORTC Dyspnoea Symptom Score: Time to Deterioration of at least 10 points (Months) (Full Analysis Set)

Subgroup: Best Response to Prior CPI, Level: Responder

Time Point	Statistics	Enfortumab Vedotin (N=61)	Chemotherapy (N=50)
Overall	No. of Events (%)	24 ( 39.3)	26 ( 52.0)
	Median Survival Est. (95% CI)	NC ( 1.64, NC)	1.68 ( 0.99, 7.46)
	Hazard Ratio (95% CI)		0.590 ( 0.339, 1.028)
	Treatment P-value [a]		0.06780
	Interaction P-value [b]		0.13424
6 Months	Patients at Risk, Survival Est. (95% CI)	7, 0.52 ( 0.37, 0.65)	4, 0.35 ( 0.20, 0.51)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table EORTC10.DS.KM.S10.FAS: EORTC Dyspnoea Symptom Score: Time to Deterioration of at least 10 points (Months) (Full Analysis Set)

Subgroup: Best Response to Prior CPI, Level: Non-responder

Time Point	Statistics	Enfortumab Vedotin (N=207)	Chemotherapy (N=215)
Overall	No. of Events (%)	87 ( 42.0)	84 ( 39.1)
	Median Survival Est. (95% CI)	2.50 ( 1.45, 7.56)	2.43 ( 1.68, 4.37)
	Hazard Ratio (95% CI)		0.956 ( 0.708, 1.290)
	Treatment P-value [a]		0.72682
	Interaction P-value [b]		0.13424
6 Months	Patients at Risk, Survival Est. (95% CI)	20, 0.42 ( 0.33, 0.51)	11, 0.33 ( 0.23, 0.43)
12 Months	Patients at Risk, Survival Est. (95% CI)	2, 0.33 ( 0.20, 0.47)	3, 0.33 ( 0.23, 0.43)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## 2.4.1.5 Schlauflosigkeit

Astellas: 7465-CL-0301

Table EORTC10.SLS.KM.S1.FAS: EORTC Insomnia Symptom Score: Time to Deterioration of at least 10 points (Months) (Full Analysis Set)

Subgroup: Age Group 1, Level: <65 years

Time Point	Statistics	Enfortumab Vedotin (N=108)	Chemotherapy (N=111)
Overall	No. of Events (%)	51 ( 47.2)	41 ( 36.9)
	Median Survival Est. (95% CI)	1.91 ( 0.76, 6.54)	2.46 ( 1.71, 7.46)
	Hazard Ratio (95% CI)		1.222 ( 0.810, 1.844)
	Treatment P-value [a]		0.35139
	Interaction P-value [b]		0.05953
6 Months	Patients at Risk, Survival Est. (95% CI)	7, 0.38 ( 0.26, 0.51)	8, 0.38 ( 0.24, 0.52)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC10.SLS.KM.S1.FAS: EORTC Insomnia Symptom Score: Time to Deterioration of at least 10 points (Months) (Full Analysis Set)

Subgroup: Age Group 1, Level: &gt;=65 years

Time Point	Statistics	Enfortumab Vedotin (N=193)	Chemotherapy (N=196)
Overall	No. of Events (%)	88 ( 45.6)	93 ( 47.4)
	Median Survival Est. (95% CI)	1.68 ( 1.05, 5.52)	1.15 ( 0.82, 1.74)
	Hazard Ratio (95% CI)		0.752 ( 0.562, 1.008)
	Treatment P-value [a]		0.05980
	Interaction P-value [b]		0.05953
6 Months	Patients at Risk, Survival Est. (95% CI)	16, 0.35 ( 0.25, 0.45)	9, 0.29 ( 0.20, 0.39)
12 Months	Patients at Risk, Survival Est. (95% CI)	3, 0.30 ( 0.19, 0.41)	0

Subgroup analyses are conducted if there exist at least 2 levels with >= 10 patients across treatment arms and >=10 events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC10.SLS.KM.S2.FAS: EORTC Insomnia Symptom Score: Time to Deterioration of at least 10 points (Months) (Full Analysis Set)

Subgroup: Age Group 2, Level: &lt;75 years

Time Point	Statistics	Enfortumab Vedotin (N=249)	Chemotherapy (N=239)
Overall	No. of Events (%)	120 ( 48.2)	96 ( 40.2)
	Median Survival Est. (95% CI)	1.81 ( 1.05, 2.60)	1.94 ( 1.18, 4.17)
	Hazard Ratio (95% CI)		1.017 ( 0.777, 1.330)
	Treatment P-value [a]		0.89903
	Interaction P-value [b]		0.05367
6 Months	Patients at Risk, Survival Est. (95% CI)	20, 0.36 ( 0.27, 0.44)	14, 0.36 ( 0.27, 0.46)
12 Months	Patients at Risk, Survival Est. (95% CI)	2, 0.25 ( 0.15, 0.37)	0

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table EORTC10.SLS.KM.S2.FAS: EORTC Insomnia Symptom Score: Time to Deterioration of at least 10 points (Months) (Full Analysis Set)

Subgroup: Age Group 2, Level: &gt;=75 years

Time Point	Statistics	Enfortumab Vedotin (N=52)	Chemotherapy (N=68)
Overall	No. of Events (%)	19 ( 36.5)	38 ( 55.9)
	Median Survival Est. (95% CI)	2.23 ( 0.99, NC)	0.99 ( 0.56, 1.68)
	Hazard Ratio (95% CI)		0.556 ( 0.320, 0.965)
	Treatment P-value [a]		0.03722
	Interaction P-value [b]		0.05367
6 Months	Patients at Risk, Survival Est. (95% CI)	3, 0.37 ( 0.15, 0.60)	3, 0.20 ( 0.09, 0.35)
12 Months	Patients at Risk, Survival Est. (95% CI)	1, 0.37 ( 0.15, 0.60)	0

Subgroup analyses are conducted if there exist at least 2 levels with >= 10 patients across treatment arms and >=10 events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC10.SLS.KM.S3.FAS: EORTC Insomnia Symptom Score: Time to Deterioration of at least 10 points (Months) (Full Analysis Set)

Subgroup: Gender, Level: Male

Time Point	Statistics	Enfortumab Vedotin (N=238)	Chemotherapy (N=232)
Overall	No. of Events (%)	114 ( 47.9)	101 ( 43.5)
	Median Survival Est. (95% CI)	1.45 ( 0.99, 2.23)	1.45 ( 1.02, 2.37)
	Hazard Ratio (95% CI)		0.952 ( 0.728, 1.244)
	Treatment P-value [a]		0.73032
	Interaction P-value [b]		0.30174
6 Months	Patients at Risk, Survival Est. (95% CI)	19, 0.35 ( 0.27, 0.43)	14, 0.33 ( 0.24, 0.42)
12 Months	Patients at Risk, Survival Est. (95% CI)	3, 0.28 ( 0.19, 0.38)	0

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table EORTC10.SLS.KM.S3.FAS: EORTC Insomnia Symptom Score: Time to Deterioration of at least 10 points (Months) (Full Analysis Set)

Subgroup: Gender, Level: Female

Time Point	Statistics	Enfortumab Vedotin (N=63)	Chemotherapy (N=75)
Overall	No. of Events (%)	25 ( 39.7)	33 ( 44.0)
	Median Survival Est. (95% CI)	5.52 ( 1.15, NC)	1.77 ( 1.08, 2.46)
	Hazard Ratio (95% CI)		0.699 ( 0.416, 1.176)
	Treatment P-value [a]		0.15411
	Interaction P-value [b]		0.30174
6 Months	Patients at Risk, Survival Est. (95% CI)	4, 0.38 ( 0.17, 0.59)	3, 0.29 ( 0.15, 0.45)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table EORTC10.SLS.KM.S4.FAS: EORTC Insomnia Symptom Score: Time to Deterioration of at least 10 points (Months) (Full Analysis Set)

Subgroup: Region, Level: Western Europe

Time Point	Statistics	Enfortumab Vedotin (N=126)	Chemotherapy (N=129)
Overall	No. of Events (%)	49 ( 38.9)	54 ( 41.9)
	Median Survival Est. (95% CI)	2.40 ( 1.28, 9.07)	0.99 ( 0.39, 1.48)
	Hazard Ratio (95% CI)		0.577 ( 0.392, 0.850)
	Treatment P-value [a]		0.00594
	Interaction P-value [b]		0.01354
6 Months	Patients at Risk, Survival Est. (95% CI)	7, 0.41 ( 0.27, 0.55)	4, 0.27 ( 0.17, 0.38)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC10.SLS.KM.S4.FAS: EORTC Insomnia Symptom Score: Time to Deterioration of at least 10 points (Months) (Full Analysis Set)

Subgroup: Region, Level: US

Time Point	Statistics	Enfortumab Vedotin (N=43)	Chemotherapy (N=44)
Overall	No. of Events (%)	15 ( 34.9)	17 ( 38.6)
	Median Survival Est. (95% CI)	1.87 ( 1.05, NC)	1.74 ( 0.82, 7.69)
	Hazard Ratio (95% CI)		0.807 ( 0.403, 1.618)
	Treatment P-value [a]		0.60672
	Interaction P-value [b]		0.01354
6 Months	Patients at Risk, Survival Est. (95% CI)	4, 0.43 ( 0.23, 0.61)	2, 0.37 ( 0.18, 0.55)
12 Months	Patients at Risk, Survival Est. (95% CI)	1, 0.43 ( 0.23, 0.61)	0

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table EORTC10.SLS.KM.S4.FAS: EORTC Insomnia Symptom Score: Time to Deterioration of at least 10 points (Months) (Full Analysis Set)

Subgroup: Region, Level: Rest of the World

Time Point	Statistics	Enfortumab Vedotin (N=132)	Chemotherapy (N=134)
Overall	No. of Events (%)	75 ( 56.8)	63 ( 47.0)
	Median Survival Est. (95% CI)	1.05 ( 0.89, 2.60)	2.46 ( 1.25, 5.39)
	Hazard Ratio (95% CI)		1.239 ( 0.886, 1.733)
	Treatment P-value [a]		0.26483
	Interaction P-value [b]		0.01354
6 Months	Patients at Risk, Survival Est. (95% CI)	12, 0.31 ( 0.21, 0.42)	11, 0.35 ( 0.23, 0.47)
12 Months	Patients at Risk, Survival Est. (95% CI)	2, 0.25 ( 0.15, 0.37)	0

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC10.SLS.KM.S5.FAS: EORTC Insomnia Symptom Score: Time to Deterioration of at least 10 points (Months) (Full Analysis Set)

Subgroup: ECOG PS from IRT Strata, Level: 0

Time Point	Statistics	Enfortumab Vedotin (N=120)	Chemotherapy (N=124)
Overall	No. of Events (%)	63 ( 52.5)	57 ( 46.0)
	Median Survival Est. (95% CI)	1.45 ( 0.99, 5.68)	2.33 ( 1.05, 5.45)
	Hazard Ratio (95% CI)		0.991 ( 0.692, 1.419)
	Treatment P-value [a]		0.84496
	Interaction P-value [b]		0.44503
6 Months	Patients at Risk, Survival Est. (95% CI)	12, 0.37 ( 0.26, 0.49)	6, 0.34 ( 0.20, 0.48)
12 Months	Patients at Risk, Survival Est. (95% CI)	2, 0.24 ( 0.11, 0.40)	0

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC10.SLS.KM.S5.FAS: EORTC Insomnia Symptom Score: Time to Deterioration of at least 10 points (Months) (Full Analysis Set)

Subgroup: ECOG PS from IRT Strata, Level: 1

Time Point	Statistics	Enfortumab Vedotin (N=181)	Chemotherapy (N=183)
Overall	No. of Events (%)	76 ( 42.0)	77 ( 42.1)
	Median Survival Est. (95% CI)	1.91 ( 1.02, 5.52)	1.31 ( 0.99, 1.87)
	Hazard Ratio (95% CI)		0.822 ( 0.599, 1.129)
	Treatment P-value [a]		0.21142
	Interaction P-value [b]		0.44503
6 Months	Patients at Risk, Survival Est. (95% CI)	11, 0.35 ( 0.24, 0.46)	11, 0.29 ( 0.20, 0.39)
12 Months	Patients at Risk, Survival Est. (95% CI)	1, 0.31 ( 0.19, 0.43)	0

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table EORTC10.SLS.KM.S6.FAS: EORTC Insomnia Symptom Score: Time to Deterioration of at least 10 points (Months) (Full Analysis Set)

Subgroup: Liver Metastasis from IRT Strata, Level: Yes

Time Point	Statistics	Enfortumab Vedotin (N=93)	Chemotherapy (N=95)
Overall	No. of Events (%)	40 ( 43.0)	43 ( 45.3)
	Median Survival Est. (95% CI)	1.31 ( 0.99, 6.54)	0.99 ( 0.53, 1.22)
	Hazard Ratio (95% CI)		0.619 ( 0.402, 0.954)
	Treatment P-value [a]		0.02593
	Interaction P-value [b]		0.05921
6 Months	Patients at Risk, Survival Est. (95% CI)	8, 0.37 ( 0.24, 0.51)	1, 0.13 ( 0.02, 0.37)
12 Months	Patients at Risk, Survival Est. (95% CI)	1, 0.22 ( 0.06, 0.43)	0

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table EORTC10.SLS.KM.S6.FAS: EORTC Insomnia Symptom Score: Time to Deterioration of at least 10 points (Months) (Full Analysis Set)

Subgroup: Liver Metastasis from IRT Strata, Level: No

Time Point	Statistics	Enfortumab Vedotin (N=208)	Chemotherapy (N=212)
Overall	No. of Events (%)	99 ( 47.6)	91 ( 42.9)
	Median Survival Est. (95% CI)	1.87 ( 1.05, 5.42)	1.94 ( 1.25, 4.37)
	Hazard Ratio (95% CI)		1.019 ( 0.766, 1.354)
	Treatment P-value [a]		0.89753
	Interaction P-value [b]		0.05921
6 Months	Patients at Risk, Survival Est. (95% CI)	15, 0.35 ( 0.25, 0.45)	16, 0.37 ( 0.28, 0.46)
12 Months	Patients at Risk, Survival Est. (95% CI)	2, 0.29 ( 0.19, 0.40)	0

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC10.SLS.KM.S7.FAS: EORTC Insomnia Symptom Score: Time to Deterioration of at least 10 points (Months) (Full Analysis Set)

Subgroup: Pre-selected Investigator's Choice of Paclitaxel/Docetaxel/Vinflunine, Level: Paclitaxel

Time Point	Statistics	Enfortumab Vedotin (N=141)	Chemotherapy (N=112)
Overall	No. of Events (%)	70 ( 49.6)	42 ( 37.5)
	Median Survival Est. (95% CI)	1.08 ( 0.89, 2.60)	2.43 ( 1.02, 7.69)
	Hazard Ratio (95% CI)		1.136 ( 0.774, 1.667)
	Treatment P-value [a]		0.49503
	Interaction P-value [b]		0.14729
6 Months	Patients at Risk, Survival Est. (95% CI)	12, 0.35 ( 0.24, 0.45)	5, 0.35 ( 0.19, 0.51)
12 Months	Patients at Risk, Survival Est. (95% CI)	2, 0.31 ( 0.20, 0.43)	0

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC10.SLS.KM.S7.FAS: EORTC Insomnia Symptom Score: Time to Deterioration of at least 10 points (Months) (Full Analysis Set)

Subgroup: Pre-selected Investigator's Choice of Paclitaxel/Docetaxel/Vinflunine, Level: Docetaxel

Time Point	Statistics	Enfortumab Vedotin (N=87)	Chemotherapy (N=117)
Overall	No. of Events (%)	41 ( 47.1)	57 ( 48.7)
	Median Survival Est. (95% CI)	1.81 ( 0.99, 5.52)	1.71 ( 1.05, 2.46)
	Hazard Ratio (95% CI)		0.895 ( 0.599, 1.337)
	Treatment P-value [a]		0.55689
	Interaction P-value [b]		0.14729
6 Months	Patients at Risk, Survival Est. (95% CI)	6, 0.34 ( 0.20, 0.49)	8, 0.29 ( 0.18, 0.41)
12 Months	Patients at Risk, Survival Est. (95% CI)	1, 0.29 ( 0.14, 0.45)	0

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table EORTC10.SLS.KM.S7.FAS: EORTC Insomnia Symptom Score: Time to Deterioration of at least 10 points (Months) (Full Analysis Set)

Subgroup: Pre-selected Investigator's Choice of Paclitaxel/Docetaxel/Vinflunine, Level: Vinflunine

Time Point	Statistics	Enfortumab Vedotin (N=73)	Chemotherapy (N=78)
Overall	No. of Events (%)	28 ( 38.4)	35 ( 44.9)
	Median Survival Est. (95% CI)	5.42 ( 1.28, 9.07)	1.02 ( 0.53, 1.77)
	Hazard Ratio (95% CI)		0.607 ( 0.369, 0.998)
	Treatment P-value [a]		0.04774
	Interaction P-value [b]		0.14729
6 Months	Patients at Risk, Survival Est. (95% CI)	5, 0.39 ( 0.20, 0.58)	4, 0.31 ( 0.19, 0.45)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table EORTC10.SLS.KM.S8.FAS: EORTC Insomnia Symptom Score: Time to Deterioration of at least 10 points (Months) (Full Analysis Set)

Subgroup: Primary Site of Tumor, Level: Upper Tract

Time Point	Statistics	Enfortumab Vedotin (N=98)	Chemotherapy (N=107)
Overall	No. of Events (%)	46 ( 46.9)	58 ( 54.2)
	Median Survival Est. (95% CI)	1.41 ( 0.85, 6.54)	1.08 ( 0.82, 1.74)
	Hazard Ratio (95% CI)		0.787 ( 0.534, 1.161)
	Treatment P-value [a]		0.21710
	Interaction P-value [b]		0.38359
6 Months	Patients at Risk, Survival Est. (95% CI)	11, 0.38 ( 0.25, 0.50)	5, 0.25 ( 0.13, 0.39)
12 Months	Patients at Risk, Survival Est. (95% CI)	1, 0.23 ( 0.07, 0.44)	0

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC10.SLS.KM.S8.FAS: EORTC Insomnia Symptom Score: Time to Deterioration of at least 10 points (Months) (Full Analysis Set)

Subgroup: Primary Site of Tumor, Level: Other

Time Point	Statistics	Enfortumab Vedotin (N=203)	Chemotherapy (N=200)
Overall	No. of Events (%)	93 ( 45.8)	76 ( 38.0)
	Median Survival Est. (95% CI)	1.91 ( 1.05, 5.42)	1.87 ( 1.18, 4.37)
	Hazard Ratio (95% CI)		0.980 ( 0.724, 1.328)
	Treatment P-value [a]		0.93695
	Interaction P-value [b]		0.38359
6 Months	Patients at Risk, Survival Est. (95% CI)	12, 0.34 ( 0.24, 0.45)	12, 0.36 ( 0.26, 0.46)
12 Months	Patients at Risk, Survival Est. (95% CI)	2, 0.27 ( 0.16, 0.40)	0

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table EORTC10.SLS.KM.S9.FAS: EORTC Insomnia Symptom Score: Time to Deterioration of at least 10 points (Months) (Full Analysis Set)

Subgroup: Prior Lines of Systemic Therapy, Level: 1-2 lines

Time Point	Statistics	Enfortumab Vedotin (N=262)	Chemotherapy (N=270)
Overall	No. of Events (%)	120 ( 45.8)	117 ( 43.3)
	Median Survival Est. (95% CI)	1.81 ( 1.05, 5.42)	1.31 ( 1.02, 2.37)
	Hazard Ratio (95% CI)		0.878 ( 0.681, 1.134)
	Treatment P-value [a]		0.31791
	Interaction P-value [b]		0.72072
6 Months	Patients at Risk, Survival Est. (95% CI)	21, 0.37 ( 0.28, 0.45)	15, 0.33 ( 0.25, 0.41)
12 Months	Patients at Risk, Survival Est. (95% CI)	3, 0.29 ( 0.18, 0.39)	0

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table EORTC10.SLS.KM.S9.FAS: EORTC Insomnia Symptom Score: Time to Deterioration of at least 10 points (Months) (Full Analysis Set)

Subgroup: Prior Lines of Systemic Therapy, Level: &gt;=3 lines

Time Point	Statistics	Enfortumab Vedotin (N=39)	Chemotherapy (N=37)
Overall	No. of Events (%)	19 ( 48.7)	17 ( 45.9)
	Median Survival Est. (95% CI)	1.81 ( 0.99, 6.54)	1.94 ( 0.82, NC)
	Hazard Ratio (95% CI)		0.998 ( 0.519, 1.921)
	Treatment P-value [a]		0.89969
	Interaction P-value [b]		0.72072
6 Months	Patients at Risk, Survival Est. (95% CI)	2, 0.32 ( 0.12, 0.55)	2, 0.27 ( 0.07, 0.53)

Subgroup analyses are conducted if there exist at least 2 levels with >= 10 patients across treatment arms and >=10 events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table EORTC10.SLS.KM.S10.FAS: EORTC Insomnia Symptom Score: Time to Deterioration of at least 10 points (Months) (Full Analysis Set)

Subgroup: Best Response to Prior CPI, Level: Responder

Time Point	Statistics	Enfortumab Vedotin (N=61)	Chemotherapy (N=50)
Overall	No. of Events (%)	38 ( 62.3)	24 ( 48.0)
	Median Survival Est. (95% CI)	1.02 ( 0.59, 1.68)	1.84 ( 0.99, 7.46)
	Hazard Ratio (95% CI)		1.402 ( 0.840, 2.340)
	Treatment P-value [a]		0.15625
	Interaction P-value [b]		0.05847
6 Months	Patients at Risk, Survival Est. (95% CI)	1, 0.15 ( 0.02, 0.41)	5, 0.38 ( 0.23, 0.54)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC10.SLS.KM.S10.FAS: EORTC Insomnia Symptom Score: Time to Deterioration of at least 10 points (Months) (Full Analysis Set)

Subgroup: Best Response to Prior CPI, Level: Non-responder

Time Point	Statistics	Enfortumab Vedotin (N=207)	Chemotherapy (N=215)
Overall	No. of Events (%)	90 ( 43.5)	95 ( 44.2)
	Median Survival Est. (95% CI)	1.91 ( 1.05, 5.42)	1.22 ( 0.99, 2.37)
	Hazard Ratio (95% CI)		0.794 ( 0.595, 1.060)
	Treatment P-value [a]		0.12018
	Interaction P-value [b]		0.05847
6 Months	Patients at Risk, Survival Est. (95% CI)	19, 0.39 ( 0.30, 0.48)	10, 0.28 ( 0.19, 0.38)
12 Months	Patients at Risk, Survival Est. (95% CI)	2, 0.31 ( 0.19, 0.44)	0

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## 2.4.1.6 Appetitverlust

Astellas: 7465-CL-0301

Table EORTC10.APS.KM.S1.FAS: EORTC Appetite Loss Symptom Score: Time to Deterioration of at least 10 points (Months) (Full Analysis Set)

Subgroup: Age Group 1, Level: <65 years

Time Point	Statistics	Enfortumab Vedotin (N=108)	Chemotherapy (N=111)
Overall	No. of Events (%)	55 ( 50.9)	47 ( 42.3)
	Median Survival Est. (95% CI)	1.51 ( 0.79, 5.32)	1.05 ( 0.62, 5.32)
	Hazard Ratio (95% CI)		0.938 ( 0.636, 1.385)
	Treatment P-value [a]		0.69871
	Interaction P-value [b]		0.77857
6 Months	Patients at Risk, Survival Est. (95% CI)	8, 0.38 ( 0.27, 0.49)	5, 0.30 ( 0.16, 0.45)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table EORTC10.APS.KM.S1.FAS: EORTC Appetite Loss Symptom Score: Time to Deterioration of at least 10 points (Months) (Full Analysis Set)

Subgroup: Age Group 1, Level: &gt;=65 years

Time Point	Statistics	Enfortumab Vedotin (N=193)	Chemotherapy (N=196)
Overall	No. of Events (%)	109 ( 56.5)	95 ( 48.5)
	Median Survival Est. (95% CI)	0.99 ( 0.76, 1.28)	1.18 ( 0.76, 1.71)
	Hazard Ratio (95% CI)		1.005 ( 0.763, 1.324)
	Treatment P-value [a]		0.90433
	Interaction P-value [b]		0.77857
6 Months	Patients at Risk, Survival Est. (95% CI)	10, 0.27 ( 0.19, 0.35)	8, 0.26 ( 0.17, 0.35)
12 Months	Patients at Risk, Survival Est. (95% CI)	0	2, 0.26 ( 0.17, 0.35)

Subgroup analyses are conducted if there exist at least 2 levels with >= 10 patients across treatment arms and >=10 events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table EORTC10.APS.KM.S2.FAS: EORTC Appetite Loss Symptom Score: Time to Deterioration of at least 10 points (Months) (Full Analysis Set)

Subgroup: Age Group 2, Level: <75 years

Time Point	Statistics	Enfortumab Vedotin (N=249)	Chemotherapy (N=239)
Overall	No. of Events (%)	137 ( 55.0)	104 ( 43.5)
	Median Survival Est. (95% CI)	1.25 ( 0.95, 1.64)	1.15 ( 0.79, 1.87)
	Hazard Ratio (95% CI)		0.967 ( 0.749, 1.249)
	Treatment P-value [a]		0.82394
	Interaction P-value [b]		0.55486
6 Months	Patients at Risk, Survival Est. (95% CI)	16, 0.31 ( 0.24, 0.39)	8, 0.30 ( 0.20, 0.40)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table EORTC10.APS.KM.S2.FAS: EORTC Appetite Loss Symptom Score: Time to Deterioration of at least 10 points (Months) (Full Analysis Set)

Subgroup: Age Group 2, Level: &gt;=75 years

Time Point	Statistics	Enfortumab Vedotin (N=52)	Chemotherapy (N=68)
Overall	No. of Events (%)	27 ( 51.9)	38 ( 55.9)
	Median Survival Est. (95% CI)	0.56 ( 0.49, 1.08)	1.08 ( 0.56, 1.77)
	Hazard Ratio (95% CI)		1.144 ( 0.698, 1.876)
	Treatment P-value [a]		0.65871
	Interaction P-value [b]		0.55486
6 Months	Patients at Risk, Survival Est. (95% CI)	2, 0.30 ( 0.16, 0.44)	5, 0.22 ( 0.11, 0.35)
12 Months	Patients at Risk, Survival Est. (95% CI)	0	2, 0.22 ( 0.11, 0.35)

Subgroup analyses are conducted if there exist at least 2 levels with >= 10 patients across treatment arms and >=10 events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table EORTC10.APS.KM.S3.FAS: EORTC Appetite Loss Symptom Score: Time to Deterioration of at least 10 points (Months) (Full Analysis Set)

Subgroup: Gender, Level: Male

Time Point	Statistics	Enfortumab Vedotin (N=238)	Chemotherapy (N=232)
Overall	No. of Events (%)	136 ( 57.1)	102 ( 44.0)
	Median Survival Est. (95% CI)	0.99 ( 0.76, 1.28)	1.51 ( 0.99, 1.97)
	Hazard Ratio (95% CI)		1.129 ( 0.873, 1.460)
	Treatment P-value [a]		0.34647
	Interaction P-value [b]		0.02192
6 Months	Patients at Risk, Survival Est. (95% CI)	14, 0.28 ( 0.21, 0.35)	9, 0.30 ( 0.20, 0.39)
12 Months	Patients at Risk, Survival Est. (95% CI)	0	1, 0.26 ( 0.16, 0.37)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC10.APS.KM.S3.FAS: EORTC Appetite Loss Symptom Score: Time to Deterioration of at least 10 points (Months) (Full Analysis Set)

Subgroup: Gender, Level: Female

Time Point	Statistics	Enfortumab Vedotin (N=63)	Chemotherapy (N=75)
Overall	No. of Events (%)	28 ( 44.4)	40 ( 53.3)
	Median Survival Est. (95% CI)	1.68 ( 0.82, NC)	0.99 ( 0.62, 1.15)
	Hazard Ratio (95% CI)		0.595 ( 0.367, 0.965)
	Treatment P-value [a]		0.02432
	Interaction P-value [b]		0.02192
6 Months	Patients at Risk, Survival Est. (95% CI)	4, 0.43 ( 0.27, 0.57)	4, 0.19 ( 0.09, 0.33)
12 Months	Patients at Risk, Survival Est. (95% CI)	0	1, 0.19 ( 0.09, 0.33)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table EORTC10.APS.KM.S4.FAS: EORTC Appetite Loss Symptom Score: Time to Deterioration of at least 10 points (Months) (Full Analysis Set)

Subgroup: Region, Level: Western Europe

Time Point	Statistics	Enfortumab Vedotin (N=126)	Chemotherapy (N=129)
Overall	No. of Events (%)	58 ( 46.0)	47 ( 36.4)
	Median Survival Est. (95% CI)	1.51 ( 0.89, 5.32)	1.51 ( 0.66, 2.37)
	Hazard Ratio (95% CI)		0.962 ( 0.655, 1.414)
	Treatment P-value [a]		0.83977
	Interaction P-value [b]		0.31220
6 Months	Patients at Risk, Survival Est. (95% CI)	5, 0.33 ( 0.21, 0.46)	5, 0.35 ( 0.23, 0.47)
12 Months	Patients at Risk, Survival Est. (95% CI)	0	1, 0.35 ( 0.23, 0.47)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table EORTC10.APS.KM.S4.FAS: EORTC Appetite Loss Symptom Score: Time to Deterioration of at least 10 points (Months) (Full Analysis Set)

Subgroup: Region, Level: US

Time Point	Statistics	Enfortumab Vedotin (N=43)	Chemotherapy (N=44)
Overall	No. of Events (%)	21 ( 48.8)	14 ( 31.8)
	Median Survival Est. (95% CI)	1.05 ( 0.53, NC)	2.56 ( 1.02, NC)
	Hazard Ratio (95% CI)		1.584 ( 0.805, 3.117)
	Treatment P-value [a]		0.10671
	Interaction P-value [b]		0.31220
6 Months	Patients at Risk, Survival Est. (95% CI)	4, 0.36 ( 0.20, 0.53)	2, 0.42 ( 0.22, 0.61)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table EORTC10.APS.KM.S4.FAS: EORTC Appetite Loss Symptom Score: Time to Deterioration of at least 10 points (Months) (Full Analysis Set)

Subgroup: Region, Level: Rest of the World

Time Point	Statistics	Enfortumab Vedotin (N=132)	Chemotherapy (N=134)
Overall	No. of Events (%)	85 ( 64.4)	81 ( 60.4)
	Median Survival Est. (95% CI)	0.99 ( 0.62, 1.41)	0.99 ( 0.43, 1.38)
	Hazard Ratio (95% CI)		0.890 ( 0.656, 1.207)
	Treatment P-value [a]		0.44123
	Interaction P-value [b]		0.31220
6 Months	Patients at Risk, Survival Est. (95% CI)	9, 0.26 ( 0.18, 0.35)	6, 0.20 ( 0.11, 0.31)
12 Months	Patients at Risk, Survival Est. (95% CI)	0	1, 0.15 ( 0.06, 0.28)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table EORTC10.APS.KM.S5.FAS: EORTC Appetite Loss Symptom Score: Time to Deterioration of at least 10 points (Months) (Full Analysis Set)

Subgroup: ECOG PS from IRT Strata, Level: 0

Time Point	Statistics	Enfortumab Vedotin (N=120)	Chemotherapy (N=124)
Overall	No. of Events (%)	74 ( 61.7)	65 ( 52.4)
	Median Survival Est. (95% CI)	1.08 ( 0.76, 1.54)	1.02 ( 0.62, 1.87)
	Hazard Ratio (95% CI)		0.970 ( 0.695, 1.354)
	Treatment P-value [a]		0.82584
	Interaction P-value [b]		0.94206
6 Months	Patients at Risk, Survival Est. (95% CI)	9, 0.29 ( 0.20, 0.38)	5, 0.28 ( 0.16, 0.42)
12 Months	Patients at Risk, Survival Est. (95% CI)	0	1, 0.21 ( 0.08, 0.38)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table EORTC10.APS.KM.S5.FAS: EORTC Appetite Loss Symptom Score: Time to Deterioration of at least 10 points (Months) (Full Analysis Set)

Subgroup: ECOG PS from IRT Strata, Level: 1

Time Point	Statistics	Enfortumab Vedotin (N=181)	Chemotherapy (N=183)
Overall	No. of Events (%)	90 ( 49.7)	77 ( 42.1)
	Median Survival Est. (95% CI)	1.25 ( 0.79, 1.71)	1.28 ( 0.76, 1.94)
	Hazard Ratio (95% CI)		0.986 ( 0.727, 1.337)
	Treatment P-value [a]		0.93101
	Interaction P-value [b]		0.94206
6 Months	Patients at Risk, Survival Est. (95% CI)	9, 0.33 ( 0.24, 0.42)	8, 0.26 ( 0.17, 0.36)
12 Months	Patients at Risk, Survival Est. (95% CI)	0	1, 0.26 ( 0.17, 0.36)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table EORTC10.APS.KM.S6.FAS: EORTC Appetite Loss Symptom Score: Time to Deterioration of at least 10 points (Months) (Full Analysis Set)

Subgroup: Liver Metastasis from IRT Strata, Level: Yes

Time Point	Statistics	Enfortumab Vedotin (N=93)	Chemotherapy (N=95)
Overall	No. of Events (%)	43 ( 46.2)	39 ( 41.1)
	Median Survival Est. (95% CI)	1.28 ( 0.69, 9.07)	1.28 ( 0.66, 2.10)
	Hazard Ratio (95% CI)		0.851 ( 0.551, 1.313)
	Treatment P-value [a]		0.45140
	Interaction P-value [b]		0.45229
6 Months	Patients at Risk, Survival Est. (95% CI)	8, 0.40 ( 0.28, 0.51)	2, 0.23 ( 0.10, 0.38)
12 Months	Patients at Risk, Survival Est. (95% CI)	0	1, 0.23 ( 0.10, 0.38)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table EORTC10.APS.KM.S6.FAS: EORTC Appetite Loss Symptom Score: Time to Deterioration of at least 10 points (Months) (Full Analysis Set)

Subgroup: Liver Metastasis from IRT Strata, Level: No

Time Point	Statistics	Enfortumab Vedotin (N=208)	Chemotherapy (N=212)
Overall	No. of Events (%)	121 ( 58.2)	103 ( 48.6)
	Median Survival Est. (95% CI)	1.02 ( 0.79, 1.51)	1.05 ( 0.76, 1.87)
	Hazard Ratio (95% CI)		1.034 ( 0.795, 1.345)
	Treatment P-value [a]		0.76685
	Interaction P-value [b]		0.45229
6 Months	Patients at Risk, Survival Est. (95% CI)	10, 0.27 ( 0.20, 0.35)	11, 0.29 ( 0.21, 0.38)
12 Months	Patients at Risk, Survival Est. (95% CI)	0	1, 0.26 ( 0.17, 0.36)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table EORTC10.APS.KM.S7.FAS: EORTC Appetite Loss Symptom Score: Time to Deterioration of at least 10 points (Months) (Full Analysis Set)

Subgroup: Pre-selected Investigator's Choice of Paclitaxel/Docetaxel/Vinflunine, Level: Paclitaxel

Time Point	Statistics	Enfortumab Vedotin (N=141)	Chemotherapy (N=112)
Overall	No. of Events (%)	83 ( 58.9)	43 ( 38.4)
	Median Survival Est. (95% CI)	1.02 ( 0.76, 1.54)	1.91 ( 1.18, NC)
	Hazard Ratio (95% CI)		1.381 ( 0.955, 1.996)
	Treatment P-value [a]		0.07220
	Interaction P-value [b]		0.06687
6 Months	Patients at Risk, Survival Est. (95% CI)	6, 0.26 ( 0.16, 0.36)	5, 0.38 ( 0.26, 0.51)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC10.APS.KM.S7.FAS: EORTC Appetite Loss Symptom Score: Time to Deterioration of at least 10 points (Months) (Full Analysis Set)

Subgroup: Pre-selected Investigator's Choice of Paclitaxel/Docetaxel/Vinflunine, Level: Docetaxel

Time Point	Statistics	Enfortumab Vedotin (N=87)	Chemotherapy (N=117)
Overall	No. of Events (%)	47 ( 54.0)	63 ( 53.8)
	Median Survival Est. (95% CI)	1.02 ( 0.56, 1.64)	0.99 ( 0.36, 1.08)
	Hazard Ratio (95% CI)		0.760 ( 0.521, 1.110)
	Treatment P-value [a]		0.15958
	Interaction P-value [b]		0.06687
6 Months	Patients at Risk, Survival Est. (95% CI)	9, 0.34 ( 0.23, 0.45)	4, 0.18 ( 0.08, 0.31)
12 Months	Patients at Risk, Survival Est. (95% CI)	0	1, 0.14 ( 0.05, 0.28)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC10.APS.KM.S7.FAS: EORTC Appetite Loss Symptom Score: Time to Deterioration of at least 10 points (Months) (Full Analysis Set)

Subgroup: Pre-selected Investigator's Choice of Paclitaxel/Docetaxel/Vinflunine, Level: Vinflunine

Time Point	Statistics	Enfortumab Vedotin (N=73)	Chemotherapy (N=78)
Overall	No. of Events (%)	34 ( 46.6)	36 ( 46.2)
	Median Survival Est. (95% CI)	1.51 ( 0.79, 5.32)	1.08 ( 0.56, 1.77)
	Hazard Ratio (95% CI)		0.850 ( 0.532, 1.359)
	Treatment P-value [a]		0.45080
	Interaction P-value [b]		0.06687
6 Months	Patients at Risk, Survival Est. (95% CI)	3, 0.35 ( 0.20, 0.50)	4, 0.29 ( 0.16, 0.43)
12 Months	Patients at Risk, Survival Est. (95% CI)	0	1, 0.29 ( 0.16, 0.43)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table EORTC10.APS.KM.S8.FAS: EORTC Appetite Loss Symptom Score: Time to Deterioration of at least 10 points (Months) (Full Analysis Set)

Subgroup: Primary Site of Tumor, Level: Upper Tract

Time Point	Statistics	Enfortumab Vedotin (N=98)	Chemotherapy (N=107)
Overall	No. of Events (%)	50 ( 51.0)	61 ( 57.0)
	Median Survival Est. (95% CI)	1.22 ( 0.76, 1.74)	0.99 ( 0.53, 1.71)
	Hazard Ratio (95% CI)		0.799 ( 0.550, 1.162)
	Treatment P-value [a]		0.23008
	Interaction P-value [b]		0.17397
6 Months	Patients at Risk, Survival Est. (95% CI)	8, 0.34 ( 0.23, 0.46)	6, 0.21 ( 0.11, 0.33)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table EORTC10.APS.KM.S8.FAS: EORTC Appetite Loss Symptom Score: Time to Deterioration of at least 10 points (Months) (Full Analysis Set)

Subgroup: Primary Site of Tumor, Level: Other

Time Point	Statistics	Enfortumab Vedotin (N=203)	Chemotherapy (N=200)
Overall	No. of Events (%)	114 ( 56.2)	81 ( 40.5)
	Median Survival Est. (95% CI)	1.05 ( 0.76, 1.61)	1.41 ( 0.99, 1.91)
	Hazard Ratio (95% CI)		1.107 ( 0.833, 1.473)
	Treatment P-value [a]		0.45695
	Interaction P-value [b]		0.17397
6 Months	Patients at Risk, Survival Est. (95% CI)	10, 0.29 ( 0.21, 0.37)	7, 0.31 ( 0.21, 0.42)
12 Months	Patients at Risk, Survival Est. (95% CI)	0	2, 0.31 ( 0.21, 0.42)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table EORTC10.APS.KM.S9.FAS: EORTC Appetite Loss Symptom Score: Time to Deterioration of at least 10 points (Months) (Full Analysis Set)

Subgroup: Prior Lines of Systemic Therapy, Level: 1-2 lines

Time Point	Statistics	Enfortumab Vedotin (N=262)	Chemotherapy (N=270)
Overall	No. of Events (%)	142 ( 54.2)	126 ( 46.7)
	Median Survival Est. (95% CI)	1.15 ( 0.82, 1.54)	1.05 ( 0.76, 1.64)
	Hazard Ratio (95% CI)		0.931 ( 0.732, 1.183)
	Treatment P-value [a]		0.56073
	Interaction P-value [b]		0.27002
6 Months	Patients at Risk, Survival Est. (95% CI)	17, 0.31 ( 0.24, 0.38)	11, 0.26 ( 0.18, 0.34)
12 Months	Patients at Risk, Survival Est. (95% CI)	0	1, 0.23 ( 0.15, 0.32)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table EORTC10.APS.KM.S9.FAS: EORTC Appetite Loss Symptom Score: Time to Deterioration of at least 10 points (Months) (Full Analysis Set)

Subgroup: Prior Lines of Systemic Therapy, Level: &gt;=3 lines

Time Point	Statistics	Enfortumab Vedotin (N=39)	Chemotherapy (N=37)
Overall	No. of Events (%)	22 ( 56.4)	16 ( 43.2)
	Median Survival Est. (95% CI)	0.99 ( 0.56, 1.71)	2.37 ( 0.72, NC)
	Hazard Ratio (95% CI)		1.371 ( 0.719, 2.613)
	Treatment P-value [a]		0.32395
	Interaction P-value [b]		0.27002
6 Months	Patients at Risk, Survival Est. (95% CI)	1, 0.29 ( 0.14, 0.46)	2, 0.40 ( 0.21, 0.59)
12 Months	Patients at Risk, Survival Est. (95% CI)	0	1, 0.40 ( 0.21, 0.59)

Subgroup analyses are conducted if there exist at least 2 levels with >= 10 patients across treatment arms and >=10 events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table EORTC10.APS.KM.S10.FAS: EORTC Appetite Loss Symptom Score: Time to Deterioration of at least 10 points (Months) (Full Analysis Set)

Subgroup: Best Response to Prior CPI, Level: Responder

Time Point	Statistics	Enfortumab Vedotin (N=61)	Chemotherapy (N=50)
Overall	No. of Events (%)	39 ( 63.9)	29 ( 58.0)
	Median Survival Est. (95% CI)	1.18 ( 0.56, 1.64)	1.02 ( 0.36, 2.40)
	Hazard Ratio (95% CI)		1.002 ( 0.620, 1.621)
	Treatment P-value [a]		0.87534
	Interaction P-value [b]		0.93989
6 Months	Patients at Risk, Survival Est. (95% CI)	2, 0.25 ( 0.14, 0.38)	3, 0.25 ( 0.12, 0.41)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table EORTC10.APS.KM.S10.FAS: EORTC Appetite Loss Symptom Score: Time to Deterioration of at least 10 points (Months) (Full Analysis Set)

Subgroup: Best Response to Prior CPI, Level: Non-responder

Time Point	Statistics	Enfortumab Vedotin (N=207)	Chemotherapy (N=215)
Overall	No. of Events (%)	111 ( 53.6)	95 ( 44.2)
	Median Survival Est. (95% CI)	0.99 ( 0.79, 1.51)	1.18 ( 0.76, 1.77)
	Hazard Ratio (95% CI)		1.024 ( 0.778, 1.347)
	Treatment P-value [a]		0.86451
	Interaction P-value [b]		0.93989
6 Months	Patients at Risk, Survival Est. (95% CI)	13, 0.29 ( 0.22, 0.37)	9, 0.28 ( 0.19, 0.38)
12 Months	Patients at Risk, Survival Est. (95% CI)	0	2, 0.28 ( 0.19, 0.38)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## 2.4.1.7 Obstipation

Astellas: 7465-CL-0301

Table EORTC10.COS.KM.S1.FAS: EORTC Constipation Symptom Score: Time to Deterioration of at least 10 points (Months) (Full Analysis Set)

Subgroup: Age Group 1, Level: <65 years

Time Point	Statistics	Enfortumab Vedotin (N=108)	Chemotherapy (N=111)
Overall	No. of Events (%)	43 ( 39.8)	38 ( 34.2)
	Median Survival Est. (95% CI)	2.14 ( 1.12, NC)	2.69 ( 1.45, NC)
	Hazard Ratio (95% CI)		0.985 ( 0.637, 1.525)
	Treatment P-value [a]		0.87918
	Interaction P-value [b]		0.78643
6 Months	Patients at Risk, Survival Est. (95% CI)	9, 0.50 ( 0.38, 0.60)	7, 0.44 ( 0.30, 0.57)
12 Months	Patients at Risk, Survival Est. (95% CI)	1, 0.33 ( 0.10, 0.59)	0

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC10.COS.KM.S1.FAS: EORTC Constipation Symptom Score: Time to Deterioration of at least 10 points (Months) (Full Analysis Set)

Subgroup: Age Group 1, Level: &gt;=65 years

Time Point	Statistics	Enfortumab Vedotin (N=193)	Chemotherapy (N=196)
Overall	No. of Events (%)	87 ( 45.1)	71 ( 36.2)
	Median Survival Est. (95% CI)	1.94 ( 1.28, 5.39)	2.56 ( 1.22, NC)
	Hazard Ratio (95% CI)		1.061 ( 0.775, 1.454)
	Treatment P-value [a]		0.73667
	Interaction P-value [b]		0.78643
6 Months	Patients at Risk, Survival Est. (95% CI)	17, 0.37 ( 0.28, 0.46)	10, 0.43 ( 0.33, 0.53)
12 Months	Patients at Risk, Survival Est. (95% CI)	3, 0.30 ( 0.20, 0.42)	2, 0.43 ( 0.33, 0.53)
18 Months	Patients at Risk, Survival Est. (95% CI)	1, 0.30 ( 0.20, 0.42)	0

Subgroup analyses are conducted if there exist at least 2 levels with >= 10 patients across treatment arms and >=10 events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC10.COS.KM.S2.FAS: EORTC Constipation Symptom Score: Time to Deterioration of at least 10 points (Months) (Full Analysis Set)

Subgroup: Age Group 2, Level: &lt;75 years

Time Point	Statistics	Enfortumab Vedotin (N=249)	Chemotherapy (N=239)
Overall	No. of Events (%)	107 ( 43.0)	83 ( 34.7)
	Median Survival Est. (95% CI)	2.14 ( 1.28, 9.99)	3.78 ( 1.25, NC)
	Hazard Ratio (95% CI)		1.005 ( 0.753, 1.340)
	Treatment P-value [a]		0.94701
	Interaction P-value [b]		0.58427
6 Months	Patients at Risk, Survival Est. (95% CI)	23, 0.42 ( 0.34, 0.50)	14, 0.46 ( 0.37, 0.54)
12 Months	Patients at Risk, Survival Est. (95% CI)	4, 0.36 ( 0.24, 0.49)	0
18 Months	Patients at Risk, Survival Est. (95% CI)	1, 0.36 ( 0.24, 0.49)	0

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC10.COS.KM.S2.FAS: EORTC Constipation Symptom Score: Time to Deterioration of at least 10 points (Months) (Full Analysis Set)

Subgroup: Age Group 2, Level: &gt;=75 years

Time Point	Statistics	Enfortumab Vedotin (N=52)	Chemotherapy (N=68)
Overall	No. of Events (%)	23 ( 44.2)	26 ( 38.2)
	Median Survival Est. (95% CI)	2.14 ( 1.05, 8.08)	2.56 ( 1.22, NC)
	Hazard Ratio (95% CI)		1.198 ( 0.683, 2.101)
	Treatment P-value [a]		0.58383
	Interaction P-value [b]		0.58427
6 Months	Patients at Risk, Survival Est. (95% CI)	3, 0.33 ( 0.13, 0.55)	3, 0.37 ( 0.19, 0.55)
12 Months	Patients at Risk, Survival Est. (95% CI)	0	2, 0.37 ( 0.19, 0.55)

Subgroup analyses are conducted if there exist at least 2 levels with >= 10 patients across treatment arms and >=10 events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC10.COS.KM.S3.FAS: EORTC Constipation Symptom Score: Time to Deterioration of at least 10 points (Months) (Full Analysis Set)

Subgroup: Gender, Level: Male

Time Point	Statistics	Enfortumab Vedotin (N=238)	Chemotherapy (N=232)
Overall	No. of Events (%)	101 ( 42.4)	83 ( 35.8)
	Median Survival Est. (95% CI)	2.14 ( 1.25, 8.08)	2.14 ( 1.25, NC)
	Hazard Ratio (95% CI)		0.992 ( 0.741, 1.327)
	Treatment P-value [a]		0.97939
	Interaction P-value [b]		0.55388
6 Months	Patients at Risk, Survival Est. (95% CI)	22, 0.42 ( 0.33, 0.50)	12, 0.44 ( 0.35, 0.52)
12 Months	Patients at Risk, Survival Est. (95% CI)	4, 0.36 ( 0.26, 0.46)	1, 0.44 ( 0.35, 0.52)
18 Months	Patients at Risk, Survival Est. (95% CI)	1, 0.36 ( 0.26, 0.46)	0

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC10.COS.KM.S3.FAS: EORTC Constipation Symptom Score: Time to Deterioration of at least 10 points (Months) (Full Analysis Set)

Subgroup: Gender, Level: Female

Time Point	Statistics	Enfortumab Vedotin (N=63)	Chemotherapy (N=75)
Overall	No. of Events (%)	29 ( 46.0)	26 ( 34.7)
	Median Survival Est. (95% CI)	1.68 ( 0.99, NC)	3.91 ( 1.22, NC)
	Hazard Ratio (95% CI)		1.190 ( 0.701, 2.021)
	Treatment P-value [a]		0.54179
	Interaction P-value [b]		0.55388
6 Months	Patients at Risk, Survival Est. (95% CI)	4, 0.38 ( 0.22, 0.54)	5, 0.43 ( 0.25, 0.59)
12 Months	Patients at Risk, Survival Est. (95% CI)	0	1, 0.32 ( 0.12, 0.54)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC10.COS.KM.S4.FAS: EORTC Constipation Symptom Score: Time to Deterioration of at least 10 points (Months) (Full Analysis Set)

Subgroup: Region, Level: Western Europe

Time Point	Statistics	Enfortumab Vedotin (N=126)	Chemotherapy (N=129)
Overall	No. of Events (%)	52 ( 41.3)	38 ( 29.5)
	Median Survival Est. (95% CI)	2.14 ( 1.18, 8.08)	4.34 ( 0.92, NC)
	Hazard Ratio (95% CI)		1.042 ( 0.686, 1.583)
	Treatment P-value [a]		0.82965
	Interaction P-value [b]		0.14558
6 Months	Patients at Risk, Survival Est. (95% CI)	7, 0.39 ( 0.26, 0.51)	6, 0.48 ( 0.35, 0.60)
12 Months	Patients at Risk, Survival Est. (95% CI)	0	1, 0.48 ( 0.35, 0.60)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table EORTC10.COS.KM.S4.FAS: EORTC Constipation Symptom Score: Time to Deterioration of at least 10 points (Months) (Full Analysis Set)

Subgroup: Region, Level: US

Time Point	Statistics	Enfortumab Vedotin (N=43)	Chemotherapy (N=44)
Overall	No. of Events (%)	11 ( 25.6)	17 ( 38.6)
	Median Survival Est. (95% CI)	5.55 ( 1.08, NC)	1.22 ( 0.82, NC)
	Hazard Ratio (95% CI)		0.519 ( 0.243, 1.110)
	Treatment P-value [a]		0.10118
	Interaction P-value [b]		0.14558
6 Months	Patients at Risk, Survival Est. (95% CI)	4, 0.48 ( 0.22, 0.71)	1, 0.33 ( 0.15, 0.53)
12 Months	Patients at Risk, Survival Est. (95% CI)	1, 0.48 ( 0.22, 0.71)	0

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table EORTC10.COS.KM.S4.FAS: EORTC Constipation Symptom Score: Time to Deterioration of at least 10 points (Months) (Full Analysis Set)

Subgroup: Region, Level: Rest of the World

Time Point	Statistics	Enfortumab Vedotin (N=132)	Chemotherapy (N=134)
Overall	No. of Events (%)	67 ( 50.8)	54 ( 40.3)
	Median Survival Est. (95% CI)	1.45 ( 1.18, 8.08)	3.91 ( 1.64, NC)
	Hazard Ratio (95% CI)		1.204 ( 0.840, 1.726)
	Treatment P-value [a]		0.28603
	Interaction P-value [b]		0.14558
6 Months	Patients at Risk, Survival Est. (95% CI)	15, 0.41 ( 0.31, 0.50)	10, 0.43 ( 0.32, 0.55)
12 Months	Patients at Risk, Survival Est. (95% CI)	3, 0.36 ( 0.24, 0.48)	1, 0.43 ( 0.32, 0.55)
18 Months	Patients at Risk, Survival Est. (95% CI)	1, 0.36 ( 0.24, 0.48)	0

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC10.COS.KM.S5.FAS: EORTC Constipation Symptom Score: Time to Deterioration of at least 10 points (Months) (Full Analysis Set)

Subgroup: ECOG PS from IRT Strata, Level: 0

Time Point	Statistics	Enfortumab Vedotin (N=120)	Chemotherapy (N=124)
Overall	No. of Events (%)	56 ( 46.7)	49 ( 39.5)
	Median Survival Est. (95% CI)	2.60 ( 1.18, NC)	3.78 ( 1.18, NC)
	Hazard Ratio (95% CI)		1.031 ( 0.701, 1.517)
	Treatment P-value [a]		0.87149
	Interaction P-value [b]		0.99451
6 Months	Patients at Risk, Survival Est. (95% CI)	17, 0.46 ( 0.36, 0.56)	9, 0.44 ( 0.31, 0.56)
12 Months	Patients at Risk, Survival Est. (95% CI)	4, 0.36 ( 0.20, 0.51)	1, 0.44 ( 0.31, 0.56)
18 Months	Patients at Risk, Survival Est. (95% CI)	1, 0.36 ( 0.20, 0.51)	0

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC10.COS.KM.S5.FAS: EORTC Constipation Symptom Score: Time to Deterioration of at least 10 points (Months) (Full Analysis Set)

Subgroup: ECOG PS from IRT Strata, Level: 1

Time Point	Statistics	Enfortumab Vedotin (N=181)	Chemotherapy (N=183)
Overall	No. of Events (%)	74 ( 40.9)	60 ( 32.8)
	Median Survival Est. (95% CI)	2.14 ( 1.22, 5.52)	2.14 ( 1.25, NC)
	Hazard Ratio (95% CI)		1.033 ( 0.735, 1.453)
	Treatment P-value [a]		0.84369
	Interaction P-value [b]		0.99451
6 Months	Patients at Risk, Survival Est. (95% CI)	9, 0.35 ( 0.25, 0.46)	8, 0.43 ( 0.31, 0.53)
12 Months	Patients at Risk, Survival Est. (95% CI)	0	1, 0.35 ( 0.20, 0.51)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC10.COS.KM.S6.FAS: EORTC Constipation Symptom Score: Time to Deterioration of at least 10 points (Months) (Full Analysis Set)

Subgroup: Liver Metastasis from IRT Strata, Level: Yes

Time Point	Statistics	Enfortumab Vedotin (N=93)	Chemotherapy (N=95)
Overall	No. of Events (%)	33 ( 35.5)	32 ( 33.7)
	Median Survival Est. (95% CI)	3.29 ( 1.18, NC)	1.61 ( 1.18, NC)
	Hazard Ratio (95% CI)		0.798 ( 0.491, 1.299)
	Treatment P-value [a]		0.42186
	Interaction P-value [b]		0.22301
6 Months	Patients at Risk, Survival Est. (95% CI)	10, 0.48 ( 0.35, 0.61)	1, 0.37 ( 0.22, 0.52)
12 Months	Patients at Risk, Survival Est. (95% CI)	0	1, 0.37 ( 0.22, 0.52)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC10.COS.KM.S6.FAS: EORTC Constipation Symptom Score: Time to Deterioration of at least 10 points (Months) (Full Analysis Set)

Subgroup: Liver Metastasis from IRT Strata, Level: No

Time Point	Statistics	Enfortumab Vedotin (N=208)	Chemotherapy (N=212)
Overall	No. of Events (%)	97 ( 46.6)	77 ( 36.3)
	Median Survival Est. (95% CI)	1.94 ( 1.22, 5.52)	4.34 ( 1.64, NC)
	Hazard Ratio (95% CI)		1.139 ( 0.844, 1.538)
	Treatment P-value [a]		0.39362
	Interaction P-value [b]		0.22301
6 Months	Patients at Risk, Survival Est. (95% CI)	16, 0.38 ( 0.29, 0.47)	16, 0.46 ( 0.36, 0.55)
12 Months	Patients at Risk, Survival Est. (95% CI)	4, 0.32 ( 0.22, 0.43)	1, 0.41 ( 0.29, 0.53)
18 Months	Patients at Risk, Survival Est. (95% CI)	1, 0.32 ( 0.22, 0.43)	0

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC10.COS.KM.S7.FAS: EORTC Constipation Symptom Score: Time to Deterioration of at least 10 points (Months) (Full Analysis Set)

Subgroup: Pre-selected Investigator's Choice of Paclitaxel/Docetaxel/Vinflunine, Level: Paclitaxel

Time Point	Statistics	Enfortumab Vedotin (N=141)	Chemotherapy (N=112)
Overall	No. of Events (%)	66 ( 46.8)	38 ( 33.9)
	Median Survival Est. (95% CI)	1.38 ( 1.08, 3.81)	3.78 ( 1.64, NC)
	Hazard Ratio (95% CI)		1.279 ( 0.858, 1.908)
	Treatment P-value [a]		0.20757
	Interaction P-value [b]		0.29422
6 Months	Patients at Risk, Survival Est. (95% CI)	13, 0.35 ( 0.25, 0.46)	3, 0.42 ( 0.25, 0.57)
12 Months	Patients at Risk, Survival Est. (95% CI)	3, 0.35 ( 0.25, 0.46)	0

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC10.COS.KM.S7.FAS: EORTC Constipation Symptom Score: Time to Deterioration of at least 10 points (Months) (Full Analysis Set)

Subgroup: Pre-selected Investigator's Choice of Paclitaxel/Docetaxel/Vinflunine, Level: Docetaxel

Time Point	Statistics	Enfortumab Vedotin (N=87)	Chemotherapy (N=117)
Overall	No. of Events (%)	35 ( 40.2)	41 ( 35.0)
	Median Survival Est. (95% CI)	5.52 ( 1.25, NC)	3.91 ( 1.18, NC)
	Hazard Ratio (95% CI)		0.936 ( 0.594, 1.475)
	Treatment P-value [a]		0.78547
	Interaction P-value [b]		0.29422
6 Months	Patients at Risk, Survival Est. (95% CI)	9, 0.43 ( 0.28, 0.57)	9, 0.46 ( 0.33, 0.58)
12 Months	Patients at Risk, Survival Est. (95% CI)	1, 0.37 ( 0.20, 0.53)	1, 0.46 ( 0.33, 0.58)
18 Months	Patients at Risk, Survival Est. (95% CI)	1, 0.37 ( 0.20, 0.53)	0

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC10.COS.KM.S7.FAS: EORTC Constipation Symptom Score: Time to Deterioration of at least 10 points (Months) (Full Analysis Set)

Subgroup: Pre-selected Investigator's Choice of Paclitaxel/Docetaxel/Vinflunine, Level: Vinflunine

Time Point	Statistics	Enfortumab Vedotin (N=73)	Chemotherapy (N=78)
Overall	No. of Events (%)	29 ( 39.7)	30 ( 38.5)
	Median Survival Est. (95% CI)	2.43 ( 1.18, NC)	1.48 ( 0.72, NC)
	Hazard Ratio (95% CI)		0.778 ( 0.467, 1.297)
	Treatment P-value [a]		0.35254
	Interaction P-value [b]		0.29422
6 Months	Patients at Risk, Survival Est. (95% CI)	4, 0.50 ( 0.36, 0.63)	5, 0.40 ( 0.25, 0.54)
12 Months	Patients at Risk, Survival Est. (95% CI)	0	1, 0.40 ( 0.25, 0.54)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC10.COS.KM.S8.FAS: EORTC Constipation Symptom Score: Time to Deterioration of at least 10 points (Months) (Full Analysis Set)

Subgroup: Primary Site of Tumor, Level: Upper Tract

Time Point	Statistics	Enfortumab Vedotin (N=98)	Chemotherapy (N=107)
Overall	No. of Events (%)	43 ( 43.9)	49 ( 45.8)
	Median Survival Est. (95% CI)	1.54 ( 1.08, NC)	1.25 ( 0.99, 5.36)
	Hazard Ratio (95% CI)		0.874 ( 0.580, 1.316)
	Treatment P-value [a]		0.52925
	Interaction P-value [b]		0.26893
6 Months	Patients at Risk, Survival Est. (95% CI)	9, 0.39 ( 0.26, 0.51)	3, 0.33 ( 0.19, 0.48)
12 Months	Patients at Risk, Survival Est. (95% CI)	1, 0.19 ( 0.02, 0.50)	0

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table EORTC10.COS.KM.S8.FAS: EORTC Constipation Symptom Score: Time to Deterioration of at least 10 points (Months) (Full Analysis Set)

Subgroup: Primary Site of Tumor, Level: Other

Time Point	Statistics	Enfortumab Vedotin (N=203)	Chemotherapy (N=200)
Overall	No. of Events (%)	87 ( 42.9)	60 ( 30.0)
	Median Survival Est. (95% CI)	2.60 ( 1.31, 8.08)	4.67 ( 1.74, NC)
	Hazard Ratio (95% CI)		1.175 ( 0.845, 1.635)
	Treatment P-value [a]		0.32099
	Interaction P-value [b]		0.26893
6 Months	Patients at Risk, Survival Est. (95% CI)	17, 0.42 ( 0.33, 0.51)	14, 0.49 ( 0.39, 0.59)
12 Months	Patients at Risk, Survival Est. (95% CI)	3, 0.35 ( 0.24, 0.47)	2, 0.44 ( 0.30, 0.57)
18 Months	Patients at Risk, Survival Est. (95% CI)	1, 0.35 ( 0.24, 0.47)	0

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table EORTC10.COS.KM.S9.FAS: EORTC Constipation Symptom Score: Time to Deterioration of at least 10 points (Months) (Full Analysis Set)

Subgroup: Prior Lines of Systemic Therapy, Level: 1-2 lines

Time Point	Statistics	Enfortumab Vedotin (N=262)	Chemotherapy (N=270)
Overall	No. of Events (%)	115 ( 43.9)	96 ( 35.6)
	Median Survival Est. (95% CI)	2.10 ( 1.22, 5.39)	2.56 ( 1.48, 8.11)
	Hazard Ratio (95% CI)		1.040 ( 0.793, 1.364)
	Treatment P-value [a]		0.80093
	Interaction P-value [b]		0.89216
6 Months	Patients at Risk, Survival Est. (95% CI)	23, 0.39 ( 0.31, 0.47)	14, 0.42 ( 0.33, 0.50)
12 Months	Patients at Risk, Survival Est. (95% CI)	3, 0.29 ( 0.17, 0.42)	1, 0.37 ( 0.26, 0.48)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC10.COS.KM.S9.FAS: EORTC Constipation Symptom Score: Time to Deterioration of at least 10 points (Months) (Full Analysis Set)

Subgroup: Prior Lines of Systemic Therapy, Level: &gt;=3 lines

Time Point	Statistics	Enfortumab Vedotin (N=39)	Chemotherapy (N=37)
Overall	No. of Events (%)	15 ( 38.5)	13 ( 35.1)
	Median Survival Est. (95% CI)	19.12 ( 1.08, NC)	NC ( 0.79, NC)
	Hazard Ratio (95% CI)		0.984 ( 0.462, 2.094)
	Treatment P-value [a]		0.98043
	Interaction P-value [b]		0.89216
6 Months	Patients at Risk, Survival Est. (95% CI)	3, 0.54 ( 0.34, 0.69)	3, 0.56 ( 0.36, 0.71)
12 Months	Patients at Risk, Survival Est. (95% CI)	1, 0.54 ( 0.34, 0.69)	1, 0.56 ( 0.36, 0.71)
18 Months	Patients at Risk, Survival Est. (95% CI)	1, 0.54 ( 0.34, 0.69)	0

Subgroup analyses are conducted if there exist at least 2 levels with >= 10 patients across treatment arms and >=10 events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table EORTC10.COS.KM.S10.FAS: EORTC Constipation Symptom Score: Time to Deterioration of at least 10 points (Months) (Full Analysis Set)

Subgroup: Best Response to Prior CPI, Level: Responder

Time Point	Statistics	Enfortumab Vedotin (N=61)	Chemotherapy (N=50)
Overall	No. of Events (%)	35 ( 57.4)	17 ( 34.0)
	Median Survival Est. (95% CI)	1.22 ( 0.99, 5.39)	NC ( 1.48, NC)
	Hazard Ratio (95% CI)		1.673 ( 0.937, 2.987)
	Treatment P-value [a]		0.08317
	Interaction P-value [b]		0.08013
6 Months	Patients at Risk, Survival Est. (95% CI)	4, 0.34 ( 0.20, 0.48)	3, 0.56 ( 0.38, 0.70)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table EORTC10.COS.KM.S10.FAS: EORTC Constipation Symptom Score: Time to Deterioration of at least 10 points (Months) (Full Analysis Set)

Subgroup: Best Response to Prior CPI, Level: Non-responder

Time Point	Statistics	Enfortumab Vedotin (N=207)	Chemotherapy (N=215)
Overall	No. of Events (%)	85 ( 41.1)	78 ( 36.3)
	Median Survival Est. (95% CI)	2.14 ( 1.38, 8.08)	1.71 ( 1.22, NC)
	Hazard Ratio (95% CI)		0.931 ( 0.684, 1.267)
	Treatment P-value [a]		0.65928
	Interaction P-value [b]		0.08013
6 Months	Patients at Risk, Survival Est. (95% CI)	18, 0.42 ( 0.33, 0.51)	13, 0.40 ( 0.31, 0.50)
12 Months	Patients at Risk, Survival Est. (95% CI)	3, 0.30 ( 0.16, 0.47)	2, 0.40 ( 0.31, 0.50)
18 Months	Patients at Risk, Survival Est. (95% CI)	1, 0.30 ( 0.16, 0.47)	0

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## 2.4.1.8 Diarröh

Astellas: 7465-CL-0301

Table EORTC10.DIS.KM.S1.FAS: EORTC Diarrhoea Symptom Score: Time to Deterioration of at least 10 points (Months) (Full Analysis Set)

Subgroup: Age Group 1, Level: <65 years

Time Point	Statistics	Enfortumab Vedotin (N=108)	Chemotherapy (N=111)
Overall	No. of Events (%)	43 ( 39.8)	38 ( 34.2)
	Median Survival Est. (95% CI)	7.56 ( 0.95, NC)	5.32 ( 1.25, NC)
	Hazard Ratio (95% CI)		1.031 ( 0.666, 1.595)
	Treatment P-value [a]		0.86862
	Interaction P-value [b]		0.96964
6 Months	Patients at Risk, Survival Est. (95% CI)	11, 0.50 ( 0.39, 0.61)	10, 0.44 ( 0.30, 0.58)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC10.DIS.KM.S1.FAS: EORTC Diarrhoea Symptom Score: Time to Deterioration of at least 10 points (Months) (Full Analysis Set)

Subgroup: Age Group 1, Level: &gt;=65 years

Time Point	Statistics	Enfortumab Vedotin (N=193)	Chemotherapy (N=196)
Overall	No. of Events (%)	86 ( 44.6)	76 ( 38.8)
	Median Survival Est. (95% CI)	1.94 ( 1.45, 6.83)	2.23 ( 1.54, 7.69)
	Hazard Ratio (95% CI)		1.020 ( 0.749, 1.389)
	Treatment P-value [a]		0.89783
	Interaction P-value [b]		0.96964
6 Months	Patients at Risk, Survival Est. (95% CI)	18, 0.42 ( 0.34, 0.51)	11, 0.42 ( 0.32, 0.52)
12 Months	Patients at Risk, Survival Est. (95% CI)	2, 0.27 ( 0.15, 0.41)	2, 0.23 ( 0.08, 0.41)

Subgroup analyses are conducted if there exist at least 2 levels with >= 10 patients across treatment arms and >=10 events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC10.DIS.KM.S2.FAS: EORTC Diarrhoea Symptom Score: Time to Deterioration of at least 10 points (Months) (Full Analysis Set)

Subgroup: Age Group 2, Level: &lt;75 years

Time Point	Statistics	Enfortumab Vedotin (N=249)	Chemotherapy (N=239)
Overall	No. of Events (%)	110 ( 44.2)	91 ( 38.1)
	Median Survival Est. (95% CI)	2.10 ( 1.22, 7.49)	1.87 ( 1.28, 5.36)
	Hazard Ratio (95% CI)		0.965 ( 0.731, 1.275)
	Treatment P-value [a]		0.77966
	Interaction P-value [b]		0.50562
6 Months	Patients at Risk, Survival Est. (95% CI)	25, 0.46 ( 0.38, 0.53)	16, 0.40 ( 0.31, 0.49)
12 Months	Patients at Risk, Survival Est. (95% CI)	2, 0.25 ( 0.12, 0.39)	0

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC10.DIS.KM.S2.FAS: EORTC Diarrhoea Symptom Score: Time to Deterioration of at least 10 points (Months) (Full Analysis Set)

Subgroup: Age Group 2, Level: &gt;=75 years

Time Point	Statistics	Enfortumab Vedotin (N=52)	Chemotherapy (N=68)
Overall	No. of Events (%)	19 ( 36.5)	23 ( 33.8)
	Median Survival Est. (95% CI)	2.23 ( 0.76, NC)	7.69 ( 1.81, NC)
	Hazard Ratio (95% CI)		1.211 ( 0.660, 2.225)
	Treatment P-value [a]		0.52374
	Interaction P-value [b]		0.50562
6 Months	Patients at Risk, Survival Est. (95% CI)	4, 0.44 ( 0.26, 0.60)	5, 0.53 ( 0.37, 0.67)
12 Months	Patients at Risk, Survival Est. (95% CI)	0	2, 0.40 ( 0.16, 0.63)

Subgroup analyses are conducted if there exist at least 2 levels with >= 10 patients across treatment arms and >=10 events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC10.DIS.KM.S3.FAS: EORTC Diarrhoea Symptom Score: Time to Deterioration of at least 10 points (Months) (Full Analysis Set)

Subgroup: Gender, Level: Male

Time Point	Statistics	Enfortumab Vedotin (N=238)	Chemotherapy (N=232)
Overall	No. of Events (%)	105 ( 44.1)	88 ( 37.9)
	Median Survival Est. (95% CI)	1.94 ( 0.99, 6.83)	2.60 ( 1.58, 8.08)
	Hazard Ratio (95% CI)		1.078 ( 0.812, 1.432)
	Treatment P-value [a]		0.60591
	Interaction P-value [b]		0.42869
6 Months	Patients at Risk, Survival Est. (95% CI)	23, 0.43 ( 0.36, 0.51)	16, 0.42 ( 0.33, 0.51)
12 Months	Patients at Risk, Survival Est. (95% CI)	2, 0.28 ( 0.16, 0.41)	1, 0.25 ( 0.11, 0.42)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC10.DIS.KM.S3.FAS: EORTC Diarrhoea Symptom Score: Time to Deterioration of at least 10 points (Months) (Full Analysis Set)

Subgroup: Gender, Level: Female

Time Point	Statistics	Enfortumab Vedotin (N=63)	Chemotherapy (N=75)
Overall	No. of Events (%)	24 ( 38.1)	26 ( 34.7)
	Median Survival Est. (95% CI)	9.63 ( 1.12, NC)	4.50 ( 0.99, NC)
	Hazard Ratio (95% CI)		0.838 ( 0.481, 1.461)
	Treatment P-value [a]		0.52189
	Interaction P-value [b]		0.42869
6 Months	Patients at Risk, Survival Est. (95% CI)	6, 0.52 ( 0.37, 0.66)	5, 0.46 ( 0.30, 0.62)
12 Months	Patients at Risk, Survival Est. (95% CI)	0	1, 0.35 ( 0.14, 0.57)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC10.DIS.KM.S4.FAS: EORTC Diarrhoea Symptom Score: Time to Deterioration of at least 10 points (Months) (Full Analysis Set)

Subgroup: Region, Level: Western Europe

Time Point	Statistics	Enfortumab Vedotin (N=126)	Chemotherapy (N=129)
Overall	No. of Events (%)	53 ( 42.1)	31 ( 24.0)
	Median Survival Est. (95% CI)	1.94 ( 0.79, 8.18)	NC ( 2.00, NC)
	Hazard Ratio (95% CI)		1.744 ( 1.119, 2.719)
	Treatment P-value [a]		0.01320
	Interaction P-value [b]		0.00306
6 Months	Patients at Risk, Survival Est. (95% CI)	6, 0.43 ( 0.31, 0.54)	11, 0.59 ( 0.47, 0.70)
12 Months	Patients at Risk, Survival Est. (95% CI)	0	1, 0.51 ( 0.32, 0.67)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table EORTC10.DIS.KM.S4.FAS: EORTC Diarrhoea Symptom Score: Time to Deterioration of at least 10 points (Months) (Full Analysis Set)

Subgroup: Region, Level: US

Time Point	Statistics	Enfortumab Vedotin (N=43)	Chemotherapy (N=44)
Overall	No. of Events (%)	13 ( 30.2)	22 ( 50.0)
	Median Survival Est. (95% CI)	2.40 ( 1.45, NC)	1.02 ( 0.62, 1.58)
	Hazard Ratio (95% CI)		0.449 ( 0.226, 0.893)
	Treatment P-value [a]		0.01255
	Interaction P-value [b]		0.00306
6 Months	Patients at Risk, Survival Est. (95% CI)	5, 0.44 ( 0.22, 0.63)	1, 0.09 ( 0.01, 0.31)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC10.DIS.KM.S4.FAS: EORTC Diarrhoea Symptom Score: Time to Deterioration of at least 10 points (Months) (Full Analysis Set)

Subgroup: Region, Level: Rest of the World

Time Point	Statistics	Enfortumab Vedotin (N=132)	Chemotherapy (N=134)
Overall	No. of Events (%)	63 ( 47.7)	61 ( 45.5)
	Median Survival Est. (95% CI)	1.97 ( 1.02, 9.63)	2.60 ( 1.22, 8.08)
	Hazard Ratio (95% CI)		0.889 ( 0.624, 1.265)
	Treatment P-value [a]		0.50326
	Interaction P-value [b]		0.00306
6 Months	Patients at Risk, Survival Est. (95% CI)	18, 0.47 ( 0.37, 0.56)	9, 0.40 ( 0.28, 0.51)
12 Months	Patients at Risk, Survival Est. (95% CI)	2, 0.33 ( 0.19, 0.49)	1, 0.15 ( 0.01, 0.43)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC10.DIS.KM.S5.FAS: EORTC Diarrhoea Symptom Score: Time to Deterioration of at least 10 points (Months) (Full Analysis Set)

Subgroup: ECOG PS from IRT Strata, Level: 0

Time Point	Statistics	Enfortumab Vedotin (N=120)	Chemotherapy (N=124)
Overall	No. of Events (%)	54 ( 45.0)	56 ( 45.2)
	Median Survival Est. (95% CI)	2.92 ( 1.45, NC)	2.17 ( 1.28, 8.08)
	Hazard Ratio (95% CI)		0.852 ( 0.586, 1.238)
	Treatment P-value [a]		0.40071
	Interaction P-value [b]		0.19094
6 Months	Patients at Risk, Survival Est. (95% CI)	17, 0.49 ( 0.39, 0.59)	10, 0.39 ( 0.27, 0.50)
12 Months	Patients at Risk, Survival Est. (95% CI)	1, 0.32 ( 0.16, 0.50)	1, 0.22 ( 0.06, 0.43)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC10.DIS.KM.S5.FAS: EORTC Diarrhoea Symptom Score: Time to Deterioration of at least 10 points (Months) (Full Analysis Set)

Subgroup: ECOG PS from IRT Strata, Level: 1

Time Point	Statistics	Enfortumab Vedotin (N=181)	Chemotherapy (N=183)
Overall	No. of Events (%)	75 ( 41.4)	58 ( 31.7)
	Median Survival Est. (95% CI)	1.84 ( 0.99, 6.83)	5.36 ( 1.54, NC)
	Hazard Ratio (95% CI)		1.195 ( 0.848, 1.684)
	Treatment P-value [a]		0.32680
	Interaction P-value [b]		0.19094
6 Months	Patients at Risk, Survival Est. (95% CI)	12, 0.42 ( 0.33, 0.51)	11, 0.47 ( 0.36, 0.58)
12 Months	Patients at Risk, Survival Est. (95% CI)	1, 0.26 ( 0.12, 0.43)	1, 0.32 ( 0.14, 0.51)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC10.DIS.KM.S6.FAS: EORTC Diarrhoea Symptom Score: Time to Deterioration of at least 10 points (Months) (Full Analysis Set)

Subgroup: Liver Metastasis from IRT Strata, Level: Yes

Time Point	Statistics	Enfortumab Vedotin (N=93)	Chemotherapy (N=95)
Overall	No. of Events (%)	37 ( 39.8)	30 ( 31.6)
	Median Survival Est. (95% CI)	1.74 ( 0.76, NC)	2.00 ( 1.02, NC)
	Hazard Ratio (95% CI)		1.106 ( 0.683, 1.792)
	Treatment P-value [a]		0.61249
	Interaction P-value [b]		0.71039
6 Months	Patients at Risk, Survival Est. (95% CI)	8, 0.41 ( 0.28, 0.53)	3, 0.49 ( 0.35, 0.61)
12 Months	Patients at Risk, Survival Est. (95% CI)	0	1, 0.25 ( 0.02, 0.60)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC10.DIS.KM.S6.FAS: EORTC Diarrhoea Symptom Score: Time to Deterioration of at least 10 points (Months) (Full Analysis Set)

Subgroup: Liver Metastasis from IRT Strata, Level: No

Time Point	Statistics	Enfortumab Vedotin (N=208)	Chemotherapy (N=212)
Overall	No. of Events (%)	92 ( 44.2)	84 ( 39.6)
	Median Survival Est. (95% CI)	2.17 ( 1.45, 8.18)	2.79 ( 1.61, 8.08)
	Hazard Ratio (95% CI)		0.994 ( 0.739, 1.336)
	Treatment P-value [a]		0.95967
	Interaction P-value [b]		0.71039
6 Months	Patients at Risk, Survival Est. (95% CI)	21, 0.47 ( 0.39, 0.55)	18, 0.42 ( 0.33, 0.51)
12 Months	Patients at Risk, Survival Est. (95% CI)	2, 0.28 ( 0.15, 0.43)	1, 0.27 ( 0.13, 0.43)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC10.DIS.KM.S7.FAS: EORTC Diarrhoea Symptom Score: Time to Deterioration of at least 10 points (Months) (Full Analysis Set)

Subgroup: Pre-selected Investigator's Choice of Paclitaxel/Docetaxel/Vinflunine, Level: Paclitaxel

Time Point	Statistics	Enfortumab Vedotin (N=141)	Chemotherapy (N=112)
Overall	No. of Events (%)	66 ( 46.8)	35 ( 31.3)
	Median Survival Est. (95% CI)	1.84 ( 0.95, 7.49)	7.69 ( 1.87, NC)
	Hazard Ratio (95% CI)		1.426 ( 0.945, 2.150)
	Treatment P-value [a]		0.09146
	Interaction P-value [b]		0.00019
6 Months	Patients at Risk, Survival Est. (95% CI)	14, 0.41 ( 0.32, 0.51)	8, 0.51 ( 0.37, 0.64)
12 Months	Patients at Risk, Survival Est. (95% CI)	2, 0.28 ( 0.14, 0.43)	0

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC10.DIS.KM.S7.FAS: EORTC Diarrhoea Symptom Score: Time to Deterioration of at least 10 points (Months) (Full Analysis Set)

Subgroup: Pre-selected Investigator's Choice of Paclitaxel/Docetaxel/Vinflunine, Level: Docetaxel

Time Point	Statistics	Enfortumab Vedotin (N=87)	Chemotherapy (N=117)
Overall	No. of Events (%)	34 ( 39.1)	60 ( 51.3)
	Median Survival Est. (95% CI)	2.23 ( 1.74, NC)	0.99 ( 0.59, 1.68)
	Hazard Ratio (95% CI)		0.509 ( 0.334, 0.776)
	Treatment P-value [a]		0.00201
	Interaction P-value [b]		0.00019
6 Months	Patients at Risk, Survival Est. (95% CI)	10, 0.47 ( 0.34, 0.59)	3, 0.21 ( 0.10, 0.35)
12 Months	Patients at Risk, Survival Est. (95% CI)	0	1, 0.11 ( 0.01, 0.32)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC10.DIS.KM.S7.FAS: EORTC Diarrhoea Symptom Score: Time to Deterioration of at least 10 points (Months) (Full Analysis Set)

Subgroup: Pre-selected Investigator's Choice of Paclitaxel/Docetaxel/Vinflunine, Level: Vinflunine

Time Point	Statistics	Enfortumab Vedotin (N=73)	Chemotherapy (N=78)
Overall	No. of Events (%)	29 ( 39.7)	19 ( 24.4)
	Median Survival Est. (95% CI)	6.83 ( 0.79, 9.33)	NC ( 2.17, NC)
	Hazard Ratio (95% CI)		1.867 ( 1.046, 3.332)
	Treatment P-value [a]		0.02605
	Interaction P-value [b]		0.00019
6 Months	Patients at Risk, Survival Est. (95% CI)	5, 0.52 ( 0.38, 0.64)	10, 0.64 ( 0.48, 0.76)
12 Months	Patients at Risk, Survival Est. (95% CI)	0	1, 0.53 ( 0.29, 0.72)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC10.DIS.KM.S8.FAS: EORTC Diarrhoea Symptom Score: Time to Deterioration of at least 10 points (Months) (Full Analysis Set)

Subgroup: Primary Site of Tumor, Level: Upper Tract

Time Point	Statistics	Enfortumab Vedotin (N=98)	Chemotherapy (N=107)
Overall	No. of Events (%)	42 ( 42.9)	44 ( 41.1)
	Median Survival Est. (95% CI)	1.77 ( 0.99, NC)	4.50 ( 1.71, 8.08)
	Hazard Ratio (95% CI)		1.108 ( 0.726, 1.692)
	Treatment P-value [a]		0.60888
	Interaction P-value [b]		0.62977
6 Months	Patients at Risk, Survival Est. (95% CI)	12, 0.43 ( 0.31, 0.54)	9, 0.44 ( 0.31, 0.56)
12 Months	Patients at Risk, Survival Est. (95% CI)	1, 0.37 ( 0.23, 0.51)	0

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table EORTC10.DIS.KM.S8.FAS: EORTC Diarrhoea Symptom Score: Time to Deterioration of at least 10 points (Months) (Full Analysis Set)

Subgroup: Primary Site of Tumor, Level: Other

Time Point	Statistics	Enfortumab Vedotin (N=203)	Chemotherapy (N=200)
Overall	No. of Events (%)	87 ( 42.9)	70 ( 35.0)
	Median Survival Est. (95% CI)	2.23 ( 1.02, 8.18)	1.81 ( 1.28, NC)
	Hazard Ratio (95% CI)		0.973 ( 0.710, 1.334)
	Treatment P-value [a]		0.86657
	Interaction P-value [b]		0.62977
6 Months	Patients at Risk, Survival Est. (95% CI)	17, 0.47 ( 0.38, 0.55)	12, 0.43 ( 0.32, 0.52)
12 Months	Patients at Risk, Survival Est. (95% CI)	1, 0.26 ( 0.13, 0.41)	2, 0.35 ( 0.21, 0.50)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC10.DIS.KM.S9.FAS: EORTC Diarrhoea Symptom Score: Time to Deterioration of at least 10 points (Months) (Full Analysis Set)

Subgroup: Prior Lines of Systemic Therapy, Level: 1-2 lines

Time Point	Statistics	Enfortumab Vedotin (N=262)	Chemotherapy (N=270)
Overall	No. of Events (%)	111 ( 42.4)	99 ( 36.7)
	Median Survival Est. (95% CI)	2.14 ( 1.45, 7.56)	2.79 ( 1.54, 7.69)
	Hazard Ratio (95% CI)		0.997 ( 0.760, 1.308)
	Treatment P-value [a]		0.94588
	Interaction P-value [b]		0.59978
6 Months	Patients at Risk, Survival Est. (95% CI)	27, 0.46 ( 0.39, 0.53)	19, 0.43 ( 0.35, 0.52)
12 Months	Patients at Risk, Survival Est. (95% CI)	2, 0.30 ( 0.18, 0.42)	1, 0.23 ( 0.09, 0.41)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC10.DIS.KM.S9.FAS: EORTC Diarrhoea Symptom Score: Time to Deterioration of at least 10 points (Months) (Full Analysis Set)

Subgroup: Prior Lines of Systemic Therapy, Level: &gt;=3 lines

Time Point	Statistics	Enfortumab Vedotin (N=39)	Chemotherapy (N=37)
Overall	No. of Events (%)	18 ( 46.2)	15 ( 40.5)
	Median Survival Est. (95% CI)	2.10 ( 0.72, NC)	3.25 ( 1.02, NC)
	Hazard Ratio (95% CI)		1.215 ( 0.611, 2.413)
	Treatment P-value [a]		0.60859
	Interaction P-value [b]		0.59978
6 Months	Patients at Risk, Survival Est. (95% CI)	2, 0.38 ( 0.20, 0.57)	2, 0.41 ( 0.18, 0.62)
12 Months	Patients at Risk, Survival Est. (95% CI)	0	1, 0.41 ( 0.18, 0.62)

Subgroup analyses are conducted if there exist at least 2 levels with >= 10 patients across treatment arms and >=10 events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC10.DIS.KM.S10.FAS: EORTC Diarrhoea Symptom Score: Time to Deterioration of at least 10 points (Months) (Full Analysis Set)

Subgroup: Best Response to Prior CPI, Level: Responder

Time Point	Statistics	Enfortumab Vedotin (N=61)	Chemotherapy (N=50)
Overall	No. of Events (%)	31 ( 50.8)	15 ( 30.0)
	Median Survival Est. (95% CI)	1.51 ( 0.82, NC)	8.77 ( 5.32, NC)
	Hazard Ratio (95% CI)		1.770 ( 0.955, 3.280)
	Treatment P-value [a]		0.07135
	Interaction P-value [b]		0.08761
6 Months	Patients at Risk, Survival Est. (95% CI)	5, 0.39 ( 0.25, 0.53)	7, 0.56 ( 0.34, 0.74)
12 Months	Patients at Risk, Survival Est. (95% CI)	1, 0.39 ( 0.25, 0.53)	0

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC10.DIS.KM.S10.FAS: EORTC Diarrhoea Symptom Score: Time to Deterioration of at least 10 points (Months) (Full Analysis Set)

Subgroup: Best Response to Prior CPI, Level: Non-responder

Time Point	Statistics	Enfortumab Vedotin (N=207)	Chemotherapy (N=215)
Overall	No. of Events (%)	86 ( 41.5)	81 ( 37.7)
	Median Survival Est. (95% CI)	2.20 ( 1.12, 7.56)	2.14 ( 1.28, 7.69)
	Hazard Ratio (95% CI)		0.972 ( 0.717, 1.317)
	Treatment P-value [a]		0.87528
	Interaction P-value [b]		0.08761
6 Months	Patients at Risk, Survival Est. (95% CI)	21, 0.46 ( 0.38, 0.54)	12, 0.42 ( 0.33, 0.51)
12 Months	Patients at Risk, Survival Est. (95% CI)	1, 0.23 ( 0.11, 0.39)	2, 0.33 ( 0.20, 0.46)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## 2.4.1.9 Finanzielle Schwierigkeiten

Astellas: 7465-CL-0301

Table EORTC10.FIS.KM.S1.FAS: EORTC Financial Difficulties Symptom Score: Time to Deterioration of at least 10 points (Months) (Full Analysis Set)

Subgroup: Age Group 1, Level: <65 years

Time Point	Statistics	Enfortumab Vedotin (N=108)	Chemotherapy (N=111)
Overall	No. of Events (%)	33 ( 30.6)	23 ( 20.7)
	Median Survival Est. (95% CI)	8.38 ( 5.36, NC)	NC ( 5.32, NC)
	Hazard Ratio (95% CI)		1.336 ( 0.784, 2.275)
	Treatment P-value [a]		0.29405
	Interaction P-value [b]		0.15628
6 Months	Patients at Risk, Survival Est. (95% CI)	13, 0.62 ( 0.49, 0.72)	11, 0.63 ( 0.48, 0.75)
12 Months	Patients at Risk, Survival Est. (95% CI)	1, 0.43 ( 0.22, 0.62)	0

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC10.FIS.KM.S1.FAS: EORTC Financial Difficulties Symptom Score: Time to Deterioration of at least 10 points (Months) (Full Analysis Set)

Subgroup: Age Group 1, Level: &gt;=65 years

Time Point	Statistics	Enfortumab Vedotin (N=193)	Chemotherapy (N=196)
Overall	No. of Events (%)	48 ( 24.9)	49 ( 25.0)
	Median Survival Est. (95% CI)	NC ( 8.15, NC)	9.00 ( 5.42, NC)
	Hazard Ratio (95% CI)		0.826 ( 0.554, 1.230)
	Treatment P-value [a]		0.34220
	Interaction P-value [b]		0.15628
6 Months	Patients at Risk, Survival Est. (95% CI)	23, 0.66 ( 0.57, 0.74)	13, 0.59 ( 0.48, 0.69)
12 Months	Patients at Risk, Survival Est. (95% CI)	4, 0.54 ( 0.38, 0.67)	3, 0.49 ( 0.29, 0.67)

Subgroup analyses are conducted if there exist at least 2 levels with >= 10 patients across treatment arms and >=10 events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table EORTC10.FIS.KM.S2.FAS: EORTC Financial Difficulties Symptom Score: Time to Deterioration of at least 10 points (Months) (Full Analysis Set)

Subgroup: Age Group 2, Level: &lt;75 years

Time Point	Statistics	Enfortumab Vedotin (N=249)	Chemotherapy (N=239)
Overall	No. of Events (%)	71 ( 28.5)	54 ( 22.6)
	Median Survival Est. (95% CI)	9.36 ( 7.56, NC)	NC ( 9.00, NC)
	Hazard Ratio (95% CI)		1.030 ( 0.723, 1.468)
	Treatment P-value [a]		0.89440
	Interaction P-value [b]		0.48095
6 Months	Patients at Risk, Survival Est. (95% CI)	32, 0.64 ( 0.55, 0.71)	18, 0.61 ( 0.50, 0.70)
12 Months	Patients at Risk, Survival Est. (95% CI)	4, 0.46 ( 0.33, 0.59)	0

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC10.FIS.KM.S2.FAS: EORTC Financial Difficulties Symptom Score: Time to Deterioration of at least 10 points (Months) (Full Analysis Set)

Subgroup: Age Group 2, Level: &gt;=75 years

Time Point	Statistics	Enfortumab Vedotin (N=52)	Chemotherapy (N=68)
Overall	No. of Events (%)	10 ( 19.2)	18 ( 26.5)
	Median Survival Est. (95% CI)	NC (NC , NC)	NC ( 2.69, NC)
	Hazard Ratio (95% CI)		0.759 ( 0.350, 1.644)
	Treatment P-value [a]		0.44158
	Interaction P-value [b]		0.48095
6 Months	Patients at Risk, Survival Est. (95% CI)	4, 0.71 ( 0.53, 0.84)	6, 0.60 ( 0.44, 0.73)
12 Months	Patients at Risk, Survival Est. (95% CI)	1, 0.71 ( 0.53, 0.84)	3, 0.60 ( 0.44, 0.73)

Subgroup analyses are conducted if there exist at least 2 levels with >= 10 patients across treatment arms and >=10 events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC10.FIS.KM.S3.FAS: EORTC Financial Difficulties Symptom Score: Time to Deterioration of at least 10 points (Months) (Full Analysis Set)

Subgroup: Gender, Level: Male

Time Point	Statistics	Enfortumab Vedotin (N=238)	Chemotherapy (N=232)
Overall	No. of Events (%)	66 ( 27.7)	56 ( 24.1)
	Median Survival Est. (95% CI)	NC ( 6.34, NC)	NC ( 5.42, NC)
	Hazard Ratio (95% CI)		0.991 ( 0.694, 1.416)
	Treatment P-value [a]		0.93576
	Interaction P-value [b]		0.86393
6 Months	Patients at Risk, Survival Est. (95% CI)	29, 0.62 ( 0.54, 0.70)	18, 0.60 ( 0.50, 0.69)
12 Months	Patients at Risk, Survival Est. (95% CI)	5, 0.52 ( 0.39, 0.63)	2, 0.53 ( 0.37, 0.67)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC10.FIS.KM.S3.FAS: EORTC Financial Difficulties Symptom Score: Time to Deterioration of at least 10 points (Months) (Full Analysis Set)

Subgroup: Gender, Level: Female

Time Point	Statistics	Enfortumab Vedotin (N=63)	Chemotherapy (N=75)
Overall	No. of Events (%)	15 ( 23.8)	16 ( 21.3)
	Median Survival Est. (95% CI)	9.36 ( 8.15, NC)	NC ( 2.79, NC)
	Hazard Ratio (95% CI)		0.925 ( 0.457, 1.872)
	Treatment P-value [a]		0.84494
	Interaction P-value [b]		0.86393
6 Months	Patients at Risk, Survival Est. (95% CI)	7, 0.72 ( 0.57, 0.83)	6, 0.62 ( 0.44, 0.76)
12 Months	Patients at Risk, Survival Est. (95% CI)	0	1, 0.62 ( 0.44, 0.76)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table EORTC10.FIS.KM.S4.FAS: EORTC Financial Difficulties Symptom Score: Time to Deterioration of at least 10 points (Months) (Full Analysis Set)

Subgroup: Region, Level: Western Europe

Time Point	Statistics	Enfortumab Vedotin (N=126)	Chemotherapy (N=129)
Overall	No. of Events (%)	24 ( 19.0)	22 ( 17.1)
	Median Survival Est. (95% CI)	NC (NC , NC)	NC (NC , NC)
	Hazard Ratio (95% CI)		0.905 ( 0.507, 1.614)
	Treatment P-value [a]		0.71948
	Interaction P-value [b]		0.92789
6 Months	Patients at Risk, Survival Est. (95% CI)	12, 0.73 ( 0.62, 0.81)	10, 0.68 ( 0.55, 0.78)
12 Months	Patients at Risk, Survival Est. (95% CI)	0	2, 0.68 ( 0.55, 0.78)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC10.FIS.KM.S4.FAS: EORTC Financial Difficulties Symptom Score: Time to Deterioration of at least 10 points (Months) (Full Analysis Set)

Subgroup: Region, Level: US

Time Point	Statistics	Enfortumab Vedotin (N=43)	Chemotherapy (N=44)
Overall	No. of Events (%)	8 ( 18.6)	7 ( 15.9)
	Median Survival Est. (95% CI)	NC ( 5.45, NC)	NC ( 2.69, NC)
	Hazard Ratio (95% CI)		0.975 ( 0.353, 2.692)
	Treatment P-value [a]		0.999989
	Interaction P-value [b]		0.92789
6 Months	Patients at Risk, Survival Est. (95% CI)	8, 0.68 ( 0.44, 0.83)	4, 0.70 ( 0.45, 0.85)
12 Months	Patients at Risk, Survival Est. (95% CI)	2, 0.68 ( 0.44, 0.83)	0

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table EORTC10.FIS.KM.S4.FAS: EORTC Financial Difficulties Symptom Score: Time to Deterioration of at least 10 points (Months) (Full Analysis Set)

Subgroup: Region, Level: Rest of the World

Time Point	Statistics	Enfortumab Vedotin (N=132)	Chemotherapy (N=134)
Overall	No. of Events (%)	49 ( 37.1)	43 ( 32.1)
	Median Survival Est. (95% CI)	8.15 ( 5.36, NC)	9.00 ( 3.98, NC)
	Hazard Ratio (95% CI)		1.041 ( 0.691, 1.568)
	Treatment P-value [a]		0.93680
	Interaction P-value [b]		0.92789
6 Months	Patients at Risk, Survival Est. (95% CI)	16, 0.59 ( 0.48, 0.68)	10, 0.54 ( 0.41, 0.65)
12 Months	Patients at Risk, Survival Est. (95% CI)	3, 0.34 ( 0.17, 0.52)	1, 0.36 ( 0.10, 0.63)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table EORTC10.FIS.KM.S5.FAS: EORTC Financial Difficulties Symptom Score: Time to Deterioration of at least 10 points (Months) (Full Analysis Set)

Subgroup: ECOG PS from IRT Strata, Level: 0

Time Point	Statistics	Enfortumab Vedotin (N=120)	Chemotherapy (N=124)
Overall	No. of Events (%)	33 ( 27.5)	27 ( 21.8)
	Median Survival Est. (95% CI)	NC ( 7.56, NC)	NC (NC , NC)
	Hazard Ratio (95% CI)		1.119 ( 0.673, 1.862)
	Treatment P-value [a]		0.63571
	Interaction P-value [b]		0.50014
6 Months	Patients at Risk, Survival Est. (95% CI)	19, 0.67 ( 0.55, 0.76)	11, 0.68 ( 0.57, 0.78)
12 Months	Patients at Risk, Survival Est. (95% CI)	4, 0.57 ( 0.39, 0.71)	1, 0.68 ( 0.57, 0.78)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table EORTC10.FIS.KM.S5.FAS: EORTC Financial Difficulties Symptom Score: Time to Deterioration of at least 10 points (Months) (Full Analysis Set)

Subgroup: ECOG PS from IRT Strata, Level: 1

Time Point	Statistics	Enfortumab Vedotin (N=181)	Chemotherapy (N=183)
Overall	No. of Events (%)	48 ( 26.5)	45 ( 24.6)
	Median Survival Est. (95% CI)	8.38 ( 6.21, NC)	9.00 ( 2.69, NC)
	Hazard Ratio (95% CI)		0.894 ( 0.595, 1.344)
	Treatment P-value [a]		0.60304
	Interaction P-value [b]		0.50014
6 Months	Patients at Risk, Survival Est. (95% CI)	17, 0.63 ( 0.53, 0.71)	13, 0.54 ( 0.42, 0.65)
12 Months	Patients at Risk, Survival Est. (95% CI)	1, 0.43 ( 0.25, 0.60)	2, 0.47 ( 0.31, 0.62)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC10.FIS.KM.S6.FAS: EORTC Financial Difficulties Symptom Score: Time to Deterioration of at least 10 points (Months) (Full Analysis Set)

Subgroup: Liver Metastasis from IRT Strata, Level: Yes

Time Point	Statistics	Enfortumab Vedotin (N=93)	Chemotherapy (N=95)
Overall	No. of Events (%)	33 ( 35.5)	17 ( 17.9)
	Median Survival Est. (95% CI)	2.40 ( 1.31, NC)	NC ( 5.32, NC)
	Hazard Ratio (95% CI)		1.840 ( 1.024, 3.306)
	Treatment P-value [a]		0.03371
	Interaction P-value [b]		0.01109
6 Months	Patients at Risk, Survival Est. (95% CI)	7, 0.50 ( 0.36, 0.62)	4, 0.64 ( 0.45, 0.77)
12 Months	Patients at Risk, Survival Est. (95% CI)	1, 0.34 ( 0.15, 0.54)	2, 0.64 ( 0.45, 0.77)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC10.FIS.KM.S6.FAS: EORTC Financial Difficulties Symptom Score: Time to Deterioration of at least 10 points (Months) (Full Analysis Set)

Subgroup: Liver Metastasis from IRT Strata, Level: No

Time Point	Statistics	Enfortumab Vedotin (N=208)	Chemotherapy (N=212)
Overall	No. of Events (%)	48 ( 23.1)	55 ( 25.9)
	Median Survival Est. (95% CI)	NC ( 8.15, NC)	NC ( 5.42, NC)
	Hazard Ratio (95% CI)		0.741 ( 0.503, 1.091)
	Treatment P-value [a]		0.12578
	Interaction P-value [b]		0.01109
6 Months	Patients at Risk, Survival Est. (95% CI)	29, 0.70 ( 0.62, 0.77)	20, 0.60 ( 0.50, 0.68)
12 Months	Patients at Risk, Survival Est. (95% CI)	4, 0.56 ( 0.41, 0.69)	1, 0.53 ( 0.37, 0.67)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC10.FIS.KM.S7.FAS: EORTC Financial Difficulties Symptom Score: Time to Deterioration of at least 10 points (Months) (Full Analysis Set)

Subgroup: Pre-selected Investigator's Choice of Paclitaxel/Docetaxel/Vinflunine, Level: Paclitaxel

Time Point	Statistics	Enfortumab Vedotin (N=141)	Chemotherapy (N=112)
Overall	No. of Events (%)	49 ( 34.8)	24 ( 21.4)
	Median Survival Est. (95% CI)	8.15 ( 2.76, NC)	NC (NC , NC)
	Hazard Ratio (95% CI)		1.348 ( 0.826, 2.198)
	Treatment P-value [a]		0.23876
	Interaction P-value [b]		0.16217
6 Months	Patients at Risk, Survival Est. (95% CI)	19, 0.58 ( 0.47, 0.67)	6, 0.65 ( 0.52, 0.76)
12 Months	Patients at Risk, Survival Est. (95% CI)	3, 0.38 ( 0.22, 0.53)	0

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table EORTC10.FIS.KM.S7.FAS: EORTC Financial Difficulties Symptom Score: Time to Deterioration of at least 10 points (Months) (Full Analysis Set)

Subgroup: Pre-selected Investigator's Choice of Paclitaxel/Docetaxel/Vinflunine, Level: Docetaxel

Time Point	Statistics	Enfortumab Vedotin (N=87)	Chemotherapy (N=117)
Overall	No. of Events (%)	20 ( 23.0) NC (NC , NC)	30 ( 25.6) 9.00 ( 5.32, NC)
	Median Survival Est. (95% CI)		
	Hazard Ratio (95% CI)		0.742 ( 0.421, 1.308)
	Treatment P-value [a]		0.26909
	Interaction P-value [b]		0.16217
6 Months	Patients at Risk, Survival Est. (95% CI)	11, 0.66 ( 0.51, 0.77)	10, 0.56 ( 0.40, 0.69)
12 Months	Patients at Risk, Survival Est. (95% CI)	2, 0.66 ( 0.51, 0.77)	1, 0.42 ( 0.17, 0.66)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table EORTC10.FIS.KM.S7.FAS: EORTC Financial Difficulties Symptom Score: Time to Deterioration of at least 10 points (Months) (Full Analysis Set)

Subgroup: Pre-selected Investigator's Choice of Paclitaxel/Docetaxel/Vinflunine, Level: Vinflunine

Time Point	Statistics	Enfortumab Vedotin (N=73)	Chemotherapy (N=78)
Overall	No. of Events (%)	12 ( 16.4)	18 ( 23.1)
	Median Survival Est. (95% CI)	NC ( 6.21, NC)	NC ( 2.40, NC)
	Hazard Ratio (95% CI)		0.661 ( 0.318, 1.372)
	Treatment P-value [a]		0.24813
	Interaction P-value [b]		0.16217
6 Months	Patients at Risk, Survival Est. (95% CI)	6, 0.78 ( 0.63, 0.87)	8, 0.62 ( 0.47, 0.75)
12 Months	Patients at Risk, Survival Est. (95% CI)	0	2, 0.62 ( 0.47, 0.75)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table EORTC10.FIS.KM.S8.FAS: EORTC Financial Difficulties Symptom Score: Time to Deterioration of at least 10 points (Months) (Full Analysis Set)

Subgroup: Primary Site of Tumor, Level: Upper Tract

Time Point	Statistics	Enfortumab Vedotin (N=98)	Chemotherapy (N=107)
Overall	No. of Events (%)	29 ( 29.6)	27 ( 25.2)
	Median Survival Est. (95% CI)	8.15 ( 6.21, NC)	NC ( 5.32, NC)
	Hazard Ratio (95% CI)		1.116 ( 0.660, 1.885)
	Treatment P-value [a]		0.71068
	Interaction P-value [b]		0.55199
6 Months	Patients at Risk, Survival Est. (95% CI)	15, 0.65 ( 0.51, 0.75)	11, 0.61 ( 0.47, 0.73)
12 Months	Patients at Risk, Survival Est. (95% CI)	2, 0.37 ( 0.17, 0.57)	1, 0.53 ( 0.32, 0.70)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC10.FIS.KM.S8.FAS: EORTC Financial Difficulties Symptom Score: Time to Deterioration of at least 10 points (Months) (Full Analysis Set)

Subgroup: Primary Site of Tumor, Level: Other

Time Point	Statistics	Enfortumab Vedotin (N=203)	Chemotherapy (N=200)
Overall	No. of Events (%)	52 ( 25.6)	45 ( 22.5)
	Median Survival Est. (95% CI)	NC ( 8.38, NC)	NC ( 5.42, NC)
	Hazard Ratio (95% CI)		0.914 ( 0.613, 1.362)
	Treatment P-value [a]		0.70542
	Interaction P-value [b]		0.55199
6 Months	Patients at Risk, Survival Est. (95% CI)	21, 0.64 ( 0.55, 0.72)	13, 0.60 ( 0.49, 0.70)
12 Months	Patients at Risk, Survival Est. (95% CI)	3, 0.59 ( 0.45, 0.70)	2, 0.60 ( 0.49, 0.70)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC10.FIS.KM.S9.FAS: EORTC Financial Difficulties Symptom Score: Time to Deterioration of at least 10 points (Months) (Full Analysis Set)

Subgroup: Prior Lines of Systemic Therapy, Level: 1-2 lines

Time Point	Statistics	Enfortumab Vedotin (N=262)	Chemotherapy (N=270)
Overall	No. of Events (%)	66 ( 25.2)	64 ( 23.7)
	Median Survival Est. (95% CI)	NC ( 8.15, NC)	NC ( 9.00, NC)
	Hazard Ratio (95% CI)		0.901 ( 0.638, 1.271)
	Treatment P-value [a]		0.54838
	Interaction P-value [b]		0.20580
6 Months	Patients at Risk, Survival Est. (95% CI)	32, 0.66 ( 0.58, 0.73)	22, 0.60 ( 0.50, 0.68)
12 Months	Patients at Risk, Survival Est. (95% CI)	4, 0.52 ( 0.38, 0.64)	2, 0.53 ( 0.38, 0.66)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC10.FIS.KM.S9.FAS: EORTC Financial Difficulties Symptom Score: Time to Deterioration of at least 10 points (Months) (Full Analysis Set)

Subgroup: Prior Lines of Systemic Therapy, Level: &gt;=3 lines

Time Point	Statistics	Enfortumab Vedotin (N=39)	Chemotherapy (N=37)
Overall	No. of Events (%)	15 ( 38.5)	8 ( 21.6)
	Median Survival Est. (95% CI)	6.34 ( 1.71, NC)	NC ( 2.69, NC)
	Hazard Ratio (95% CI)		1.636 ( 0.693, 3.861)
	Treatment P-value [a]		0.26245
	Interaction P-value [b]		0.20580
6 Months	Patients at Risk, Survival Est. (95% CI)	4, 0.54 ( 0.34, 0.70)	2, 0.70 ( 0.46, 0.84)
12 Months	Patients at Risk, Survival Est. (95% CI)	1, 0.40 ( 0.15, 0.64)	1, 0.70 ( 0.46, 0.84)

Subgroup analyses are conducted if there exist at least 2 levels with >= 10 patients across treatment arms and >=10 events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table EORTC10.FIS.KM.S10.FAS: EORTC Financial Difficulties Symptom Score: Time to Deterioration of at least 10 points (Months) (Full Analysis Set)

Subgroup: Best Response to Prior CPI, Level: Responder

Time Point	Statistics	Enfortumab Vedotin (N=61)	Chemotherapy (N=50)
Overall	No. of Events (%)	17 ( 27.9)	18 ( 36.0)
	Median Survival Est. (95% CI)	NC ( 8.15, NC)	2.66 ( 1.08, NC)
	Hazard Ratio (95% CI)		0.567 ( 0.292, 1.101)
	Treatment P-value [a]		0.07653
	Interaction P-value [b]		0.05656
6 Months	Patients at Risk, Survival Est. (95% CI)	7, 0.67 ( 0.51, 0.79)	3, 0.48 ( 0.30, 0.65)
12 Months	Patients at Risk, Survival Est. (95% CI)	1, 0.50 ( 0.19, 0.75)	0

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table EORTC10.FIS.KM.S10.FAS: EORTC Financial Difficulties Symptom Score: Time to Deterioration of at least 10 points (Months) (Full Analysis Set)

Subgroup: Best Response to Prior CPI, Level: Non-responder

Time Point	Statistics	Enfortumab Vedotin (N=207)	Chemotherapy (N=215)
Overall	No. of Events (%)	59 ( 28.5)	47 ( 21.9)
	Median Survival Est. (95% CI)	8.38 ( 6.21, NC)	NC ( 9.00, NC)
	Hazard Ratio (95% CI)		1.195 ( 0.814, 1.754)
	Treatment P-value [a]		0.36109
	Interaction P-value [b]		0.05656
6 Months	Patients at Risk, Survival Est. (95% CI)	24, 0.61 ( 0.52, 0.69)	18, 0.63 ( 0.53, 0.72)
12 Months	Patients at Risk, Survival Est. (95% CI)	3, 0.49 ( 0.35, 0.61)	3, 0.56 ( 0.39, 0.70)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## 2.4.2 Sensitivitätsanalyse (Responderschwelle ≥ 15 Punkte)

### 2.4.2.1 Fatigue

Astellas: 7465-CL-0301

Table EORTC15.FS.KM.S1.FAS: EORTC Fatigue Symptom Score: Time to Deterioration of at least 15 points (Months) (Full Analysis Set)

Subgroup: Age Group 1, Level: <65 years

Time Point	Statistics	Enfortumab Vedotin (N=108)	Chemotherapy (N=111)
Overall	No. of Events (%)	53 ( 49.1)	41 ( 36.9)
	Median Survival Est. (95% CI)	1.94 ( 0.95, 6.21)	2.37 ( 1.45, 7.69)
	Hazard Ratio (95% CI)		1.111 ( 0.739, 1.671)
	Treatment P-value [a]		0.55137
	Interaction P-value [b]		0.11732
6 Months	Patients at Risk, Survival Est. (95% CI)	10, 0.39 ( 0.26, 0.51)	8, 0.42 ( 0.30, 0.54)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC15.FS.KM.S1.FAS: EORTC Fatigue Symptom Score: Time to Deterioration of at least 15 points (Months) (Full Analysis Set)

Subgroup: Age Group 1, Level: &gt;=65 years

Time Point	Statistics	Enfortumab Vedotin (N=193)	Chemotherapy (N=196)
Overall	No. of Events (%)	99 ( 51.3)	105 ( 53.6)
	Median Survival Est. (95% CI)	1.28 ( 0.99, 1.91)	1.02 ( 0.79, 1.28)
	Hazard Ratio (95% CI)		0.750 ( 0.570, 0.988)
	Treatment P-value [a]		0.04374
	Interaction P-value [b]		0.11732
6 Months	Patients at Risk, Survival Est. (95% CI)	13, 0.30 ( 0.21, 0.39)	7, 0.17 ( 0.10, 0.26)
12 Months	Patients at Risk, Survival Est. (95% CI)	2, 0.25 ( 0.16, 0.35)	1, 0.17 ( 0.10, 0.26)

Subgroup analyses are conducted if there exist at least 2 levels with >= 10 patients across treatment arms and >=10 events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC15.FS.KM.S2.FAS: EORTC Fatigue Symptom Score: Time to Deterioration of at least 15 points (Months) (Full Analysis Set)

Subgroup: Age Group 2, Level: &lt;75 years

Time Point	Statistics	Enfortumab Vedotin (N=249)	Chemotherapy (N=239)
Overall	No. of Events (%)	126 ( 50.6)	107 ( 44.8)
	Median Survival Est. (95% CI)	1.68 ( 1.22, 2.66)	1.41 ( 0.99, 2.00)
	Hazard Ratio (95% CI)		0.847 ( 0.655, 1.097)
	Treatment P-value [a]		0.22333
	Interaction P-value [b]		0.62341
6 Months	Patients at Risk, Survival Est. (95% CI)	19, 0.35 ( 0.27, 0.43)	11, 0.28 ( 0.20, 0.37)
12 Months	Patients at Risk, Survival Est. (95% CI)	1, 0.20 ( 0.11, 0.30)	0

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table EORTC15.FS.KM.S2.FAS: EORTC Fatigue Symptom Score: Time to Deterioration of at least 15 points (Months) (Full Analysis Set)

Subgroup: Age Group 2, Level: &gt;=75 years

Time Point	Statistics	Enfortumab Vedotin (N=52)	Chemotherapy (N=68)
Overall	No. of Events (%)	26 ( 50.0)	39 ( 57.4)
	Median Survival Est. (95% CI)	0.79 ( 0.53, 5.32)	1.18 ( 0.79, 2.10)
	Hazard Ratio (95% CI)		0.975 ( 0.593, 1.602)
	Treatment P-value [a]		0.98961
	Interaction P-value [b]		0.62341
6 Months	Patients at Risk, Survival Est. (95% CI)	4, 0.24 ( 0.09, 0.42)	4, 0.19 ( 0.09, 0.32)
12 Months	Patients at Risk, Survival Est. (95% CI)	1, 0.24 ( 0.09, 0.42)	1, 0.19 ( 0.09, 0.32)

Subgroup analyses are conducted if there exist at least 2 levels with >= 10 patients across treatment arms and >=10 events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC15.FS.KM.S3.FAS: EORTC Fatigue Symptom Score: Time to Deterioration of at least 15 points (Months) (Full Analysis Set)

Subgroup: Gender, Level: Male

Time Point	Statistics	Enfortumab Vedotin (N=238)	Chemotherapy (N=232)
Overall	No. of Events (%)	125 ( 52.5)	113 ( 48.7)
	Median Survival Est. (95% CI)	1.28 ( 0.95, 1.94)	1.18 ( 0.95, 1.68)
	Hazard Ratio (95% CI)		0.855 ( 0.662, 1.103)
	Treatment P-value [a]		0.24567
	Interaction P-value [b]		0.84973
6 Months	Patients at Risk, Survival Est. (95% CI)	21, 0.33 ( 0.25, 0.41)	11, 0.24 ( 0.16, 0.33)
12 Months	Patients at Risk, Survival Est. (95% CI)	2, 0.21 ( 0.13, 0.30)	1, 0.18 ( 0.10, 0.29)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC15.FS.KM.S3.FAS: EORTC Fatigue Symptom Score: Time to Deterioration of at least 15 points (Months) (Full Analysis Set)

Subgroup: Gender, Level: Female

Time Point	Statistics	Enfortumab Vedotin (N=63)	Chemotherapy (N=75)
Overall	No. of Events (%)	27 ( 42.9)	33 ( 44.0)
	Median Survival Est. (95% CI)	5.32 ( 1.22, 5.52)	1.68 ( 0.99, 4.14)
	Hazard Ratio (95% CI)		0.809 ( 0.486, 1.346)
	Treatment P-value [a]		0.34579
	Interaction P-value [b]		0.84973
6 Months	Patients at Risk, Survival Est. (95% CI)	2, 0.29 ( 0.11, 0.49)	4, 0.28 ( 0.14, 0.43)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC15.FS.KM.S4.FAS: EORTC Fatigue Symptom Score: Time to Deterioration of at least 15 points (Months) (Full Analysis Set)

Subgroup: Region, Level: Western Europe

Time Point	Statistics	Enfortumab Vedotin (N=126)	Chemotherapy (N=129)
Overall	No. of Events (%)	55 ( 43.7)	53 ( 41.1)
	Median Survival Est. (95% CI)	1.91 ( 0.95, 5.52)	0.99 ( 0.72, 1.41)
	Hazard Ratio (95% CI)		0.725 ( 0.497, 1.058)
	Treatment P-value [a]		0.10678
	Interaction P-value [b]		0.57956
6 Months	Patients at Risk, Survival Est. (95% CI)	7, 0.37 ( 0.25, 0.50)	5, 0.27 ( 0.17, 0.39)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC15.FS.KM.S4.FAS: EORTC Fatigue Symptom Score: Time to Deterioration of at least 15 points (Months) (Full Analysis Set)

Subgroup: Region, Level: US

Time Point	Statistics	Enfortumab Vedotin (N=43)	Chemotherapy (N=44)
Overall	No. of Events (%)	20 ( 46.5)	18 ( 40.9)
	Median Survival Est. (95% CI)	1.68 ( 0.76, 5.45)	1.12 ( 0.62, 2.66)
	Hazard Ratio (95% CI)		0.961 ( 0.508, 1.818)
	Treatment P-value [a]		0.90934
	Interaction P-value [b]		0.57956
6 Months	Patients at Risk, Survival Est. (95% CI)	3, 0.23 ( 0.08, 0.42)	2, 0.31 ( 0.14, 0.49)
12 Months	Patients at Risk, Survival Est. (95% CI)	1, 0.23 ( 0.08, 0.42)	0

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC15.FS.KM.S4.FAS: EORTC Fatigue Symptom Score: Time to Deterioration of at least 15 points (Months) (Full Analysis Set)

Subgroup: Region, Level: Rest of the World

Time Point	Statistics	Enfortumab Vedotin (N=132)	Chemotherapy (N=134)
Overall	No. of Events (%)	77 ( 58.3)	75 ( 56.0)
	Median Survival Est. (95% CI)	1.22 ( 0.89, 2.43)	1.68 ( 1.08, 2.46)
	Hazard Ratio (95% CI)		0.925 ( 0.673, 1.273)
	Treatment P-value [a]		0.55752
	Interaction P-value [b]		0.57956
6 Months	Patients at Risk, Survival Est. (95% CI)	13, 0.34 ( 0.24, 0.44)	8, 0.24 ( 0.15, 0.35)
12 Months	Patients at Risk, Survival Est. (95% CI)	1, 0.19 ( 0.09, 0.31)	1, 0.14 ( 0.05, 0.28)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC15.FS.KM.S5.FAS: EORTC Fatigue Symptom Score: Time to Deterioration of at least 15 points (Months) (Full Analysis Set)

Subgroup: ECOG PS from IRT Strata, Level: 0

Time Point	Statistics	Enfortumab Vedotin (N=120)	Chemotherapy (N=124)
Overall	No. of Events (%)	70 ( 58.3)	65 ( 52.4)
	Median Survival Est. (95% CI)	1.45 ( 0.85, 2.66)	1.61 ( 0.99, 2.37)
	Hazard Ratio (95% CI)		0.955 ( 0.681, 1.339)
	Treatment P-value [a]		0.69234
	Interaction P-value [b]		0.37562
6 Months	Patients at Risk, Survival Est. (95% CI)	11, 0.29 ( 0.18, 0.40)	6, 0.27 ( 0.16, 0.39)
12 Months	Patients at Risk, Survival Est. (95% CI)	1, 0.17 ( 0.08, 0.30)	0

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC15.FS.KM.S5.FAS: EORTC Fatigue Symptom Score: Time to Deterioration of at least 15 points (Months) (Full Analysis Set)

Subgroup: ECOG PS from IRT Strata, Level: 1

Time Point	Statistics	Enfortumab Vedotin (N=181)	Chemotherapy (N=183)
Overall	No. of Events (%)	82 ( 45.3)	81 ( 44.3)
	Median Survival Est. (95% CI)	1.68 ( 0.99, 5.42)	1.12 ( 0.76, 1.71)
	Hazard Ratio (95% CI)		0.777 ( 0.571, 1.056)
	Treatment P-value [a]		0.12014
	Interaction P-value [b]		0.37562
6 Months	Patients at Risk, Survival Est. (95% CI)	12, 0.36 ( 0.27, 0.46)	9, 0.23 ( 0.14, 0.33)
12 Months	Patients at Risk, Survival Est. (95% CI)	1, 0.27 ( 0.16, 0.39)	1, 0.23 ( 0.14, 0.33)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC15.FS.KM.S6.FAS: EORTC Fatigue Symptom Score: Time to Deterioration of at least 15 points (Months) (Full Analysis Set)

Subgroup: Liver Metastasis from IRT Strata, Level: Yes

Time Point	Statistics	Enfortumab Vedotin (N=93)	Chemotherapy (N=95)
Overall	No. of Events (%)	44 ( 47.3)	42 ( 44.2)
	Median Survival Est. (95% CI)	1.48 ( 0.76, 5.42)	1.05 ( 0.72, 1.25)
	Hazard Ratio (95% CI)		0.721 ( 0.472, 1.103)
	Treatment P-value [a]		0.14768
	Interaction P-value [b]		0.37440
6 Months	Patients at Risk, Survival Est. (95% CI)	10, 0.34 ( 0.21, 0.47)	2, 0.26 ( 0.15, 0.38)
12 Months	Patients at Risk, Survival Est. (95% CI)	1, 0.25 ( 0.13, 0.40)	0

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC15.FS.KM.S6.FAS: EORTC Fatigue Symptom Score: Time to Deterioration of at least 15 points (Months) (Full Analysis Set)

Subgroup: Liver Metastasis from IRT Strata, Level: No

Time Point	Statistics	Enfortumab Vedotin (N=208)	Chemotherapy (N=212)
Overall	No. of Events (%)	108 ( 51.9)	104 ( 49.1)
	Median Survival Est. (95% CI)	1.64 ( 0.99, 2.43)	1.68 ( 0.99, 2.37)
	Hazard Ratio (95% CI)		0.906 ( 0.692, 1.186)
	Treatment P-value [a]		0.47581
	Interaction P-value [b]		0.37440
6 Months	Patients at Risk, Survival Est. (95% CI)	13, 0.32 ( 0.24, 0.41)	13, 0.26 ( 0.18, 0.35)
12 Months	Patients at Risk, Survival Est. (95% CI)	1, 0.20 ( 0.10, 0.31)	1, 0.21 ( 0.12, 0.31)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC15.FS.KM.S7.FAS: EORTC Fatigue Symptom Score: Time to Deterioration of at least 15 points (Months) (Full Analysis Set)

Subgroup: Pre-selected Investigator's Choice of Paclitaxel/Docetaxel/Vinflunine, Level: Paclitaxel

Time Point	Statistics	Enfortumab Vedotin (N=141)	Chemotherapy (N=112)
Overall	No. of Events (%)	74 ( 52.5)	50 ( 44.6)
	Median Survival Est. (95% CI)	1.25 ( 0.85, 2.43)	1.68 ( 1.05, 2.37)
	Hazard Ratio (95% CI)		0.986 ( 0.688, 1.412)
	Treatment P-value [a]		0.97606
	Interaction P-value [b]		0.62476
6 Months	Patients at Risk, Survival Est. (95% CI)	13, 0.37 ( 0.27, 0.46)	5, 0.27 ( 0.16, 0.39)
12 Months	Patients at Risk, Survival Est. (95% CI)	1, 0.22 ( 0.11, 0.36)	0

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC15.FS.KM.S7.FAS: EORTC Fatigue Symptom Score: Time to Deterioration of at least 15 points (Months) (Full Analysis Set)

Subgroup: Pre-selected Investigator's Choice of Paclitaxel/Docetaxel/Vinflunine, Level: Docetaxel

Time Point	Statistics	Enfortumab Vedotin (N=87)	Chemotherapy (N=117)
Overall	No. of Events (%)	45 ( 51.7)	59 ( 50.4)
	Median Survival Est. (95% CI)	1.68 ( 0.79, 5.45)	1.05 ( 0.72, 2.17)
	Hazard Ratio (95% CI)		0.780 ( 0.529, 1.151)
	Treatment P-value [a]		0.18572
	Interaction P-value [b]		0.62476
6 Months	Patients at Risk, Survival Est. (95% CI)	7, 0.28 ( 0.16, 0.42)	6, 0.23 ( 0.12, 0.36)
12 Months	Patients at Risk, Survival Est. (95% CI)	1, 0.20 ( 0.09, 0.35)	1, 0.14 ( 0.04, 0.28)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table EORTC15.FS.KM.S7.FAS: EORTC Fatigue Symptom Score: Time to Deterioration of at least 15 points (Months) (Full Analysis Set)

Subgroup: Pre-selected Investigator's Choice of Paclitaxel/Docetaxel/Vinflunine, Level: Vinflunine

Time Point	Statistics	Enfortumab Vedotin (N=73)	Chemotherapy (N=78)
Overall	No. of Events (%)	33 ( 45.2)	37 ( 47.4)
	Median Survival Est. (95% CI)	1.54 ( 0.95, 5.52)	1.12 ( 0.72, 1.71)
	Hazard Ratio (95% CI)		0.785 ( 0.491, 1.255)
	Treatment P-value [a]		0.29372
	Interaction P-value [b]		0.62476
6 Months	Patients at Risk, Survival Est. (95% CI)	3, 0.29 ( 0.13, 0.49)	4, 0.27 ( 0.14, 0.41)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC15.FS.KM.S8.FAS: EORTC Fatigue Symptom Score: Time to Deterioration of at least 15 points (Months) (Full Analysis Set)

Subgroup: Primary Site of Tumor, Level: Upper Tract

Time Point	Statistics	Enfortumab Vedotin (N=98)	Chemotherapy (N=107)
Overall	No. of Events (%)	50 ( 51.0)	62 ( 57.9)
	Median Survival Est. (95% CI)	1.45 ( 0.79, 5.42)	1.05 ( 0.95, 1.71)
	Hazard Ratio (95% CI)		0.809 ( 0.556, 1.175)
	Treatment P-value [a]		0.21364
	Interaction P-value [b]		0.67779
6 Months	Patients at Risk, Survival Est. (95% CI)	9, 0.33 ( 0.21, 0.45)	3, 0.14 ( 0.05, 0.27)
12 Months	Patients at Risk, Survival Est. (95% CI)	1, 0.17 ( 0.06, 0.31)	0

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC15.FS.KM.S8.FAS: EORTC Fatigue Symptom Score: Time to Deterioration of at least 15 points (Months) (Full Analysis Set)

Subgroup: Primary Site of Tumor, Level: Other

Time Point	Statistics	Enfortumab Vedotin (N=203)	Chemotherapy (N=200)
Overall	No. of Events (%)	102 ( 50.2)	84 ( 42.0)
	Median Survival Est. (95% CI)	1.68 ( 0.99, 2.66)	1.41 ( 0.82, 2.17)
	Hazard Ratio (95% CI)		0.894 ( 0.669, 1.193)
	Treatment P-value [a]		0.47413
	Interaction P-value [b]		0.67779
6 Months	Patients at Risk, Survival Est. (95% CI)	14, 0.33 ( 0.24, 0.42)	12, 0.32 ( 0.23, 0.41)
12 Months	Patients at Risk, Survival Est. (95% CI)	1, 0.25 ( 0.15, 0.36)	1, 0.28 ( 0.18, 0.39)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC15.FS.KM.S9.FAS: EORTC Fatigue Symptom Score: Time to Deterioration of at least 15 points (Months) (Full Analysis Set)

Subgroup: Prior Lines of Systemic Therapy, Level: 1-2 lines

Time Point	Statistics	Enfortumab Vedotin (N=262)	Chemotherapy (N=270)
Overall	No. of Events (%)	130 ( 49.6)	131 ( 48.5)
	Median Survival Est. (95% CI)	1.61 ( 1.12, 2.23)	1.18 ( 0.99, 1.68)
	Hazard Ratio (95% CI)		0.797 ( 0.625, 1.016)
	Treatment P-value [a]		0.06052
	Interaction P-value [b]		0.12438
6 Months	Patients at Risk, Survival Est. (95% CI)	21, 0.33 ( 0.26, 0.42)	11, 0.22 ( 0.15, 0.30)
12 Months	Patients at Risk, Survival Est. (95% CI)	2, 0.23 ( 0.15, 0.32)	0

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC15.FS.KM.S9.FAS: EORTC Fatigue Symptom Score: Time to Deterioration of at least 15 points (Months) (Full Analysis Set)

Subgroup: Prior Lines of Systemic Therapy, Level: &gt;=3 lines

Time Point	Statistics	Enfortumab Vedotin (N=39)	Chemotherapy (N=37)
Overall	No. of Events (%)	22 ( 56.4)	15 ( 40.5)
	Median Survival Est. (95% CI)	0.99 ( 0.59, 5.49)	2.17 ( 0.76, NC)
	Hazard Ratio (95% CI)		1.380 ( 0.715, 2.661)
	Treatment P-value [a]		0.32204
	Interaction P-value [b]		0.12438
6 Months	Patients at Risk, Survival Est. (95% CI)	2, 0.28 ( 0.12, 0.47)	4, 0.46 ( 0.26, 0.64)
12 Months	Patients at Risk, Survival Est. (95% CI)	0	1, 0.46 ( 0.26, 0.64)

Subgroup analyses are conducted if there exist at least 2 levels with >= 10 patients across treatment arms and >=10 events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table EORTC15.FS.KM.S10.FAS: EORTC Fatigue Symptom Score: Time to Deterioration of at least 15 points (Months) (Full Analysis Set)

Subgroup: Best Response to Prior CPI, Level: Responder

Time Point	Statistics	Enfortumab Vedotin (N=61)	Chemotherapy (N=50)
Overall	No. of Events (%)	35 ( 57.4)	31 ( 62.0)
	Median Survival Est. (95% CI)	1.61 ( 0.95, 5.32)	0.99 ( 0.53, 2.10)
	Hazard Ratio (95% CI)		0.712 ( 0.439, 1.155)
	Treatment P-value [a]		0.19612
	Interaction P-value [b]		0.34662
6 Months	Patients at Risk, Survival Est. (95% CI)	3, 0.29 ( 0.15, 0.44)	4, 0.20 ( 0.08, 0.35)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table EORTC15.FS.KM.S10.FAS: EORTC Fatigue Symptom Score: Time to Deterioration of at least 15 points (Months) (Full Analysis Set)

Subgroup: Best Response to Prior CPI, Level: Non-responder

Time Point	Statistics	Enfortumab Vedotin (N=207)	Chemotherapy (N=215)
Overall	No. of Events (%)	102 ( 49.3)	98 ( 45.6)
	Median Survival Est. (95% CI)	1.28 ( 0.85, 1.97)	1.28 ( 1.02, 2.17)
	Hazard Ratio (95% CI)		0.931 ( 0.705, 1.229)
	Treatment P-value [a]		0.62677
	Interaction P-value [b]		0.34662
6 Months	Patients at Risk, Survival Est. (95% CI)	17, 0.35 ( 0.27, 0.44)	9, 0.25 ( 0.16, 0.34)
12 Months	Patients at Risk, Survival Est. (95% CI)	1, 0.23 ( 0.14, 0.34)	1, 0.21 ( 0.12, 0.32)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## 2.4.2.2 Übelkeit und Erbrechen

Astellas: 7465-CL-0301

Table EORTC15.NVS.KM.S1.FAS: EORTC Nausea and Vomiting Symptom Score: Time to Deterioration of at least 15 points (Months)  
(Full Analysis Set)

Subgroup: Age Group 1, Level: <65 years

Time Point	Statistics	Enfortumab Vedotin (N=108)	Chemotherapy (N=111)
Overall	No. of Events (%)	51 ( 47.2)	47 ( 42.3)
	Median Survival Est. (95% CI)	1.64 ( 0.95, 5.36)	2.14 ( 0.76, 4.86)
	Hazard Ratio (95% CI)		0.944 ( 0.634, 1.404)
	Treatment P-value [a]		0.80770
	Interaction P-value [b]		0.44357
6 Months	Patients at Risk, Survival Est. (95% CI)	8, 0.38 ( 0.27, 0.49)	10, 0.37 ( 0.25, 0.50)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC15.NVS.KM.S1.FAS: EORTC Nausea and Vomiting Symptom Score: Time to Deterioration of at least 15 points (Months)  
(Full Analysis Set)

Subgroup: Age Group 1, Level: &gt;=65 years

Time Point	Statistics	Enfortumab Vedotin (N=193)	Chemotherapy (N=196)
Overall	No. of Events (%)	89 ( 46.1)	94 ( 48.0)
	Median Survival Est. (95% CI)	1.87 ( 1.25, 2.63)	1.28 ( 0.85, 1.74)
	Hazard Ratio (95% CI)		0.779 ( 0.583, 1.041)
	Treatment P-value [a]		0.09270
	Interaction P-value [b]		0.44357
6 Months	Patients at Risk, Survival Est. (95% CI)	14, 0.36 ( 0.27, 0.44)	8, 0.27 ( 0.18, 0.37)
12 Months	Patients at Risk, Survival Est. (95% CI)	0	1, 0.27 ( 0.18, 0.37)

Subgroup analyses are conducted if there exist at least 2 levels with >= 10 patients across treatment arms and >=10 events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table EORTC15.NVS.KM.S2.FAS: EORTC Nausea and Vomiting Symptom Score: Time to Deterioration of at least 15 points (Months)  
(Full Analysis Set)

Subgroup: Age Group 2, Level: &lt;75 years

Time Point	Statistics	Enfortumab Vedotin (N=249)	Chemotherapy (N=239)
Overall	No. of Events (%)	122 ( 49.0)	112 ( 46.9)
	Median Survival Est. (95% CI)	1.68 ( 1.22, 2.37)	1.18 ( 0.82, 1.71)
	Hazard Ratio (95% CI)		0.797 ( 0.616, 1.030)
	Treatment P-value [a]		0.09288
	Interaction P-value [b]		0.74610
6 Months	Patients at Risk, Survival Est. (95% CI)	19, 0.36 ( 0.28, 0.43)	13, 0.29 ( 0.21, 0.37)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC15.NVS.KM.S2.FAS: EORTC Nausea and Vomiting Symptom Score: Time to Deterioration of at least 15 points (Months)  
(Full Analysis Set)

Subgroup: Age Group 2, Level: &gt;=75 years

Time Point	Statistics	Enfortumab Vedotin (N=52)	Chemotherapy (N=68)
Overall	No. of Events (%)	18 ( 34.6)	29 ( 42.6)
	Median Survival Est. (95% CI)	2.37 ( 0.82, NC)	1.97 ( 0.99, NC)
	Hazard Ratio (95% CI)		0.886 ( 0.492, 1.596)
	Treatment P-value [a]		0.64696
	Interaction P-value [b]		0.74610
6 Months	Patients at Risk, Survival Est. (95% CI)	3, 0.42 ( 0.23, 0.60)	5, 0.37 ( 0.21, 0.52)
12 Months	Patients at Risk, Survival Est. (95% CI)	0	1, 0.37 ( 0.21, 0.52)

Subgroup analyses are conducted if there exist at least 2 levels with >= 10 patients across treatment arms and >=10 events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC15.NVS.KM.S3.FAS: EORTC Nausea and Vomiting Symptom Score: Time to Deterioration of at least 15 points (Months)  
(Full Analysis Set)

Subgroup: Gender, Level: Male

Time Point	Statistics	Enfortumab Vedotin (N=238)	Chemotherapy (N=232)
Overall	No. of Events (%)	113 ( 47.5)	103 ( 44.4)
	Median Survival Est. (95% CI)	1.61 ( 1.18, 2.14)	1.48 ( 0.85, 1.97)
	Hazard Ratio (95% CI)		0.893 ( 0.683, 1.167)
	Treatment P-value [a]		0.42764
	Interaction P-value [b]		0.28523
6 Months	Patients at Risk, Survival Est. (95% CI)	17, 0.35 ( 0.28, 0.43)	13, 0.34 ( 0.25, 0.43)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC15.NVS.KM.S3.FAS: EORTC Nausea and Vomiting Symptom Score: Time to Deterioration of at least 15 points (Months)  
(Full Analysis Set)

Subgroup: Gender, Level: Female

Time Point	Statistics	Enfortumab Vedotin (N=63)	Chemotherapy (N=75)
Overall	No. of Events (%)	27 ( 42.9)	38 ( 50.7)
	Median Survival Est. (95% CI)	2.60 ( 1.51, NC)	1.05 ( 0.82, 1.87)
	Hazard Ratio (95% CI)		0.657 ( 0.401, 1.078)
	Treatment P-value [a]		0.06724
	Interaction P-value [b]		0.28523
6 Months	Patients at Risk, Survival Est. (95% CI)	5, 0.41 ( 0.26, 0.56)	5, 0.23 ( 0.11, 0.37)
12 Months	Patients at Risk, Survival Est. (95% CI)	0	1, 0.23 ( 0.11, 0.37)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC15.NVS.KM.S4.FAS: EORTC Nausea and Vomiting Symptom Score: Time to Deterioration of at least 15 points (Months)  
(Full Analysis Set)

Subgroup: Region, Level: Western Europe

Time Point	Statistics	Enfortumab Vedotin (N=126)	Chemotherapy (N=129)
Overall	No. of Events (%)	52 ( 41.3)	45 ( 34.9)
	Median Survival Est. (95% CI)	1.74 ( 0.95, NC)	1.41 ( 0.95, NC)
	Hazard Ratio (95% CI)		0.908 ( 0.609, 1.354)
	Treatment P-value [a]		0.59716
	Interaction P-value [b]		0.77826
6 Months	Patients at Risk, Survival Est. (95% CI)	6, 0.40 ( 0.29, 0.51)	4, 0.41 ( 0.29, 0.52)
12 Months	Patients at Risk, Survival Est. (95% CI)	0	1, 0.41 ( 0.29, 0.52)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC15.NVS.KM.S4.FAS: EORTC Nausea and Vomiting Symptom Score: Time to Deterioration of at least 15 points (Months)  
(Full Analysis Set)

Subgroup: Region, Level: US

Time Point	Statistics	Enfortumab Vedotin (N=43)	Chemotherapy (N=44)
Overall	No. of Events (%)	16 ( 37.2)	17 ( 38.6)
	Median Survival Est. (95% CI)	1.22 ( 0.56, NC)	0.85 ( 0.62, NC)
	Hazard Ratio (95% CI)		0.932 ( 0.470, 1.850)
	Treatment P-value [a]		0.94181
	Interaction P-value [b]		0.77826
6 Months	Patients at Risk, Survival Est. (95% CI)	3, 0.41 ( 0.22, 0.58)	3, 0.38 ( 0.20, 0.57)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table EORTC15.NVS.KM.S4.FAS: EORTC Nausea and Vomiting Symptom Score: Time to Deterioration of at least 15 points (Months)  
(Full Analysis Set)

Subgroup: Region, Level: Rest of the World

Time Point	Statistics	Enfortumab Vedotin (N=132)	Chemotherapy (N=134)
Overall	No. of Events (%)	72 ( 54.5)	79 ( 59.0)
	Median Survival Est. (95% CI)	1.84 ( 1.18, 2.63)	1.25 ( 0.76, 1.97)
	Hazard Ratio (95% CI)		0.772 ( 0.561, 1.062)
	Treatment P-value [a]		0.11311
	Interaction P-value [b]		0.77826
6 Months	Patients at Risk, Survival Est. (95% CI)	13, 0.33 ( 0.24, 0.43)	11, 0.25 ( 0.16, 0.35)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC15.NVS.KM.S5.FAS: EORTC Nausea and Vomiting Symptom Score: Time to Deterioration of at least 15 points (Months)  
(Full Analysis Set)

Subgroup: ECOG PS from IRT Strata, Level: 0

Time Point	Statistics	Enfortumab Vedotin (N=120)	Chemotherapy (N=124)
Overall	No. of Events (%)	57 ( 47.5)	64 ( 51.6)
	Median Survival Est. (95% CI)	2.37 ( 1.22, NC)	1.45 ( 0.82, 1.97)
	Hazard Ratio (95% CI)		0.743 ( 0.520, 1.062)
	Treatment P-value [a]		0.09191
	Interaction P-value [b]		0.40044
6 Months	Patients at Risk, Survival Est. (95% CI)	13, 0.43 ( 0.33, 0.53)	10, 0.30 ( 0.20, 0.42)
12 Months	Patients at Risk, Survival Est. (95% CI)	0	1, 0.15 ( 0.02, 0.41)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC15.NVS.KM.S5.FAS: EORTC Nausea and Vomiting Symptom Score: Time to Deterioration of at least 15 points (Months)  
(Full Analysis Set)

Subgroup: ECOG PS from IRT Strata, Level: 1

Time Point	Statistics	Enfortumab Vedotin (N=181)	Chemotherapy (N=183)
Overall	No. of Events (%)	83 ( 45.9)	77 ( 42.1)
	Median Survival Est. (95% CI)	1.68 ( 1.05, 2.30)	1.18 ( 0.82, 2.14)
	Hazard Ratio (95% CI)		0.910 ( 0.667, 1.241)
	Treatment P-value [a]		0.60194
	Interaction P-value [b]		0.40044
6 Months	Patients at Risk, Survival Est. (95% CI)	9, 0.31 ( 0.22, 0.40)	8, 0.31 ( 0.21, 0.41)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC15.NVS.KM.S6.FAS: EORTC Nausea and Vomiting Symptom Score: Time to Deterioration of at least 15 points (Months)  
(Full Analysis Set)

Subgroup: Liver Metastasis from IRT Strata, Level: Yes

Time Point	Statistics	Enfortumab Vedotin (N=93)	Chemotherapy (N=95)
Overall	No. of Events (%)	44 ( 47.3)	42 ( 44.2)
	Median Survival Est. (95% CI)	1.45 ( 0.59, 2.37)	0.76 ( 0.36, 1.22)
	Hazard Ratio (95% CI)		0.778 ( 0.509, 1.188)
	Treatment P-value [a]		0.19912
	Interaction P-value [b]		0.74504
6 Months	Patients at Risk, Survival Est. (95% CI)	7, 0.29 ( 0.17, 0.41)	4, 0.29 ( 0.18, 0.42)
12 Months	Patients at Risk, Survival Est. (95% CI)	0	1, 0.15 ( 0.02, 0.40)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC15.NVS.KM.S6.FAS: EORTC Nausea and Vomiting Symptom Score: Time to Deterioration of at least 15 points (Months)  
(Full Analysis Set)

Subgroup: Liver Metastasis from IRT Strata, Level: No

Time Point	Statistics	Enfortumab Vedotin (N=208)	Chemotherapy (N=212)
Overall	No. of Events (%)	96 ( 46.2)	99 ( 46.7)
	Median Survival Est. (95% CI)	2.14 ( 1.41, 3.58)	1.74 ( 1.15, 3.55)
	Hazard Ratio (95% CI)		0.846 ( 0.639, 1.121)
	Treatment P-value [a]		0.27141
	Interaction P-value [b]		0.74504
6 Months	Patients at Risk, Survival Est. (95% CI)	15, 0.40 ( 0.31, 0.48)	14, 0.31 ( 0.23, 0.41)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC15.NVS.KM.S7.FAS: EORTC Nausea and Vomiting Symptom Score: Time to Deterioration of at least 15 points (Months)  
(Full Analysis Set)

Subgroup: Pre-selected Investigator's Choice of Paclitaxel/Docetaxel/Vinflunine, Level: Paclitaxel

Time Point	Statistics	Enfortumab Vedotin (N=141)	Chemotherapy (N=112)
Overall	No. of Events (%)	75 ( 53.2)	51 ( 45.5)
	Median Survival Est. (95% CI)	1.51 ( 0.85, 2.37)	1.45 ( 0.85, 3.78)
	Hazard Ratio (95% CI)		0.996 ( 0.698, 1.422)
	Treatment P-value [a]		0.99722
	Interaction P-value [b]		0.07770
6 Months	Patients at Risk, Survival Est. (95% CI)	10, 0.31 ( 0.22, 0.41)	6, 0.29 ( 0.18, 0.42)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC15.NVS.KM.S7.FAS: EORTC Nausea and Vomiting Symptom Score: Time to Deterioration of at least 15 points (Months)  
(Full Analysis Set)

Subgroup: Pre-selected Investigator's Choice of Paclitaxel/Docetaxel/Vinflunine, Level: Docetaxel

Time Point	Statistics	Enfortumab Vedotin (N=87)	Chemotherapy (N=117)
Overall	No. of Events (%)	34 ( 39.1)	61 ( 52.1)
	Median Survival Est. (95% CI)	3.98 ( 1.41, NC)	0.99 ( 0.62, 1.87)
	Hazard Ratio (95% CI)		0.555 ( 0.365, 0.845)
	Treatment P-value [a]		0.00669
	Interaction P-value [b]		0.07770
6 Months	Patients at Risk, Survival Est. (95% CI)	8, 0.46 ( 0.33, 0.58)	8, 0.26 ( 0.15, 0.37)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC15.NVS.KM.S7.FAS: EORTC Nausea and Vomiting Symptom Score: Time to Deterioration of at least 15 points (Months)  
(Full Analysis Set)

Subgroup: Pre-selected Investigator's Choice of Paclitaxel/Docetaxel/Vinflunine, Level: Vinflunine

Time Point	Statistics	Enfortumab Vedotin (N=73)	Chemotherapy (N=78)
Overall	No. of Events (%)	31 ( 42.5)	29 ( 37.2)
	Median Survival Est. (95% CI)	1.68 ( 0.99, NC)	1.74 ( 0.99, NC)
	Hazard Ratio (95% CI)		1.012 ( 0.609, 1.680)
	Treatment P-value [a]		0.96254
	Interaction P-value [b]		0.07770
6 Months	Patients at Risk, Survival Est. (95% CI)	4, 0.37 ( 0.22, 0.51)	4, 0.44 ( 0.30, 0.57)
12 Months	Patients at Risk, Survival Est. (95% CI)	0	1, 0.44 ( 0.30, 0.57)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table EORTC15.NVS.KM.S8.FAS: EORTC Nausea and Vomiting Symptom Score: Time to Deterioration of at least 15 points (Months)  
(Full Analysis Set)

Subgroup: Primary Site of Tumor, Level: Upper Tract

Time Point	Statistics	Enfortumab Vedotin (N=98)	Chemotherapy (N=107)
Overall	No. of Events (%)	47 ( 48.0)	58 ( 54.2)
	Median Survival Est. (95% CI)	1.45 ( 1.12, 1.84)	1.15 ( 0.62, 1.97)
	Hazard Ratio (95% CI)		0.852 ( 0.580, 1.253)
	Treatment P-value [a]		0.46632
	Interaction P-value [b]		0.93091
6 Months	Patients at Risk, Survival Est. (95% CI)	9, 0.36 ( 0.25, 0.47)	9, 0.31 ( 0.21, 0.43)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table EORTC15.NVS.KM.S8.FAS: EORTC Nausea and Vomiting Symptom Score: Time to Deterioration of at least 15 points (Months)  
(Full Analysis Set)

Subgroup: Primary Site of Tumor, Level: Other

Time Point	Statistics	Enfortumab Vedotin (N=203)	Chemotherapy (N=200)
Overall	No. of Events (%)	93 ( 45.8)	83 ( 41.5)
	Median Survival Est. (95% CI)	2.14 ( 1.25, 3.58)	1.48 ( 0.99, 2.14)
	Hazard Ratio (95% CI)		0.834 ( 0.620, 1.122)
	Treatment P-value [a]		0.22349
	Interaction P-value [b]		0.93091
6 Months	Patients at Risk, Survival Est. (95% CI)	13, 0.37 ( 0.28, 0.45)	9, 0.30 ( 0.20, 0.41)
12 Months	Patients at Risk, Survival Est. (95% CI)	0	1, 0.26 ( 0.16, 0.38)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table EORTC15.NVS.KM.S9.FAS: EORTC Nausea and Vomiting Symptom Score: Time to Deterioration of at least 15 points (Months)  
(Full Analysis Set)

Subgroup: Prior Lines of Systemic Therapy, Level: 1-2 lines

Time Point	Statistics	Enfortumab Vedotin (N=262)	Chemotherapy (N=270)
Overall	No. of Events (%)	121 ( 46.2)	126 ( 46.7)
	Median Survival Est. (95% CI)	1.84 ( 1.45, 2.60)	1.22 ( 0.99, 1.74)
	Hazard Ratio (95% CI)		0.791 ( 0.616, 1.016)
	Treatment P-value [a]		0.06548
	Interaction P-value [b]		0.26031
6 Months	Patients at Risk, Survival Est. (95% CI)	21, 0.37 ( 0.29, 0.44)	16, 0.30 ( 0.23, 0.38)
12 Months	Patients at Risk, Survival Est. (95% CI)	0	1, 0.09 ( 0.01, 0.29)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC15.NVS.KM.S9.FAS: EORTC Nausea and Vomiting Symptom Score: Time to Deterioration of at least 15 points (Months)  
(Full Analysis Set)

Subgroup: Prior Lines of Systemic Therapy, Level: &gt;=3 lines

Time Point	Statistics	Enfortumab Vedotin (N=39)	Chemotherapy (N=37)
Overall	No. of Events (%)	19 ( 48.7)	15 ( 40.5)
	Median Survival Est. (95% CI)	1.41 ( 0.69, NC)	5.39 ( 0.39, NC)
	Hazard Ratio (95% CI)		1.198 ( 0.609, 2.358)
	Treatment P-value [a]		0.64190
	Interaction P-value [b]		0.26031
6 Months	Patients at Risk, Survival Est. (95% CI)	1, 0.37 ( 0.20, 0.54)	2, 0.34 ( 0.09, 0.62)

Subgroup analyses are conducted if there exist at least 2 levels with >= 10 patients across treatment arms and >=10 events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC15.NVS.KM.S10.FAS: EORTC Nausea and Vomiting Symptom Score: Time to Deterioration of at least 15 points (Months)  
(Full Analysis Set)

Subgroup: Best Response to Prior CPI, Level: Responder

Time Point	Statistics	Enfortumab Vedotin (N=61)	Chemotherapy (N=50)
Overall	No. of Events (%)	33 ( 54.1)	22 ( 44.0)
	Median Survival Est. (95% CI)	1.74 ( 1.22, 4.01)	1.91 ( 0.99, NC)
	Hazard Ratio (95% CI)		1.044 ( 0.609, 1.791)
	Treatment P-value [a]		0.82349
	Interaction P-value [b]		0.68524
6 Months	Patients at Risk, Survival Est. (95% CI)	4, 0.34 ( 0.21, 0.48)	3, 0.41 ( 0.24, 0.57)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC15.NVS.KM.S10.FAS: EORTC Nausea and Vomiting Symptom Score: Time to Deterioration of at least 15 points (Months)  
(Full Analysis Set)

Subgroup: Best Response to Prior CPI, Level: Non-responder

Time Point	Statistics	Enfortumab Vedotin (N=207)	Chemotherapy (N=215)
Overall	No. of Events (%)	100 ( 48.3)	98 ( 45.6)
	Median Survival Est. (95% CI)	1.25 ( 0.95, 1.87)	1.22 ( 0.82, 1.81)
	Hazard Ratio (95% CI)		0.921 ( 0.696, 1.218)
	Treatment P-value [a]		0.56450
	Interaction P-value [b]		0.68524
6 Months	Patients at Risk, Survival Est. (95% CI)	14, 0.33 ( 0.25, 0.41)	11, 0.27 ( 0.18, 0.37)
12 Months	Patients at Risk, Survival Est. (95% CI)	0	1, 0.14 ( 0.02, 0.38)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

### 2.4.2.3 Schmerz

Astellas: 7465-CL-0301

Table EORTC15.PS.KM.S1.FAS: EORTC Pain Symptom Score: Time to Deterioration of at least 15 points (Months) (Full Analysis Set)

Subgroup: Age Group 1, Level: <65 years

Time Point	Statistics	Enfortumab Vedotin (N=108)	Chemotherapy (N=111)
Overall	No. of Events (%)	60 ( 55.6)	53 ( 47.7)
	Median Survival Est. (95% CI)	0.99 ( 0.53, 2.14)	1.51 ( 0.99, 2.00)
	Hazard Ratio (95% CI)		1.048 ( 0.724, 1.518)
	Treatment P-value [a]		0.89863
	Interaction P-value [b]		0.17617
6 Months	Patients at Risk, Survival Est. (95% CI)	7, 0.29 ( 0.17, 0.42)	5, 0.18 ( 0.08, 0.31)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC15.PS.KM.S1.FAS: EORTC Pain Symptom Score: Time to Deterioration of at least 15 points (Months) (Full Analysis Set)

Subgroup: Age Group 1, Level: &gt;=65 years

Time Point	Statistics	Enfortumab Vedotin (N=193)	Chemotherapy (N=196)
Overall	No. of Events (%)	105 ( 54.4)	106 ( 54.1)
	Median Survival Est. (95% CI)	1.25 ( 0.89, 1.64)	0.99 ( 0.56, 1.18)
	Hazard Ratio (95% CI)		0.764 ( 0.583, 1.002)
	Treatment P-value [a]		0.05970
	Interaction P-value [b]		0.17617
6 Months	Patients at Risk, Survival Est. (95% CI)	14, 0.29 ( 0.22, 0.37)	8, 0.19 ( 0.11, 0.27)
12 Months	Patients at Risk, Survival Est. (95% CI)	1, 0.25 ( 0.16, 0.34)	0

Subgroup analyses are conducted if there exist at least 2 levels with >= 10 patients across treatment arms and >=10 events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table EORTC15.PS.KM.S2.FAS: EORTC Pain Symptom Score: Time to Deterioration of at least 15 points (Months) (Full Analysis Set)

Subgroup: Age Group 2, Level: &lt;75 years

Time Point	Statistics	Enfortumab Vedotin (N=249)	Chemotherapy (N=239)
Overall	No. of Events (%)	140 ( 56.2)	118 ( 49.4)
	Median Survival Est. (95% CI)	1.22 ( 0.89, 1.58)	1.18 ( 0.99, 1.61)
	Hazard Ratio (95% CI)		0.903 ( 0.706, 1.154)
	Treatment P-value [a]		0.40163
	Interaction P-value [b]		0.40849
6 Months	Patients at Risk, Survival Est. (95% CI)	18, 0.29 ( 0.22, 0.37)	10, 0.21 ( 0.13, 0.29)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC15.PS.KM.S2.FAS: EORTC Pain Symptom Score: Time to Deterioration of at least 15 points (Months) (Full Analysis Set)

Subgroup: Age Group 2, Level: &gt;=75 years

Time Point	Statistics	Enfortumab Vedotin (N=52)	Chemotherapy (N=68)
Overall	No. of Events (%)	25 ( 48.1)	41 ( 60.3)
	Median Survival Est. (95% CI)	1.05 ( 0.53, 3.68)	0.95 ( 0.43, 1.28)
	Hazard Ratio (95% CI)		0.714 ( 0.434, 1.175)
	Treatment P-value [a]		0.18852
	Interaction P-value [b]		0.40849
6 Months	Patients at Risk, Survival Est. (95% CI)	3, 0.31 ( 0.16, 0.47)	3, 0.13 ( 0.05, 0.26)
12 Months	Patients at Risk, Survival Est. (95% CI)	1, 0.31 ( 0.16, 0.47)	0

Subgroup analyses are conducted if there exist at least 2 levels with >= 10 patients across treatment arms and >=10 events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table EORTC15.PS.KM.S3.FAS: EORTC Pain Symptom Score: Time to Deterioration of at least 15 points (Months) (Full Analysis Set)

Subgroup: Gender, Level: Male

Time Point	Statistics	Enfortumab Vedotin (N=238)	Chemotherapy (N=232)
Overall	No. of Events (%)	135 ( 56.7)	120 ( 51.7)
	Median Survival Est. (95% CI)	1.02 ( 0.82, 1.48)	1.18 ( 0.95, 1.51)
	Hazard Ratio (95% CI)		0.907 ( 0.709, 1.160)
	Treatment P-value [a]		0.44362
	Interaction P-value [b]		0.29656
6 Months	Patients at Risk, Survival Est. (95% CI)	17, 0.27 ( 0.20, 0.35)	10, 0.19 ( 0.12, 0.27)
12 Months	Patients at Risk, Survival Est. (95% CI)	1, 0.18 ( 0.11, 0.27)	0

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC15.PS.KM.S3.FAS: EORTC Pain Symptom Score: Time to Deterioration of at least 15 points (Months) (Full Analysis Set)

Subgroup: Gender, Level: Female

Time Point	Statistics	Enfortumab Vedotin (N=63)	Chemotherapy (N=75)
Overall	No. of Events (%)	30 ( 47.6)	39 ( 52.0)
	Median Survival Est. (95% CI)	1.48 ( 0.85, 9.99)	0.99 ( 0.79, 1.54)
	Hazard Ratio (95% CI)		0.681 ( 0.423, 1.098)
	Treatment P-value [a]		0.09507
	Interaction P-value [b]		0.29656
6 Months	Patients at Risk, Survival Est. (95% CI)	4, 0.37 ( 0.22, 0.53)	3, 0.18 ( 0.08, 0.33)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC15.PS.KM.S4.FAS: EORTC Pain Symptom Score: Time to Deterioration of at least 15 points (Months) (Full Analysis Set)

Subgroup: Region, Level: Western Europe

Time Point	Statistics	Enfortumab Vedotin (N=126)	Chemotherapy (N=129)
Overall	No. of Events (%)	60 ( 47.6)	58 ( 45.0)
	Median Survival Est. (95% CI)	1.05 ( 0.76, 2.14)	0.99 ( 0.43, 1.22)
	Hazard Ratio (95% CI)		0.738 ( 0.514, 1.060)
	Treatment P-value [a]		0.12427
	Interaction P-value [b]		0.54128
6 Months	Patients at Risk, Survival Est. (95% CI)	8, 0.35 ( 0.23, 0.47)	5, 0.21 ( 0.12, 0.31)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC15.PS.KM.S4.FAS: EORTC Pain Symptom Score: Time to Deterioration of at least 15 points (Months) (Full Analysis Set)

Subgroup: Region, Level: US

Time Point	Statistics	Enfortumab Vedotin (N=43)	Chemotherapy (N=44)
Overall	No. of Events (%)	20 ( 46.5)	18 ( 40.9)
	Median Survival Est. (95% CI)	1.58 ( 0.62, 3.68)	1.02 ( 0.76, 2.69)
	Hazard Ratio (95% CI)		0.831 ( 0.438, 1.575)
	Treatment P-value [a]		0.62359
	Interaction P-value [b]		0.54128
6 Months	Patients at Risk, Survival Est. (95% CI)	4, 0.27 ( 0.11, 0.45)	1, 0.27 ( 0.11, 0.45)
12 Months	Patients at Risk, Survival Est. (95% CI)	1, 0.27 ( 0.11, 0.45)	0

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table EORTC15.PS.KM.S4.FAS: EORTC Pain Symptom Score: Time to Deterioration of at least 15 points (Months) (Full Analysis Set)

Subgroup: Region, Level: Rest of the World

Time Point	Statistics	Enfortumab Vedotin (N=132)	Chemotherapy (N=134)
Overall	No. of Events (%)	85 ( 64.4)	83 ( 61.9)
	Median Survival Est. (95% CI)	1.02 ( 0.79, 1.48)	1.25 ( 0.95, 1.68)
	Hazard Ratio (95% CI)		0.963 ( 0.711, 1.303)
	Treatment P-value [a]		0.87477
	Interaction P-value [b]		0.54128
6 Months	Patients at Risk, Survival Est. (95% CI)	9, 0.27 ( 0.19, 0.36)	7, 0.17 ( 0.09, 0.27)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC15.PS.KM.S5.FAS: EORTC Pain Symptom Score: Time to Deterioration of at least 15 points (Months) (Full Analysis Set)

Subgroup: ECOG PS from IRT Strata, Level: 0

Time Point	Statistics	Enfortumab Vedotin (N=120)	Chemotherapy (N=124)
Overall	No. of Events (%)	70 ( 58.3)	72 ( 58.1)
	Median Survival Est. (95% CI)	1.45 ( 0.89, 2.14)	1.22 ( 0.85, 1.68)
	Hazard Ratio (95% CI)		0.843 ( 0.606, 1.172)
	Treatment P-value [a]		0.25136
	Interaction P-value [b]		0.91829
6 Months	Patients at Risk, Survival Est. (95% CI)	10, 0.32 ( 0.21, 0.43)	5, 0.18 ( 0.09, 0.29)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC15.PS.KM.S5.FAS: EORTC Pain Symptom Score: Time to Deterioration of at least 15 points (Months) (Full Analysis Set)

Subgroup: ECOG PS from IRT Strata, Level: 1

Time Point	Statistics	Enfortumab Vedotin (N=181)	Chemotherapy (N=183)
Overall	No. of Events (%)	95 ( 52.5)	87 ( 47.5)
	Median Survival Est. (95% CI)	1.02 ( 0.76, 1.48)	0.99 ( 0.72, 1.25)
	Hazard Ratio (95% CI)		0.863 ( 0.645, 1.154)
	Treatment P-value [a]		0.34841
	Interaction P-value [b]		0.91829
6 Months	Patients at Risk, Survival Est. (95% CI)	11, 0.28 ( 0.20, 0.37)	8, 0.19 ( 0.11, 0.29)
12 Months	Patients at Risk, Survival Est. (95% CI)	1, 0.25 ( 0.17, 0.35)	0

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC15.PS.KM.S6.FAS: EORTC Pain Symptom Score: Time to Deterioration of at least 15 points (Months) (Full Analysis Set)

Subgroup: Liver Metastasis from IRT Strata, Level: Yes

Time Point	Statistics	Enfortumab Vedotin (N=93)	Chemotherapy (N=95)
Overall	No. of Events (%)	48 ( 51.6)	43 ( 45.3)
	Median Survival Est. (95% CI)	1.38 ( 0.82, 2.14)	0.99 ( 0.69, 1.38)
	Hazard Ratio (95% CI)		0.780 ( 0.516, 1.180)
	Treatment P-value [a]		0.26789
	Interaction P-value [b]		0.60611
6 Months	Patients at Risk, Survival Est. (95% CI)	9, 0.30 ( 0.18, 0.42)	2, 0.18 ( 0.08, 0.32)
12 Months	Patients at Risk, Survival Est. (95% CI)	1, 0.17 ( 0.05, 0.36)	0

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table EORTC15.PS.KM.S6.FAS: EORTC Pain Symptom Score: Time to Deterioration of at least 15 points (Months) (Full Analysis Set)

Subgroup: Liver Metastasis from IRT Strata, Level: No

Time Point	Statistics	Enfortumab Vedotin (N=208)	Chemotherapy (N=212)
Overall	No. of Events (%)	117 ( 56.3)	116 ( 54.7)
	Median Survival Est. (95% CI)	1.05 ( 0.82, 1.61)	1.18 ( 0.95, 1.61)
	Hazard Ratio (95% CI)		0.886 ( 0.686, 1.146)
	Treatment P-value [a]		0.38652
	Interaction P-value [b]		0.60611
6 Months	Patients at Risk, Survival Est. (95% CI)	12, 0.29 ( 0.21, 0.37)	11, 0.19 ( 0.12, 0.27)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table EORTC15.PS.KM.S7.FAS: EORTC Pain Symptom Score: Time to Deterioration of at least 15 points (Months) (Full Analysis Set)

Subgroup: Pre-selected Investigator's Choice of Paclitaxel/Docetaxel/Vinflunine, Level: Paclitaxel

Time Point	Statistics	Enfortumab Vedotin (N=141)	Chemotherapy (N=112)
Overall	No. of Events (%)	82 ( 58.2)	56 ( 50.0)
	Median Survival Est. (95% CI)	0.99 ( 0.79, 1.48)	1.18 ( 0.69, 1.68)
	Hazard Ratio (95% CI)		0.944 ( 0.672, 1.326)
	Treatment P-value [a]		0.75856
	Interaction P-value [b]		0.45954
6 Months	Patients at Risk, Survival Est. (95% CI)	11, 0.30 ( 0.22, 0.39)	4, 0.20 ( 0.11, 0.32)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC15.PS.KM.S7.FAS: EORTC Pain Symptom Score: Time to Deterioration of at least 15 points (Months) (Full Analysis Set)

Subgroup: Pre-selected Investigator's Choice of Paclitaxel/Docetaxel/Vinflunine, Level: Docetaxel

Time Point	Statistics	Enfortumab Vedotin (N=87)	Chemotherapy (N=117)
Overall	No. of Events (%)	51 ( 58.6)	65 ( 55.6)
	Median Survival Est. (95% CI)	1.41 ( 0.59, 1.64)	1.02 ( 0.85, 1.51)
	Hazard Ratio (95% CI)		0.903 ( 0.625, 1.304)
	Treatment P-value [a]		0.52777
	Interaction P-value [b]		0.45954
6 Months	Patients at Risk, Survival Est. (95% CI)	5, 0.22 ( 0.13, 0.34)	5, 0.15 ( 0.07, 0.27)
12 Months	Patients at Risk, Survival Est. (95% CI)	1, 0.18 ( 0.08, 0.31)	0

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC15.PS.KM.S7.FAS: EORTC Pain Symptom Score: Time to Deterioration of at least 15 points (Months) (Full Analysis Set)

Subgroup: Pre-selected Investigator's Choice of Paclitaxel/Docetaxel/Vinflunine, Level: Vinflunine

Time Point	Statistics	Enfortumab Vedotin (N=73)	Chemotherapy (N=78)
Overall	No. of Events (%)	32 ( 43.8)	38 ( 48.7)
	Median Survival Est. (95% CI)	2.14 ( 0.85, 6.21)	1.15 ( 0.53, 1.51)
	Hazard Ratio (95% CI)		0.661 ( 0.413, 1.058)
	Treatment P-value [a]		0.10094
	Interaction P-value [b]		0.45954
6 Months	Patients at Risk, Survival Est. (95% CI)	5, 0.37 ( 0.20, 0.54)	4, 0.23 ( 0.11, 0.36)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC15.PS.KM.S8.FAS: EORTC Pain Symptom Score: Time to Deterioration of at least 15 points (Months) (Full Analysis Set)

Subgroup: Primary Site of Tumor, Level: Upper Tract

Time Point	Statistics	Enfortumab Vedotin (N=98)	Chemotherapy (N=107)
Overall	No. of Events (%)	49 ( 50.0)	66 ( 61.7)
	Median Survival Est. (95% CI)	1.41 ( 0.82, 5.36)	0.99 ( 0.53, 1.25)
	Hazard Ratio (95% CI)		0.702 ( 0.484, 1.016)
	Treatment P-value [a]		0.06014
	Interaction P-value [b]		0.18482
6 Months	Patients at Risk, Survival Est. (95% CI)	9, 0.36 ( 0.25, 0.48)	4, 0.16 ( 0.07, 0.27)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC15.PS.KM.S8.FAS: EORTC Pain Symptom Score: Time to Deterioration of at least 15 points (Months) (Full Analysis Set)

Subgroup: Primary Site of Tumor, Level: Other

Time Point	Statistics	Enfortumab Vedotin (N=203)	Chemotherapy (N=200)
Overall	No. of Events (%)	116 ( 57.1)	93 ( 46.5)
	Median Survival Est. (95% CI)	1.05 ( 0.82, 1.51)	1.22 ( 0.99, 1.54)
	Hazard Ratio (95% CI)		0.958 ( 0.729, 1.259)
	Treatment P-value [a]		0.82331
	Interaction P-value [b]		0.18482
6 Months	Patients at Risk, Survival Est. (95% CI)	12, 0.26 ( 0.18, 0.35)	9, 0.21 ( 0.13, 0.30)
12 Months	Patients at Risk, Survival Est. (95% CI)	1, 0.21 ( 0.13, 0.31)	0

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC15.PS.KM.S9.FAS: EORTC Pain Symptom Score: Time to Deterioration of at least 15 points (Months) (Full Analysis Set)

Subgroup: Prior Lines of Systemic Therapy, Level: 1-2 lines

Time Point	Statistics	Enfortumab Vedotin (N=262)	Chemotherapy (N=270)
Overall	No. of Events (%)	145 ( 55.3)	139 ( 51.5)
	Median Survival Est. (95% CI)	1.08 ( 0.89, 1.51)	1.08 ( 0.95, 1.28)
	Hazard Ratio (95% CI)		0.839 ( 0.665, 1.060)
	Treatment P-value [a]		0.14154
	Interaction P-value [b]		0.69561
6 Months	Patients at Risk, Survival Est. (95% CI)	18, 0.28 ( 0.21, 0.35)	11, 0.19 ( 0.13, 0.26)
12 Months	Patients at Risk, Survival Est. (95% CI)	1, 0.17 ( 0.08, 0.28)	0

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table EORTC15.PS.KM.S9.FAS: EORTC Pain Symptom Score: Time to Deterioration of at least 15 points (Months) (Full Analysis Set)

Subgroup: Prior Lines of Systemic Therapy, Level: &gt;=3 lines

Time Point	Statistics	Enfortumab Vedotin (N=39)	Chemotherapy (N=37)
Overall	No. of Events (%)	20 ( 51.3)	20 ( 54.1)
	Median Survival Est. (95% CI)	1.45 ( 0.36, NC)	1.45 ( 0.72, 5.39)
	Hazard Ratio (95% CI)		0.958 ( 0.515, 1.782)
	Treatment P-value [a]		0.81413
	Interaction P-value [b]		0.69561
6 Months	Patients at Risk, Survival Est. (95% CI)	3, 0.41 ( 0.24, 0.57)	2, 0.17 ( 0.04, 0.39)

Subgroup analyses are conducted if there exist at least 2 levels with >= 10 patients across treatment arms and >=10 events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC15.PS.KM.S10.FAS: EORTC Pain Symptom Score: Time to Deterioration of at least 15 points (Months) (Full Analysis Set)

Subgroup: Best Response to Prior CPI, Level: Responder

Time Point	Statistics	Enfortumab Vedotin (N=61)	Chemotherapy (N=50)
Overall	No. of Events (%)	39 ( 63.9)	34 ( 68.0)
	Median Survival Est. (95% CI)	1.22 ( 0.82, 1.71)	0.99 ( 0.36, 1.45)
	Hazard Ratio (95% CI)		0.743 ( 0.469, 1.177)
	Treatment P-value [a]		0.19900
	Interaction P-value [b]		0.25561
6 Months	Patients at Risk, Survival Est. (95% CI)	1, 0.16 ( 0.04, 0.33)	2, 0.09 ( 0.02, 0.23)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table EORTC15.PS.KM.S10.FAS: EORTC Pain Symptom Score: Time to Deterioration of at least 15 points (Months) (Full Analysis Set)

Subgroup: Best Response to Prior CPI, Level: Non-responder

Time Point	Statistics	Enfortumab Vedotin (N=207)	Chemotherapy (N=215)
Overall	No. of Events (%)	112 ( 54.1)	101 ( 47.0)
	Median Survival Est. (95% CI)	0.99 ( 0.76, 1.48)	1.22 ( 1.02, 1.71)
	Hazard Ratio (95% CI)		1.013 ( 0.773, 1.326)
	Treatment P-value [a]		0.91083
	Interaction P-value [b]		0.25561
6 Months	Patients at Risk, Survival Est. (95% CI)	18, 0.31 ( 0.23, 0.39)	10, 0.24 ( 0.16, 0.33)
12 Months	Patients at Risk, Survival Est. (95% CI)	1, 0.17 ( 0.07, 0.31)	0

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## 2.4.2.4 Atemnot

Astellas: 7465-CL-0301

Table EORTC15.DS.KM.S1.FAS: EORTC Dyspnoea Symptom Score: Time to Deterioration of at least 15 points (Months) (Full Analysis Set)

Subgroup: Age Group 1, Level: <65 years

Time Point	Statistics	Enfortumab Vedotin (N=108)	Chemotherapy (N=111)
Overall	No. of Events (%)	42 ( 38.9)	39 ( 35.1)
	Median Survival Est. (95% CI)	5.45 ( 1.45, NC)	3.78 ( 1.71, 8.05)
	Hazard Ratio (95% CI)		0.936 ( 0.605, 1.448)
	Treatment P-value [a]		0.76028
	Interaction P-value [b]		0.27212
6 Months	Patients at Risk, Survival Est. (95% CI)	12, 0.49 ( 0.36, 0.60)	10, 0.43 ( 0.30, 0.56)
12 Months	Patients at Risk, Survival Est. (95% CI)	1, 0.42 ( 0.26, 0.57)	0

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC15.DS.KM.S1.FAS: EORTC Dyspnoea Symptom Score: Time to Deterioration of at least 15 points (Months) (Full Analysis Set)

Subgroup: Age Group 1, Level: &gt;=65 years

Time Point	Statistics	Enfortumab Vedotin (N=193)	Chemotherapy (N=196)
Overall	No. of Events (%)	76 ( 39.4)	91 ( 46.4)
	Median Survival Est. (95% CI)	3.58 ( 1.64, NC)	1.51 ( 1.18, 2.33)
	Hazard Ratio (95% CI)		0.695 ( 0.512, 0.943)
	Treatment P-value [a]		0.01726
	Interaction P-value [b]		0.27212
6 Months	Patients at Risk, Survival Est. (95% CI)	18, 0.46 ( 0.37, 0.55)	7, 0.27 ( 0.18, 0.37)
12 Months	Patients at Risk, Survival Est. (95% CI)	2, 0.40 ( 0.26, 0.53)	3, 0.27 ( 0.18, 0.37)

Subgroup analyses are conducted if there exist at least 2 levels with >= 10 patients across treatment arms and >=10 events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table EORTC15.DS.KM.S2.FAS: EORTC Dyspnoea Symptom Score: Time to Deterioration of at least 15 points (Months) (Full Analysis Set)

Subgroup: Age Group 2, Level: &lt;75 years

Time Point	Statistics	Enfortumab Vedotin (N=249)	Chemotherapy (N=239)
Overall	No. of Events (%)	98 ( 39.4)	96 ( 40.2)
	Median Survival Est. (95% CI)	5.45 ( 1.71, NC)	2.33 ( 1.68, 3.78)
	Hazard Ratio (95% CI)		0.780 ( 0.588, 1.033)
	Treatment P-value [a]		0.08601
	Interaction P-value [b]		0.95375
6 Months	Patients at Risk, Survival Est. (95% CI)	27, 0.49 ( 0.41, 0.56)	13, 0.33 ( 0.24, 0.42)
12 Months	Patients at Risk, Survival Est. (95% CI)	2, 0.46 ( 0.37, 0.55)	0

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC15.DS.KM.S2.FAS: EORTC Dyspnoea Symptom Score: Time to Deterioration of at least 15 points (Months) (Full Analysis Set)

Subgroup: Age Group 2, Level: &gt;=75 years

Time Point	Statistics	Enfortumab Vedotin (N=52)	Chemotherapy (N=68)
Overall	No. of Events (%)	20 ( 38.5)	34 ( 50.0)
	Median Survival Est. (95% CI)	2.60 ( 1.02, NC)	1.28 ( 0.99, 2.23)
	Hazard Ratio (95% CI)		0.765 ( 0.440, 1.330)
	Treatment P-value [a]		0.33048
	Interaction P-value [b]		0.95375
6 Months	Patients at Risk, Survival Est. (95% CI)	3, 0.38 ( 0.19, 0.57)	4, 0.29 ( 0.16, 0.44)
12 Months	Patients at Risk, Survival Est. (95% CI)	1, 0.25 ( 0.06, 0.50)	3, 0.29 ( 0.16, 0.44)

Subgroup analyses are conducted if there exist at least 2 levels with >= 10 patients across treatment arms and >=10 events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC15.DS.KM.S3.FAS: EORTC Dyspnoea Symptom Score: Time to Deterioration of at least 15 points (Months) (Full Analysis Set)

Subgroup: Gender, Level: Male

Time Point	Statistics	Enfortumab Vedotin (N=238)	Chemotherapy (N=232)
Overall	No. of Events (%)	95 ( 39.9)	103 ( 44.4)
	Median Survival Est. (95% CI)	4.44 ( 1.64, NC)	1.68 ( 1.22, 2.43)
	Hazard Ratio (95% CI)		0.726 ( 0.549, 0.959)
	Treatment P-value [a]		0.02205
	Interaction P-value [b]		0.48967
6 Months	Patients at Risk, Survival Est. (95% CI)	24, 0.47 ( 0.39, 0.55)	12, 0.30 ( 0.21, 0.39)
12 Months	Patients at Risk, Survival Est. (95% CI)	3, 0.39 ( 0.26, 0.51)	2, 0.23 ( 0.14, 0.34)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC15.DS.KM.S3.FAS: EORTC Dyspnoea Symptom Score: Time to Deterioration of at least 15 points (Months) (Full Analysis Set)

Subgroup: Gender, Level: Female

Time Point	Statistics	Enfortumab Vedotin (N=63)	Chemotherapy (N=75)
Overall	No. of Events (%)	23 ( 36.5)	27 ( 36.0)
	Median Survival Est. (95% CI)	3.58 ( 1.61, NC)	2.46 ( 1.68, NC)
	Hazard Ratio (95% CI)		0.903 ( 0.518, 1.576)
	Treatment P-value [a]		0.74169
	Interaction P-value [b]		0.48967
6 Months	Patients at Risk, Survival Est. (95% CI)	6, 0.49 ( 0.33, 0.63)	5, 0.42 ( 0.26, 0.56)
12 Months	Patients at Risk, Survival Est. (95% CI)	0	1, 0.42 ( 0.26, 0.56)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC15.DS.KM.S4.FAS: EORTC Dyspnoea Symptom Score: Time to Deterioration of at least 15 points (Months) (Full Analysis Set)

Subgroup: Region, Level: Western Europe

Time Point	Statistics	Enfortumab Vedotin (N=126)	Chemotherapy (N=129)
Overall	No. of Events (%)	40 ( 31.7)	50 ( 38.8)
	Median Survival Est. (95% CI)	NC ( 1.68, NC)	1.28 ( 0.79, 2.66)
	Hazard Ratio (95% CI)		0.568 ( 0.374, 0.861)
	Treatment P-value [a]		0.00997
	Interaction P-value [b]		0.20390
6 Months	Patients at Risk, Survival Est. (95% CI)	8, 0.52 ( 0.39, 0.64)	6, 0.29 ( 0.17, 0.41)
12 Months	Patients at Risk, Survival Est. (95% CI)	0	2, 0.29 ( 0.17, 0.41)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC15.DS.KM.S4.FAS: EORTC Dyspnoea Symptom Score: Time to Deterioration of at least 15 points (Months) (Full Analysis Set)

Subgroup: Region, Level: US

Time Point	Statistics	Enfortumab Vedotin (N=43)	Chemotherapy (N=44)
Overall	No. of Events (%)	13 ( 30.2)	14 ( 31.8)
	Median Survival Est. (95% CI)	NC ( 0.82, NC)	2.60 ( 1.12, NC)
	Hazard Ratio (95% CI)		0.849 ( 0.398, 1.813)
	Treatment P-value [a]		0.86901
	Interaction P-value [b]		0.20390
6 Months	Patients at Risk, Survival Est. (95% CI)	6, 0.51 ( 0.30, 0.68)	2, 0.37 ( 0.16, 0.58)
12 Months	Patients at Risk, Survival Est. (95% CI)	2, 0.51 ( 0.30, 0.68)	0

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC15.DS.KM.S4.FAS: EORTC Dyspnoea Symptom Score: Time to Deterioration of at least 15 points (Months) (Full Analysis Set)

Subgroup: Region, Level: Rest of the World

Time Point	Statistics	Enfortumab Vedotin (N=132)	Chemotherapy (N=134)
Overall	No. of Events (%)	65 ( 49.2)	66 ( 49.3)
	Median Survival Est. (95% CI)	2.60 ( 1.61, 7.56)	2.33 ( 1.51, 4.37)
	Hazard Ratio (95% CI)		0.922 ( 0.654, 1.299)
	Treatment P-value [a]		0.63409
	Interaction P-value [b]		0.20390
6 Months	Patients at Risk, Survival Est. (95% CI)	16, 0.43 ( 0.33, 0.52)	9, 0.34 ( 0.24, 0.45)
12 Months	Patients at Risk, Survival Est. (95% CI)	1, 0.25 ( 0.08, 0.48)	1, 0.25 ( 0.13, 0.39)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC15.DS.KM.S5.FAS: EORTC Dyspnoea Symptom Score: Time to Deterioration of at least 15 points (Months) (Full Analysis Set)

Subgroup: ECOG PS from IRT Strata, Level: 0

Time Point	Statistics	Enfortumab Vedotin (N=120)	Chemotherapy (N=124)
Overall	No. of Events (%)	42 ( 35.0)	58 ( 46.8)
	Median Survival Est. (95% CI)	NC ( 5.36, NC)	2.37 ( 1.61, 4.60)
	Hazard Ratio (95% CI)		0.625 ( 0.420, 0.930)
	Treatment P-value [a]		0.01437
	Interaction P-value [b]		0.19721
6 Months	Patients at Risk, Survival Est. (95% CI)	19, 0.57 ( 0.45, 0.67)	7, 0.35 ( 0.24, 0.47)
12 Months	Patients at Risk, Survival Est. (95% CI)	2, 0.53 ( 0.40, 0.64)	1, 0.25 ( 0.13, 0.40)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC15.DS.KM.S5.FAS: EORTC Dyspnoea Symptom Score: Time to Deterioration of at least 15 points (Months) (Full Analysis Set)

Subgroup: ECOG PS from IRT Strata, Level: 1

Time Point	Statistics	Enfortumab Vedotin (N=181)	Chemotherapy (N=183)
Overall	No. of Events (%)	76 ( 42.0)	72 ( 39.3)
	Median Survival Est. (95% CI)	1.71 ( 1.28, 4.44)	1.71 ( 1.02, 2.66)
	Hazard Ratio (95% CI)		0.875 ( 0.634, 1.208)
	Treatment P-value [a]		0.40971
	Interaction P-value [b]		0.19721
6 Months	Patients at Risk, Survival Est. (95% CI)	11, 0.40 ( 0.31, 0.49)	10, 0.30 ( 0.20, 0.41)
12 Months	Patients at Risk, Survival Est. (95% CI)	1, 0.32 ( 0.17, 0.48)	2, 0.30 ( 0.20, 0.41)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC15.DS.KM.S6.FAS: EORTC Dyspnoea Symptom Score: Time to Deterioration of at least 15 points (Months) (Full Analysis Set)

Subgroup: Liver Metastasis from IRT Strata, Level: Yes

Time Point	Statistics	Enfortumab Vedotin (N=93)	Chemotherapy (N=95)
Overall	No. of Events (%)	35 ( 37.6)	38 ( 40.0)
	Median Survival Est. (95% CI)	2.60 ( 1.38, NC)	1.51 ( 1.12, 2.66)
	Hazard Ratio (95% CI)		0.717 ( 0.453, 1.136)
	Treatment P-value [a]		0.16642
	Interaction P-value [b]		0.74224
6 Months	Patients at Risk, Survival Est. (95% CI)	9, 0.45 ( 0.31, 0.58)	3, 0.25 ( 0.12, 0.40)
12 Months	Patients at Risk, Survival Est. (95% CI)	1, 0.45 ( 0.31, 0.58)	2, 0.25 ( 0.12, 0.40)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC15.DS.KM.S6.FAS: EORTC Dyspnoea Symptom Score: Time to Deterioration of at least 15 points (Months) (Full Analysis Set)

Subgroup: Liver Metastasis from IRT Strata, Level: No

Time Point	Statistics	Enfortumab Vedotin (N=208)	Chemotherapy (N=212)
Overall	No. of Events (%)	83 ( 39.9)	92 ( 43.4)
	Median Survival Est. (95% CI)	4.44 ( 1.71, NC)	2.23 ( 1.68, 4.17)
	Hazard Ratio (95% CI)		0.786 ( 0.584, 1.058)
	Treatment P-value [a]		0.11947
	Interaction P-value [b]		0.74224
6 Months	Patients at Risk, Survival Est. (95% CI)	21, 0.49 ( 0.40, 0.57)	14, 0.35 ( 0.26, 0.44)
12 Months	Patients at Risk, Survival Est. (95% CI)	2, 0.39 ( 0.25, 0.53)	1, 0.29 ( 0.19, 0.40)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC15.DS.KM.S7.FAS: EORTC Dyspnoea Symptom Score: Time to Deterioration of at least 15 points (Months) (Full Analysis Set)

Subgroup: Pre-selected Investigator's Choice of Paclitaxel/Docetaxel/Vinflunine, Level: Paclitaxel

Time Point	Statistics	Enfortumab Vedotin (N=141)	Chemotherapy (N=112)
Overall	No. of Events (%)	63 ( 44.7)	45 ( 40.2)
	Median Survival Est. (95% CI)	2.66 ( 1.54, 7.56)	2.10 ( 1.48, 4.37)
	Hazard Ratio (95% CI)		0.922 ( 0.629, 1.352)
	Treatment P-value [a]		0.66552
	Interaction P-value [b]		0.20802
6 Months	Patients at Risk, Survival Est. (95% CI)	13, 0.42 ( 0.31, 0.52)	7, 0.34 ( 0.21, 0.46)
12 Months	Patients at Risk, Survival Est. (95% CI)	2, 0.28 ( 0.12, 0.47)	0

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC15.DS.KM.S7.FAS: EORTC Dyspnoea Symptom Score: Time to Deterioration of at least 15 points (Months) (Full Analysis Set)

Subgroup: Pre-selected Investigator's Choice of Paclitaxel/Docetaxel/Vinflunine, Level: Docetaxel

Time Point	Statistics	Enfortumab Vedotin (N=87)	Chemotherapy (N=117)
Overall	No. of Events (%)	35 ( 40.2)	51 ( 43.6)
	Median Survival Est. (95% CI)	2.46 ( 1.41, NC)	1.94 ( 1.25, 5.36)
	Hazard Ratio (95% CI)		0.787 ( 0.512, 1.211)
	Treatment P-value [a]		0.27620
	Interaction P-value [b]		0.20802
6 Months	Patients at Risk, Survival Est. (95% CI)	12, 0.47 ( 0.35, 0.59)	6, 0.32 ( 0.19, 0.45)
12 Months	Patients at Risk, Survival Est. (95% CI)	1, 0.47 ( 0.35, 0.59)	1, 0.27 ( 0.13, 0.42)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC15.DS.KM.S7.FAS: EORTC Dyspnoea Symptom Score: Time to Deterioration of at least 15 points (Months) (Full Analysis Set)

Subgroup: Pre-selected Investigator's Choice of Paclitaxel/Docetaxel/Vinflunine, Level: Vinflunine

Time Point	Statistics	Enfortumab Vedotin (N=73)	Chemotherapy (N=78)
Overall	No. of Events (%)	20 ( 27.4)	34 ( 43.6)
	Median Survival Est. (95% CI)	NC ( 1.68, NC)	1.71 ( 0.79, 3.19)
	Hazard Ratio (95% CI)		0.503 ( 0.290, 0.874)
	Treatment P-value [a]		0.01430
	Interaction P-value [b]		0.20802
6 Months	Patients at Risk, Survival Est. (95% CI)	5, 0.62 ( 0.47, 0.74)	4, 0.31 ( 0.18, 0.45)
12 Months	Patients at Risk, Survival Est. (95% CI)	0	2, 0.31 ( 0.18, 0.45)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC15.DS.KM.S8.FAS: EORTC Dyspnoea Symptom Score: Time to Deterioration of at least 15 points (Months) (Full Analysis Set)

Subgroup: Primary Site of Tumor, Level: Upper Tract

Time Point	Statistics	Enfortumab Vedotin (N=98)	Chemotherapy (N=107)
Overall	No. of Events (%)	45 ( 45.9)	53 ( 49.5)
	Median Survival Est. (95% CI)	1.64 ( 1.02, 5.36)	1.68 ( 1.25, 2.46)
	Hazard Ratio (95% CI)		0.958 ( 0.644, 1.425)
	Treatment P-value [a]		0.86422
	Interaction P-value [b]		0.21595
6 Months	Patients at Risk, Survival Est. (95% CI)	9, 0.37 ( 0.25, 0.48)	6, 0.28 ( 0.17, 0.41)
12 Months	Patients at Risk, Survival Est. (95% CI)	1, 0.27 ( 0.12, 0.46)	1, 0.24 ( 0.12, 0.38)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table EORTC15.DS.KM.S8.FAS: EORTC Dyspnoea Symptom Score: Time to Deterioration of at least 15 points (Months) (Full Analysis Set)

Subgroup: Primary Site of Tumor, Level: Other

Time Point	Statistics	Enfortumab Vedotin (N=203)	Chemotherapy (N=200)
Overall	No. of Events (%)	73 ( 36.0)	77 ( 38.5)
	Median Survival Est. (95% CI)	9.36 ( 2.63, NC)	2.23 ( 1.38, 4.17)
	Hazard Ratio (95% CI)		0.694 ( 0.504, 0.956)
	Treatment P-value [a]		0.02865
	Interaction P-value [b]		0.21595
6 Months	Patients at Risk, Survival Est. (95% CI)	21, 0.52 ( 0.43, 0.60)	11, 0.35 ( 0.26, 0.45)
12 Months	Patients at Risk, Survival Est. (95% CI)	2, 0.46 ( 0.31, 0.59)	2, 0.31 ( 0.20, 0.43)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table EORTC15.DS.KM.S9.FAS: EORTC Dyspnoea Symptom Score: Time to Deterioration of at least 15 points (Months) (Full Analysis Set)

Subgroup: Prior Lines of Systemic Therapy, Level: 1-2 lines

Time Point	Statistics	Enfortumab Vedotin (N=262)	Chemotherapy (N=270)
Overall	No. of Events (%)	100 ( 38.2)	110 ( 40.7)
	Median Survival Est. (95% CI)	5.36 ( 1.91, NC)	2.17 ( 1.48, 2.83)
	Hazard Ratio (95% CI)		0.761 ( 0.580, 0.998)
	Treatment P-value [a]		0.05157
	Interaction P-value [b]		0.84749
6 Months	Patients at Risk, Survival Est. (95% CI)	29, 0.49 ( 0.42, 0.56)	16, 0.34 ( 0.25, 0.42)
12 Months	Patients at Risk, Survival Est. (95% CI)	3, 0.42 ( 0.30, 0.53)	2, 0.28 ( 0.19, 0.38)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC15.DS.KM.S9.FAS: EORTC Dyspnoea Symptom Score: Time to Deterioration of at least 15 points (Months) (Full Analysis Set)

Subgroup: Prior Lines of Systemic Therapy, Level: &gt;=3 lines

Time Point	Statistics	Enfortumab Vedotin (N=39)	Chemotherapy (N=37)
Overall	No. of Events (%)	18 ( 46.2)	20 ( 54.1)
	Median Survival Est. (95% CI)	1.71 ( 0.82, NC)	1.94 ( 1.02, 4.60)
	Hazard Ratio (95% CI)		0.815 ( 0.430, 1.545)
	Treatment P-value [a]		0.52896
	Interaction P-value [b]		0.84749
6 Months	Patients at Risk, Survival Est. (95% CI)	1, 0.36 ( 0.17, 0.56)	1, 0.25 ( 0.09, 0.45)
12 Months	Patients at Risk, Survival Est. (95% CI)	0	1, 0.25 ( 0.09, 0.45)

Subgroup analyses are conducted if there exist at least 2 levels with >= 10 patients across treatment arms and >=10 events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table EORTC15.DS.KM.S10.FAS: EORTC Dyspnoea Symptom Score: Time to Deterioration of at least 15 points (Months) (Full Analysis Set)

Subgroup: Best Response to Prior CPI, Level: Responder

Time Point	Statistics	Enfortumab Vedotin (N=61)	Chemotherapy (N=50)
Overall	No. of Events (%)	24 ( 39.3)	26 ( 52.0)
	Median Survival Est. (95% CI)	NC ( 1.64, NC)	1.68 ( 0.99, 7.46)
	Hazard Ratio (95% CI)		0.590 ( 0.339, 1.028)
	Treatment P-value [a]		0.06780
	Interaction P-value [b]		0.13424
6 Months	Patients at Risk, Survival Est. (95% CI)	7, 0.52 ( 0.37, 0.65)	4, 0.35 ( 0.20, 0.51)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table EORTC15.DS.KM.S10.FAS: EORTC Dyspnoea Symptom Score: Time to Deterioration of at least 15 points (Months) (Full Analysis Set)

Subgroup: Best Response to Prior CPI, Level: Non-responder

Time Point	Statistics	Enfortumab Vedotin (N=207)	Chemotherapy (N=215)
Overall	No. of Events (%)	87 ( 42.0)	84 ( 39.1)
	Median Survival Est. (95% CI)	2.50 ( 1.45, 7.56)	2.43 ( 1.68, 4.37)
	Hazard Ratio (95% CI)		0.956 ( 0.708, 1.290)
	Treatment P-value [a]		0.72682
	Interaction P-value [b]		0.13424
6 Months	Patients at Risk, Survival Est. (95% CI)	20, 0.42 ( 0.33, 0.51)	11, 0.33 ( 0.23, 0.43)
12 Months	Patients at Risk, Survival Est. (95% CI)	2, 0.33 ( 0.20, 0.47)	3, 0.33 ( 0.23, 0.43)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## 2.4.2.5 Schlauflosigkeit

Astellas: 7465-CL-0301

Table EORTC15.SLS.KM.S1.FAS: EORTC Insomnia Symptom Score: Time to Deterioration of at least 15 points (Months) (Full Analysis Set)

Subgroup: Age Group 1, Level: <65 years

Time Point	Statistics	Enfortumab Vedotin (N=108)	Chemotherapy (N=111)
Overall	No. of Events (%)	51 ( 47.2)	41 ( 36.9)
	Median Survival Est. (95% CI)	1.91 ( 0.76, 6.54)	2.46 ( 1.71, 7.46)
	Hazard Ratio (95% CI)		1.222 ( 0.810, 1.844)
	Treatment P-value [a]		0.35139
	Interaction P-value [b]		0.05953
6 Months	Patients at Risk, Survival Est. (95% CI)	7, 0.38 ( 0.26, 0.51)	8, 0.38 ( 0.24, 0.52)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table EORTC15.SLS.KM.S1.FAS: EORTC Insomnia Symptom Score: Time to Deterioration of at least 15 points (Months) (Full Analysis Set)

Subgroup: Age Group 1, Level: &gt;=65 years

Time Point	Statistics	Enfortumab Vedotin (N=193)	Chemotherapy (N=196)
Overall	No. of Events (%)	88 ( 45.6)	93 ( 47.4)
	Median Survival Est. (95% CI)	1.68 ( 1.05, 5.52)	1.15 ( 0.82, 1.74)
	Hazard Ratio (95% CI)		0.752 ( 0.562, 1.008)
	Treatment P-value [a]		0.05980
	Interaction P-value [b]		0.05953
6 Months	Patients at Risk, Survival Est. (95% CI)	16, 0.35 ( 0.25, 0.45)	9, 0.29 ( 0.20, 0.39)
12 Months	Patients at Risk, Survival Est. (95% CI)	3, 0.30 ( 0.19, 0.41)	0

Subgroup analyses are conducted if there exist at least 2 levels with >= 10 patients across treatment arms and >=10 events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC15.SLS.KM.S2.FAS: EORTC Insomnia Symptom Score: Time to Deterioration of at least 15 points (Months) (Full Analysis Set)

Subgroup: Age Group 2, Level: &lt;75 years

Time Point	Statistics	Enfortumab Vedotin (N=249)	Chemotherapy (N=239)
Overall	No. of Events (%)	120 ( 48.2)	96 ( 40.2)
	Median Survival Est. (95% CI)	1.81 ( 1.05, 2.60)	1.94 ( 1.18, 4.17)
	Hazard Ratio (95% CI)		1.017 ( 0.777, 1.330)
	Treatment P-value [a]		0.89903
	Interaction P-value [b]		0.05367
6 Months	Patients at Risk, Survival Est. (95% CI)	20, 0.36 ( 0.27, 0.44)	14, 0.36 ( 0.27, 0.46)
12 Months	Patients at Risk, Survival Est. (95% CI)	2, 0.25 ( 0.15, 0.37)	0

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC15.SLS.KM.S2.FAS: EORTC Insomnia Symptom Score: Time to Deterioration of at least 15 points (Months) (Full Analysis Set)

Subgroup: Age Group 2, Level: &gt;=75 years

Time Point	Statistics	Enfortumab Vedotin (N=52)	Chemotherapy (N=68)
Overall	No. of Events (%)	19 ( 36.5)	38 ( 55.9)
	Median Survival Est. (95% CI)	2.23 ( 0.99, NC)	0.99 ( 0.56, 1.68)
	Hazard Ratio (95% CI)		0.556 ( 0.320, 0.965)
	Treatment P-value [a]		0.03722
	Interaction P-value [b]		0.05367
6 Months	Patients at Risk, Survival Est. (95% CI)	3, 0.37 ( 0.15, 0.60)	3, 0.20 ( 0.09, 0.35)
12 Months	Patients at Risk, Survival Est. (95% CI)	1, 0.37 ( 0.15, 0.60)	0

Subgroup analyses are conducted if there exist at least 2 levels with >= 10 patients across treatment arms and >=10 events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table EORTC15.SLS.KM.S3.FAS: EORTC Insomnia Symptom Score: Time to Deterioration of at least 15 points (Months) (Full Analysis Set)

Subgroup: Gender, Level: Male

Time Point	Statistics	Enfortumab Vedotin (N=238)	Chemotherapy (N=232)
Overall	No. of Events (%)	114 ( 47.9)	101 ( 43.5)
	Median Survival Est. (95% CI)	1.45 ( 0.99, 2.23)	1.45 ( 1.02, 2.37)
	Hazard Ratio (95% CI)		0.952 ( 0.728, 1.244)
	Treatment P-value [a]		0.73032
	Interaction P-value [b]		0.30174
6 Months	Patients at Risk, Survival Est. (95% CI)	19, 0.35 ( 0.27, 0.43)	14, 0.33 ( 0.24, 0.42)
12 Months	Patients at Risk, Survival Est. (95% CI)	3, 0.28 ( 0.19, 0.38)	0

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table EORTC15.SLS.KM.S3.FAS: EORTC Insomnia Symptom Score: Time to Deterioration of at least 15 points (Months) (Full Analysis Set)

Subgroup: Gender, Level: Female

Time Point	Statistics	Enfortumab Vedotin (N=63)	Chemotherapy (N=75)
Overall	No. of Events (%)	25 ( 39.7)	33 ( 44.0)
	Median Survival Est. (95% CI)	5.52 ( 1.15, NC)	1.77 ( 1.08, 2.46)
	Hazard Ratio (95% CI)		0.699 ( 0.416, 1.176)
	Treatment P-value [a]		0.15411
	Interaction P-value [b]		0.30174
6 Months	Patients at Risk, Survival Est. (95% CI)	4, 0.38 ( 0.17, 0.59)	3, 0.29 ( 0.15, 0.45)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table EORTC15.SLS.KM.S4.FAS: EORTC Insomnia Symptom Score: Time to Deterioration of at least 15 points (Months) (Full Analysis Set)

Subgroup: Region, Level: Western Europe

Time Point	Statistics	Enfortumab Vedotin (N=126)	Chemotherapy (N=129)
Overall	No. of Events (%)	49 ( 38.9)	54 ( 41.9)
	Median Survival Est. (95% CI)	2.40 ( 1.28, 9.07)	0.99 ( 0.39, 1.48)
	Hazard Ratio (95% CI)		0.577 ( 0.392, 0.850)
	Treatment P-value [a]		0.00594
	Interaction P-value [b]		0.01354
6 Months	Patients at Risk, Survival Est. (95% CI)	7, 0.41 ( 0.27, 0.55)	4, 0.27 ( 0.17, 0.38)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC15.SLS.KM.S4.FAS: EORTC Insomnia Symptom Score: Time to Deterioration of at least 15 points (Months) (Full Analysis Set)

Subgroup: Region, Level: US

Time Point	Statistics	Enfortumab Vedotin (N=43)	Chemotherapy (N=44)
Overall	No. of Events (%)	15 ( 34.9)	17 ( 38.6)
	Median Survival Est. (95% CI)	1.87 ( 1.05, NC)	1.74 ( 0.82, 7.69)
	Hazard Ratio (95% CI)		0.807 ( 0.403, 1.618)
	Treatment P-value [a]		0.60672
	Interaction P-value [b]		0.01354
6 Months	Patients at Risk, Survival Est. (95% CI)	4, 0.43 ( 0.23, 0.61)	2, 0.37 ( 0.18, 0.55)
12 Months	Patients at Risk, Survival Est. (95% CI)	1, 0.43 ( 0.23, 0.61)	0

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table EORTC15.SLS.KM.S4.FAS: EORTC Insomnia Symptom Score: Time to Deterioration of at least 15 points (Months) (Full Analysis Set)

Subgroup: Region, Level: Rest of the World

Time Point	Statistics	Enfortumab Vedotin (N=132)	Chemotherapy (N=134)
Overall	No. of Events (%)	75 ( 56.8)	63 ( 47.0)
	Median Survival Est. (95% CI)	1.05 ( 0.89, 2.60)	2.46 ( 1.25, 5.39)
	Hazard Ratio (95% CI)		1.239 ( 0.886, 1.733)
	Treatment P-value [a]		0.26483
	Interaction P-value [b]		0.01354
6 Months	Patients at Risk, Survival Est. (95% CI)	12, 0.31 ( 0.21, 0.42)	11, 0.35 ( 0.23, 0.47)
12 Months	Patients at Risk, Survival Est. (95% CI)	2, 0.25 ( 0.15, 0.37)	0

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC15.SLS.KM.S5.FAS: EORTC Insomnia Symptom Score: Time to Deterioration of at least 15 points (Months) (Full Analysis Set)

Subgroup: ECOG PS from IRT Strata, Level: 0

Time Point	Statistics	Enfortumab Vedotin (N=120)	Chemotherapy (N=124)
Overall	No. of Events (%)	63 ( 52.5)	57 ( 46.0)
	Median Survival Est. (95% CI)	1.45 ( 0.99, 5.68)	2.33 ( 1.05, 5.45)
	Hazard Ratio (95% CI)		0.991 ( 0.692, 1.419)
	Treatment P-value [a]		0.84496
	Interaction P-value [b]		0.44503
6 Months	Patients at Risk, Survival Est. (95% CI)	12, 0.37 ( 0.26, 0.49)	6, 0.34 ( 0.20, 0.48)
12 Months	Patients at Risk, Survival Est. (95% CI)	2, 0.24 ( 0.11, 0.40)	0

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC15.SLS.KM.S5.FAS: EORTC Insomnia Symptom Score: Time to Deterioration of at least 15 points (Months) (Full Analysis Set)

Subgroup: ECOG PS from IRT Strata, Level: 1

Time Point	Statistics	Enfortumab Vedotin (N=181)	Chemotherapy (N=183)
Overall	No. of Events (%)	76 ( 42.0)	77 ( 42.1)
	Median Survival Est. (95% CI)	1.91 ( 1.02, 5.52)	1.31 ( 0.99, 1.87)
	Hazard Ratio (95% CI)		0.822 ( 0.599, 1.129)
	Treatment P-value [a]		0.21142
	Interaction P-value [b]		0.44503
6 Months	Patients at Risk, Survival Est. (95% CI)	11, 0.35 ( 0.24, 0.46)	11, 0.29 ( 0.20, 0.39)
12 Months	Patients at Risk, Survival Est. (95% CI)	1, 0.31 ( 0.19, 0.43)	0

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC15.SLS.KM.S6.FAS: EORTC Insomnia Symptom Score: Time to Deterioration of at least 15 points (Months) (Full Analysis Set)

Subgroup: Liver Metastasis from IRT Strata, Level: Yes

Time Point	Statistics	Enfortumab Vedotin (N=93)	Chemotherapy (N=95)
Overall	No. of Events (%)	40 ( 43.0)	43 ( 45.3)
	Median Survival Est. (95% CI)	1.31 ( 0.99, 6.54)	0.99 ( 0.53, 1.22)
	Hazard Ratio (95% CI)		0.619 ( 0.402, 0.954)
	Treatment P-value [a]		0.02593
	Interaction P-value [b]		0.05921
6 Months	Patients at Risk, Survival Est. (95% CI)	8, 0.37 ( 0.24, 0.51)	1, 0.13 ( 0.02, 0.37)
12 Months	Patients at Risk, Survival Est. (95% CI)	1, 0.22 ( 0.06, 0.43)	0

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table EORTC15.SLS.KM.S6.FAS: EORTC Insomnia Symptom Score: Time to Deterioration of at least 15 points (Months) (Full Analysis Set)

Subgroup: Liver Metastasis from IRT Strata, Level: No

Time Point	Statistics	Enfortumab Vedotin (N=208)	Chemotherapy (N=212)
Overall	No. of Events (%)	99 ( 47.6)	91 ( 42.9)
	Median Survival Est. (95% CI)	1.87 ( 1.05, 5.42)	1.94 ( 1.25, 4.37)
	Hazard Ratio (95% CI)		1.019 ( 0.766, 1.354)
	Treatment P-value [a]		0.89753
	Interaction P-value [b]		0.05921
6 Months	Patients at Risk, Survival Est. (95% CI)	15, 0.35 ( 0.25, 0.45)	16, 0.37 ( 0.28, 0.46)
12 Months	Patients at Risk, Survival Est. (95% CI)	2, 0.29 ( 0.19, 0.40)	0

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table EORTC15.SLS.KM.S7.FAS: EORTC Insomnia Symptom Score: Time to Deterioration of at least 15 points (Months) (Full Analysis Set)

Subgroup: Pre-selected Investigator's Choice of Paclitaxel/Docetaxel/Vinflunine, Level: Paclitaxel

Time Point	Statistics	Enfortumab Vedotin (N=141)	Chemotherapy (N=112)
Overall	No. of Events (%)	70 ( 49.6)	42 ( 37.5)
	Median Survival Est. (95% CI)	1.08 ( 0.89, 2.60)	2.43 ( 1.02, 7.69)
	Hazard Ratio (95% CI)		1.136 ( 0.774, 1.667)
	Treatment P-value [a]		0.49503
	Interaction P-value [b]		0.14729
6 Months	Patients at Risk, Survival Est. (95% CI)	12, 0.35 ( 0.24, 0.45)	5, 0.35 ( 0.19, 0.51)
12 Months	Patients at Risk, Survival Est. (95% CI)	2, 0.31 ( 0.20, 0.43)	0

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC15.SLS.KM.S7.FAS: EORTC Insomnia Symptom Score: Time to Deterioration of at least 15 points (Months) (Full Analysis Set)

Subgroup: Pre-selected Investigator's Choice of Paclitaxel/Docetaxel/Vinflunine, Level: Docetaxel

Time Point	Statistics	Enfortumab Vedotin (N=87)	Chemotherapy (N=117)
Overall	No. of Events (%)	41 ( 47.1)	57 ( 48.7)
	Median Survival Est. (95% CI)	1.81 ( 0.99, 5.52)	1.71 ( 1.05, 2.46)
	Hazard Ratio (95% CI)		0.895 ( 0.599, 1.337)
	Treatment P-value [a]		0.55689
	Interaction P-value [b]		0.14729
6 Months	Patients at Risk, Survival Est. (95% CI)	6, 0.34 ( 0.20, 0.49)	8, 0.29 ( 0.18, 0.41)
12 Months	Patients at Risk, Survival Est. (95% CI)	1, 0.29 ( 0.14, 0.45)	0

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table EORTC15.SLS.KM.S7.FAS: EORTC Insomnia Symptom Score: Time to Deterioration of at least 15 points (Months) (Full Analysis Set)

Subgroup: Pre-selected Investigator's Choice of Paclitaxel/Docetaxel/Vinflunine, Level: Vinflunine

Time Point	Statistics	Enfortumab Vedotin (N=73)	Chemotherapy (N=78)
Overall	No. of Events (%)	28 ( 38.4)	35 ( 44.9)
	Median Survival Est. (95% CI)	5.42 ( 1.28, 9.07)	1.02 ( 0.53, 1.77)
	Hazard Ratio (95% CI)		0.607 ( 0.369, 0.998)
	Treatment P-value [a]		0.04774
	Interaction P-value [b]		0.14729
6 Months	Patients at Risk, Survival Est. (95% CI)	5, 0.39 ( 0.20, 0.58)	4, 0.31 ( 0.19, 0.45)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table EORTC15.SLS.KM.S8.FAS: EORTC Insomnia Symptom Score: Time to Deterioration of at least 15 points (Months) (Full Analysis Set)

Subgroup: Primary Site of Tumor, Level: Upper Tract

Time Point	Statistics	Enfortumab Vedotin (N=98)	Chemotherapy (N=107)
Overall	No. of Events (%)	46 ( 46.9)	58 ( 54.2)
	Median Survival Est. (95% CI)	1.41 ( 0.85, 6.54)	1.08 ( 0.82, 1.74)
	Hazard Ratio (95% CI)		0.787 ( 0.534, 1.161)
	Treatment P-value [a]		0.21710
	Interaction P-value [b]		0.38359
6 Months	Patients at Risk, Survival Est. (95% CI)	11, 0.38 ( 0.25, 0.50)	5, 0.25 ( 0.13, 0.39)
12 Months	Patients at Risk, Survival Est. (95% CI)	1, 0.23 ( 0.07, 0.44)	0

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table EORTC15.SLS.KM.S8.FAS: EORTC Insomnia Symptom Score: Time to Deterioration of at least 15 points (Months) (Full Analysis Set)

Subgroup: Primary Site of Tumor, Level: Other

Time Point	Statistics	Enfortumab Vedotin (N=203)	Chemotherapy (N=200)
Overall	No. of Events (%)	93 ( 45.8)	76 ( 38.0)
	Median Survival Est. (95% CI)	1.91 ( 1.05, 5.42)	1.87 ( 1.18, 4.37)
	Hazard Ratio (95% CI)		0.980 ( 0.724, 1.328)
	Treatment P-value [a]		0.93695
	Interaction P-value [b]		0.38359
6 Months	Patients at Risk, Survival Est. (95% CI)	12, 0.34 ( 0.24, 0.45)	12, 0.36 ( 0.26, 0.46)
12 Months	Patients at Risk, Survival Est. (95% CI)	2, 0.27 ( 0.16, 0.40)	0

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table EORTC15.SLS.KM.S9.FAS: EORTC Insomnia Symptom Score: Time to Deterioration of at least 15 points (Months) (Full Analysis Set)

Subgroup: Prior Lines of Systemic Therapy, Level: 1-2 lines

Time Point	Statistics	Enfortumab Vedotin (N=262)	Chemotherapy (N=270)
Overall	No. of Events (%)	120 ( 45.8)	117 ( 43.3)
	Median Survival Est. (95% CI)	1.81 ( 1.05, 5.42)	1.31 ( 1.02, 2.37)
	Hazard Ratio (95% CI)		0.878 ( 0.681, 1.134)
	Treatment P-value [a]		0.31791
	Interaction P-value [b]		0.72072
6 Months	Patients at Risk, Survival Est. (95% CI)	21, 0.37 ( 0.28, 0.45)	15, 0.33 ( 0.25, 0.41)
12 Months	Patients at Risk, Survival Est. (95% CI)	3, 0.29 ( 0.18, 0.39)	0

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table EORTC15.SLS.KM.S9.FAS: EORTC Insomnia Symptom Score: Time to Deterioration of at least 15 points (Months) (Full Analysis Set)

Subgroup: Prior Lines of Systemic Therapy, Level: &gt;=3 lines

Time Point	Statistics	Enfortumab Vedotin (N=39)	Chemotherapy (N=37)
Overall	No. of Events (%)	19 ( 48.7)	17 ( 45.9)
	Median Survival Est. (95% CI)	1.81 ( 0.99, 6.54)	1.94 ( 0.82, NC)
	Hazard Ratio (95% CI)		0.998 ( 0.519, 1.921)
	Treatment P-value [a]		0.89969
	Interaction P-value [b]		0.72072
6 Months	Patients at Risk, Survival Est. (95% CI)	2, 0.32 ( 0.12, 0.55)	2, 0.27 ( 0.07, 0.53)

Subgroup analyses are conducted if there exist at least 2 levels with >= 10 patients across treatment arms and >=10 events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table EORTC15.SLS.KM.S10.FAS: EORTC Insomnia Symptom Score: Time to Deterioration of at least 15 points (Months) (Full Analysis Set)

Subgroup: Best Response to Prior CPI, Level: Responder

Time Point	Statistics	Enfortumab Vedotin (N=61)	Chemotherapy (N=50)
Overall	No. of Events (%)	38 ( 62.3)	24 ( 48.0)
	Median Survival Est. (95% CI)	1.02 ( 0.59, 1.68)	1.84 ( 0.99, 7.46)
	Hazard Ratio (95% CI)		1.402 ( 0.840, 2.340)
	Treatment P-value [a]		0.15625
	Interaction P-value [b]		0.05847
6 Months	Patients at Risk, Survival Est. (95% CI)	1, 0.15 ( 0.02, 0.41)	5, 0.38 ( 0.23, 0.54)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table EORTC15.SLS.KM.S10.FAS: EORTC Insomnia Symptom Score: Time to Deterioration of at least 15 points (Months) (Full Analysis Set)

Subgroup: Best Response to Prior CPI, Level: Non-responder

Time Point	Statistics	Enfortumab Vedotin (N=207)	Chemotherapy (N=215)
Overall	No. of Events (%)	90 ( 43.5)	95 ( 44.2)
	Median Survival Est. (95% CI)	1.91 ( 1.05, 5.42)	1.22 ( 0.99, 2.37)
	Hazard Ratio (95% CI)		0.794 ( 0.595, 1.060)
	Treatment P-value [a]		0.12018
	Interaction P-value [b]		0.05847
6 Months	Patients at Risk, Survival Est. (95% CI)	19, 0.39 ( 0.30, 0.48)	10, 0.28 ( 0.19, 0.38)
12 Months	Patients at Risk, Survival Est. (95% CI)	2, 0.31 ( 0.19, 0.44)	0

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## 2.4.2.6 Appetitverlust

Astellas: 7465-CL-0301

Table EORTC15.APS.KM.S1.FAS: EORTC Appetite Loss Symptom Score: Time to Deterioration of at least 15 points (Months) (Full Analysis Set)

Subgroup: Age Group 1, Level: <65 years

Time Point	Statistics	Enfortumab Vedotin (N=108)	Chemotherapy (N=111)
Overall	No. of Events (%)	55 ( 50.9)	47 ( 42.3)
	Median Survival Est. (95% CI)	1.51 ( 0.79, 5.32)	1.05 ( 0.62, 5.32)
	Hazard Ratio (95% CI)		0.938 ( 0.636, 1.385)
	Treatment P-value [a]		0.69871
	Interaction P-value [b]		0.77857
6 Months	Patients at Risk, Survival Est. (95% CI)	8, 0.38 ( 0.27, 0.49)	5, 0.30 ( 0.16, 0.45)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table EORTC15.APS.KM.S1.FAS: EORTC Appetite Loss Symptom Score: Time to Deterioration of at least 15 points (Months) (Full Analysis Set)

Subgroup: Age Group 1, Level: &gt;=65 years

Time Point	Statistics	Enfortumab Vedotin (N=193)	Chemotherapy (N=196)
Overall	No. of Events (%)	109 ( 56.5)	95 ( 48.5)
	Median Survival Est. (95% CI)	0.99 ( 0.76, 1.28)	1.18 ( 0.76, 1.71)
	Hazard Ratio (95% CI)		1.005 ( 0.763, 1.324)
	Treatment P-value [a]		0.90433
	Interaction P-value [b]		0.77857
6 Months	Patients at Risk, Survival Est. (95% CI)	10, 0.27 ( 0.19, 0.35)	8, 0.26 ( 0.17, 0.35)
12 Months	Patients at Risk, Survival Est. (95% CI)	0	2, 0.26 ( 0.17, 0.35)

Subgroup analyses are conducted if there exist at least 2 levels with >= 10 patients across treatment arms and >=10 events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table EORTC15.APS.KM.S2.FAS: EORTC Appetite Loss Symptom Score: Time to Deterioration of at least 15 points (Months) (Full Analysis Set)

Subgroup: Age Group 2, Level: <75 years

Time Point	Statistics	Enfortumab Vedotin (N=249)	Chemotherapy (N=239)
Overall	No. of Events (%)	137 ( 55.0)	104 ( 43.5)
	Median Survival Est. (95% CI)	1.25 ( 0.95, 1.64)	1.15 ( 0.79, 1.87)
	Hazard Ratio (95% CI)		0.967 ( 0.749, 1.249)
	Treatment P-value [a]		0.82394
	Interaction P-value [b]		0.55486
6 Months	Patients at Risk, Survival Est. (95% CI)	16, 0.31 ( 0.24, 0.39)	8, 0.30 ( 0.20, 0.40)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table EORTC15.APS.KM.S2.FAS: EORTC Appetite Loss Symptom Score: Time to Deterioration of at least 15 points (Months) (Full Analysis Set)

Subgroup: Age Group 2, Level: &gt;=75 years

Time Point	Statistics	Enfortumab Vedotin (N=52)	Chemotherapy (N=68)
Overall	No. of Events (%)	27 ( 51.9)	38 ( 55.9)
	Median Survival Est. (95% CI)	0.56 ( 0.49, 1.08)	1.08 ( 0.56, 1.77)
	Hazard Ratio (95% CI)		1.144 ( 0.698, 1.876)
	Treatment P-value [a]		0.65871
	Interaction P-value [b]		0.55486
6 Months	Patients at Risk, Survival Est. (95% CI)	2, 0.30 ( 0.16, 0.44)	5, 0.22 ( 0.11, 0.35)
12 Months	Patients at Risk, Survival Est. (95% CI)	0	2, 0.22 ( 0.11, 0.35)

Subgroup analyses are conducted if there exist at least 2 levels with >= 10 patients across treatment arms and >=10 events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table EORTC15.APS.KM.S3.FAS: EORTC Appetite Loss Symptom Score: Time to Deterioration of at least 15 points (Months) (Full Analysis Set)

Subgroup: Gender, Level: Male

Time Point	Statistics	Enfortumab Vedotin (N=238)	Chemotherapy (N=232)
Overall	No. of Events (%)	136 ( 57.1)	102 ( 44.0)
	Median Survival Est. (95% CI)	0.99 ( 0.76, 1.28)	1.51 ( 0.99, 1.97)
	Hazard Ratio (95% CI)		1.129 ( 0.873, 1.460)
	Treatment P-value [a]		0.34647
	Interaction P-value [b]		0.02192
6 Months	Patients at Risk, Survival Est. (95% CI)	14, 0.28 ( 0.21, 0.35)	9, 0.30 ( 0.20, 0.39)
12 Months	Patients at Risk, Survival Est. (95% CI)	0	1, 0.26 ( 0.16, 0.37)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC15.APS.KM.S3.FAS: EORTC Appetite Loss Symptom Score: Time to Deterioration of at least 15 points (Months) (Full Analysis Set)

Subgroup: Gender, Level: Female

Time Point	Statistics	Enfortumab Vedotin (N=63)	Chemotherapy (N=75)
Overall	No. of Events (%)	28 ( 44.4)	40 ( 53.3)
	Median Survival Est. (95% CI)	1.68 ( 0.82, NC)	0.99 ( 0.62, 1.15)
	Hazard Ratio (95% CI)		0.595 ( 0.367, 0.965)
	Treatment P-value [a]		0.02432
	Interaction P-value [b]		0.02192
6 Months	Patients at Risk, Survival Est. (95% CI)	4, 0.43 ( 0.27, 0.57)	4, 0.19 ( 0.09, 0.33)
12 Months	Patients at Risk, Survival Est. (95% CI)	0	1, 0.19 ( 0.09, 0.33)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table EORTC15.APS.KM.S4.FAS: EORTC Appetite Loss Symptom Score: Time to Deterioration of at least 15 points (Months) (Full Analysis Set)

Subgroup: Region, Level: Western Europe

Time Point	Statistics	Enfortumab Vedotin (N=126)	Chemotherapy (N=129)
Overall	No. of Events (%)	58 ( 46.0)	47 ( 36.4)
	Median Survival Est. (95% CI)	1.51 ( 0.89, 5.32)	1.51 ( 0.66, 2.37)
	Hazard Ratio (95% CI)		0.962 ( 0.655, 1.414)
	Treatment P-value [a]		0.83977
	Interaction P-value [b]		0.31220
6 Months	Patients at Risk, Survival Est. (95% CI)	5, 0.33 ( 0.21, 0.46)	5, 0.35 ( 0.23, 0.47)
12 Months	Patients at Risk, Survival Est. (95% CI)	0	1, 0.35 ( 0.23, 0.47)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table EORTC15.APS.KM.S4.FAS: EORTC Appetite Loss Symptom Score: Time to Deterioration of at least 15 points (Months) (Full Analysis Set)

Subgroup: Region, Level: US

Time Point	Statistics	Enfortumab Vedotin (N=43)	Chemotherapy (N=44)
Overall	No. of Events (%)	21 ( 48.8)	14 ( 31.8)
	Median Survival Est. (95% CI)	1.05 ( 0.53, NC)	2.56 ( 1.02, NC)
	Hazard Ratio (95% CI)		1.584 ( 0.805, 3.117)
	Treatment P-value [a]		0.10671
	Interaction P-value [b]		0.31220
6 Months	Patients at Risk, Survival Est. (95% CI)	4, 0.36 ( 0.20, 0.53)	2, 0.42 ( 0.22, 0.61)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table EORTC15.APS.KM.S4.FAS: EORTC Appetite Loss Symptom Score: Time to Deterioration of at least 15 points (Months) (Full Analysis Set)

Subgroup: Region, Level: Rest of the World

Time Point	Statistics	Enfortumab Vedotin (N=132)	Chemotherapy (N=134)
Overall	No. of Events (%)	85 ( 64.4)	81 ( 60.4)
	Median Survival Est. (95% CI)	0.99 ( 0.62, 1.41)	0.99 ( 0.43, 1.38)
	Hazard Ratio (95% CI)		0.890 ( 0.656, 1.207)
	Treatment P-value [a]		0.44123
	Interaction P-value [b]		0.31220
6 Months	Patients at Risk, Survival Est. (95% CI)	9, 0.26 ( 0.18, 0.35)	6, 0.20 ( 0.11, 0.31)
12 Months	Patients at Risk, Survival Est. (95% CI)	0	1, 0.15 ( 0.06, 0.28)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table EORTC15.APS.KM.S5.FAS: EORTC Appetite Loss Symptom Score: Time to Deterioration of at least 15 points (Months) (Full Analysis Set)

Subgroup: ECOG PS from IRT Strata, Level: 0

Time Point	Statistics	Enfortumab Vedotin (N=120)	Chemotherapy (N=124)
Overall	No. of Events (%)	74 ( 61.7)	65 ( 52.4)
	Median Survival Est. (95% CI)	1.08 ( 0.76, 1.54)	1.02 ( 0.62, 1.87)
	Hazard Ratio (95% CI)		0.970 ( 0.695, 1.354)
	Treatment P-value [a]		0.82584
	Interaction P-value [b]		0.94206
6 Months	Patients at Risk, Survival Est. (95% CI)	9, 0.29 ( 0.20, 0.38)	5, 0.28 ( 0.16, 0.42)
12 Months	Patients at Risk, Survival Est. (95% CI)	0	1, 0.21 ( 0.08, 0.38)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table EORTC15.APS.KM.S5.FAS: EORTC Appetite Loss Symptom Score: Time to Deterioration of at least 15 points (Months) (Full Analysis Set)

Subgroup: ECOG PS from IRT Strata, Level: 1

Time Point	Statistics	Enfortumab Vedotin (N=181)	Chemotherapy (N=183)
Overall	No. of Events (%)	90 ( 49.7)	77 ( 42.1)
	Median Survival Est. (95% CI)	1.25 ( 0.79, 1.71)	1.28 ( 0.76, 1.94)
	Hazard Ratio (95% CI)		0.986 ( 0.727, 1.337)
	Treatment P-value [a]		0.93101
	Interaction P-value [b]		0.94206
6 Months	Patients at Risk, Survival Est. (95% CI)	9, 0.33 ( 0.24, 0.42)	8, 0.26 ( 0.17, 0.36)
12 Months	Patients at Risk, Survival Est. (95% CI)	0	1, 0.26 ( 0.17, 0.36)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table EORTC15.APS.KM.S6.FAS: EORTC Appetite Loss Symptom Score: Time to Deterioration of at least 15 points (Months) (Full Analysis Set)

Subgroup: Liver Metastasis from IRT Strata, Level: Yes

Time Point	Statistics	Enfortumab Vedotin (N=93)	Chemotherapy (N=95)
Overall	No. of Events (%)	43 ( 46.2)	39 ( 41.1)
	Median Survival Est. (95% CI)	1.28 ( 0.69, 9.07)	1.28 ( 0.66, 2.10)
	Hazard Ratio (95% CI)		0.851 ( 0.551, 1.313)
	Treatment P-value [a]		0.45140
	Interaction P-value [b]		0.45229
6 Months	Patients at Risk, Survival Est. (95% CI)	8, 0.40 ( 0.28, 0.51)	2, 0.23 ( 0.10, 0.38)
12 Months	Patients at Risk, Survival Est. (95% CI)	0	1, 0.23 ( 0.10, 0.38)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table EORTC15.APS.KM.S6.FAS: EORTC Appetite Loss Symptom Score: Time to Deterioration of at least 15 points (Months) (Full Analysis Set)

Subgroup: Liver Metastasis from IRT Strata, Level: No

Time Point	Statistics	Enfortumab Vedotin (N=208)	Chemotherapy (N=212)
Overall	No. of Events (%)	121 ( 58.2)	103 ( 48.6)
	Median Survival Est. (95% CI)	1.02 ( 0.79, 1.51)	1.05 ( 0.76, 1.87)
	Hazard Ratio (95% CI)		1.034 ( 0.795, 1.345)
	Treatment P-value [a]		0.76685
	Interaction P-value [b]		0.45229
6 Months	Patients at Risk, Survival Est. (95% CI)	10, 0.27 ( 0.20, 0.35)	11, 0.29 ( 0.21, 0.38)
12 Months	Patients at Risk, Survival Est. (95% CI)	0	1, 0.26 ( 0.17, 0.36)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table EORTC15.APS.KM.S7.FAS: EORTC Appetite Loss Symptom Score: Time to Deterioration of at least 15 points (Months) (Full Analysis Set)

Subgroup: Pre-selected Investigator's Choice of Paclitaxel/Docetaxel/Vinflunine, Level: Paclitaxel

Time Point	Statistics	Enfortumab Vedotin (N=141)	Chemotherapy (N=112)
Overall	No. of Events (%)	83 ( 58.9)	43 ( 38.4)
	Median Survival Est. (95% CI)	1.02 ( 0.76, 1.54)	1.91 ( 1.18, NC)
	Hazard Ratio (95% CI)		1.381 ( 0.955, 1.996)
	Treatment P-value [a]		0.07220
	Interaction P-value [b]		0.06687
6 Months	Patients at Risk, Survival Est. (95% CI)	6, 0.26 ( 0.16, 0.36)	5, 0.38 ( 0.26, 0.51)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC15.APS.KM.S7.FAS: EORTC Appetite Loss Symptom Score: Time to Deterioration of at least 15 points (Months) (Full Analysis Set)

Subgroup: Pre-selected Investigator's Choice of Paclitaxel/Docetaxel/Vinflunine, Level: Docetaxel

Time Point	Statistics	Enfortumab Vedotin (N=87)	Chemotherapy (N=117)
Overall	No. of Events (%)	47 ( 54.0)	63 ( 53.8)
	Median Survival Est. (95% CI)	1.02 ( 0.56, 1.64)	0.99 ( 0.36, 1.08)
	Hazard Ratio (95% CI)		0.760 ( 0.521, 1.110)
	Treatment P-value [a]		0.15958
	Interaction P-value [b]		0.06687
6 Months	Patients at Risk, Survival Est. (95% CI)	9, 0.34 ( 0.23, 0.45)	4, 0.18 ( 0.08, 0.31)
12 Months	Patients at Risk, Survival Est. (95% CI)	0	1, 0.14 ( 0.05, 0.28)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC15.APS.KM.S7.FAS: EORTC Appetite Loss Symptom Score: Time to Deterioration of at least 15 points (Months) (Full Analysis Set)

Subgroup: Pre-selected Investigator's Choice of Paclitaxel/Docetaxel/Vinflunine, Level: Vinflunine

Time Point	Statistics	Enfortumab Vedotin (N=73)	Chemotherapy (N=78)
Overall	No. of Events (%)	34 ( 46.6)	36 ( 46.2)
	Median Survival Est. (95% CI)	1.51 ( 0.79, 5.32)	1.08 ( 0.56, 1.77)
	Hazard Ratio (95% CI)		0.850 ( 0.532, 1.359)
	Treatment P-value [a]		0.45080
	Interaction P-value [b]		0.06687
6 Months	Patients at Risk, Survival Est. (95% CI)	3, 0.35 ( 0.20, 0.50)	4, 0.29 ( 0.16, 0.43)
12 Months	Patients at Risk, Survival Est. (95% CI)	0	1, 0.29 ( 0.16, 0.43)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table EORTC15.APS.KM.S8.FAS: EORTC Appetite Loss Symptom Score: Time to Deterioration of at least 15 points (Months) (Full Analysis Set)

Subgroup: Primary Site of Tumor, Level: Upper Tract

Time Point	Statistics	Enfortumab Vedotin (N=98)	Chemotherapy (N=107)
Overall	No. of Events (%)	50 ( 51.0)	61 ( 57.0)
	Median Survival Est. (95% CI)	1.22 ( 0.76, 1.74)	0.99 ( 0.53, 1.71)
	Hazard Ratio (95% CI)		0.799 ( 0.550, 1.162)
	Treatment P-value [a]		0.23008
	Interaction P-value [b]		0.17397
6 Months	Patients at Risk, Survival Est. (95% CI)	8, 0.34 ( 0.23, 0.46)	6, 0.21 ( 0.11, 0.33)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table EORTC15.APS.KM.S8.FAS: EORTC Appetite Loss Symptom Score: Time to Deterioration of at least 15 points (Months) (Full Analysis Set)

Subgroup: Primary Site of Tumor, Level: Other

Time Point	Statistics	Enfortumab Vedotin (N=203)	Chemotherapy (N=200)
Overall	No. of Events (%)	114 ( 56.2)	81 ( 40.5)
	Median Survival Est. (95% CI)	1.05 ( 0.76, 1.61)	1.41 ( 0.99, 1.91)
	Hazard Ratio (95% CI)		1.107 ( 0.833, 1.473)
	Treatment P-value [a]		0.45695
	Interaction P-value [b]		0.17397
6 Months	Patients at Risk, Survival Est. (95% CI)	10, 0.29 ( 0.21, 0.37)	7, 0.31 ( 0.21, 0.42)
12 Months	Patients at Risk, Survival Est. (95% CI)	0	2, 0.31 ( 0.21, 0.42)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table EORTC15.APS.KM.S9.FAS: EORTC Appetite Loss Symptom Score: Time to Deterioration of at least 15 points (Months) (Full Analysis Set)

Subgroup: Prior Lines of Systemic Therapy, Level: 1-2 lines

Time Point	Statistics	Enfortumab Vedotin (N=262)	Chemotherapy (N=270)
Overall	No. of Events (%)	142 ( 54.2)	126 ( 46.7)
	Median Survival Est. (95% CI)	1.15 ( 0.82, 1.54)	1.05 ( 0.76, 1.64)
	Hazard Ratio (95% CI)		0.931 ( 0.732, 1.183)
	Treatment P-value [a]		0.56073
	Interaction P-value [b]		0.27002
6 Months	Patients at Risk, Survival Est. (95% CI)	17, 0.31 ( 0.24, 0.38)	11, 0.26 ( 0.18, 0.34)
12 Months	Patients at Risk, Survival Est. (95% CI)	0	1, 0.23 ( 0.15, 0.32)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC15.APS.KM.S9.FAS: EORTC Appetite Loss Symptom Score: Time to Deterioration of at least 15 points (Months) (Full Analysis Set)

Subgroup: Prior Lines of Systemic Therapy, Level: &gt;=3 lines

Time Point	Statistics	Enfortumab Vedotin (N=39)	Chemotherapy (N=37)
Overall	No. of Events (%)	22 ( 56.4)	16 ( 43.2)
	Median Survival Est. (95% CI)	0.99 ( 0.56, 1.71)	2.37 ( 0.72, NC)
	Hazard Ratio (95% CI)		1.371 ( 0.719, 2.613)
	Treatment P-value [a]		0.32395
	Interaction P-value [b]		0.27002
6 Months	Patients at Risk, Survival Est. (95% CI)	1, 0.29 ( 0.14, 0.46)	2, 0.40 ( 0.21, 0.59)
12 Months	Patients at Risk, Survival Est. (95% CI)	0	1, 0.40 ( 0.21, 0.59)

Subgroup analyses are conducted if there exist at least 2 levels with >= 10 patients across treatment arms and >=10 events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table EORTC15.APS.KM.S10.FAS: EORTC Appetite Loss Symptom Score: Time to Deterioration of at least 15 points (Months) (Full Analysis Set)

Subgroup: Best Response to Prior CPI, Level: Responder

Time Point	Statistics	Enfortumab Vedotin (N=61)	Chemotherapy (N=50)
Overall	No. of Events (%)	39 ( 63.9)	29 ( 58.0)
	Median Survival Est. (95% CI)	1.18 ( 0.56, 1.64)	1.02 ( 0.36, 2.40)
	Hazard Ratio (95% CI)		1.002 ( 0.620, 1.621)
	Treatment P-value [a]		0.87534
	Interaction P-value [b]		0.93989
6 Months	Patients at Risk, Survival Est. (95% CI)	2, 0.25 ( 0.14, 0.38)	3, 0.25 ( 0.12, 0.41)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table EORTC15.APS.KM.S10.FAS: EORTC Appetite Loss Symptom Score: Time to Deterioration of at least 15 points (Months) (Full Analysis Set)

Subgroup: Best Response to Prior CPI, Level: Non-responder

Time Point	Statistics	Enfortumab Vedotin (N=207)	Chemotherapy (N=215)
Overall	No. of Events (%)	111 ( 53.6)	95 ( 44.2)
	Median Survival Est. (95% CI)	0.99 ( 0.79, 1.51)	1.18 ( 0.76, 1.77)
	Hazard Ratio (95% CI)		1.024 ( 0.778, 1.347)
	Treatment P-value [a]		0.86451
	Interaction P-value [b]		0.93989
6 Months	Patients at Risk, Survival Est. (95% CI)	13, 0.29 ( 0.22, 0.37)	9, 0.28 ( 0.19, 0.38)
12 Months	Patients at Risk, Survival Est. (95% CI)	0	2, 0.28 ( 0.19, 0.38)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## 2.4.2.7 Obstipation

Astellas: 7465-CL-0301

Table EORTC15.COS.KM.S1.FAS: EORTC Constipation Symptom Score: Time to Deterioration of at least 15 points (Months) (Full Analysis Set)

Subgroup: Age Group 1, Level: <65 years

Time Point	Statistics	Enfortumab Vedotin (N=108)	Chemotherapy (N=111)
Overall	No. of Events (%)	43 ( 39.8)	38 ( 34.2)
	Median Survival Est. (95% CI)	2.14 ( 1.12, NC)	2.69 ( 1.45, NC)
	Hazard Ratio (95% CI)		0.985 ( 0.637, 1.525)
	Treatment P-value [a]		0.87918
	Interaction P-value [b]		0.78643
6 Months	Patients at Risk, Survival Est. (95% CI)	9, 0.50 ( 0.38, 0.60)	7, 0.44 ( 0.30, 0.57)
12 Months	Patients at Risk, Survival Est. (95% CI)	1, 0.33 ( 0.10, 0.59)	0

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC15.COS.KM.S1.FAS: EORTC Constipation Symptom Score: Time to Deterioration of at least 15 points (Months) (Full Analysis Set)

Subgroup: Age Group 1, Level: &gt;=65 years

Time Point	Statistics	Enfortumab Vedotin (N=193)	Chemotherapy (N=196)
Overall	No. of Events (%)	87 ( 45.1)	71 ( 36.2)
	Median Survival Est. (95% CI)	1.94 ( 1.28, 5.39)	2.56 ( 1.22, NC)
	Hazard Ratio (95% CI)		1.061 ( 0.775, 1.454)
	Treatment P-value [a]		0.73667
	Interaction P-value [b]		0.78643
6 Months	Patients at Risk, Survival Est. (95% CI)	17, 0.37 ( 0.28, 0.46)	10, 0.43 ( 0.33, 0.53)
12 Months	Patients at Risk, Survival Est. (95% CI)	3, 0.30 ( 0.20, 0.42)	2, 0.43 ( 0.33, 0.53)
18 Months	Patients at Risk, Survival Est. (95% CI)	1, 0.30 ( 0.20, 0.42)	0

Subgroup analyses are conducted if there exist at least 2 levels with >= 10 patients across treatment arms and >=10 events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC15.COS.KM.S2.FAS: EORTC Constipation Symptom Score: Time to Deterioration of at least 15 points (Months) (Full Analysis Set)

Subgroup: Age Group 2, Level: &lt;75 years

Time Point	Statistics	Enfortumab Vedotin (N=249)	Chemotherapy (N=239)
Overall	No. of Events (%)	107 ( 43.0)	83 ( 34.7)
	Median Survival Est. (95% CI)	2.14 ( 1.28, 9.99)	3.78 ( 1.25, NC)
	Hazard Ratio (95% CI)		1.005 ( 0.753, 1.340)
	Treatment P-value [a]		0.94701
	Interaction P-value [b]		0.58427
6 Months	Patients at Risk, Survival Est. (95% CI)	23, 0.42 ( 0.34, 0.50)	14, 0.46 ( 0.37, 0.54)
12 Months	Patients at Risk, Survival Est. (95% CI)	4, 0.36 ( 0.24, 0.49)	0
18 Months	Patients at Risk, Survival Est. (95% CI)	1, 0.36 ( 0.24, 0.49)	0

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC15.COS.KM.S2.FAS: EORTC Constipation Symptom Score: Time to Deterioration of at least 15 points (Months) (Full Analysis Set)

Subgroup: Age Group 2, Level: &gt;=75 years

Time Point	Statistics	Enfortumab Vedotin (N=52)	Chemotherapy (N=68)
Overall	No. of Events (%)	23 ( 44.2)	26 ( 38.2)
	Median Survival Est. (95% CI)	2.14 ( 1.05, 8.08)	2.56 ( 1.22, NC)
	Hazard Ratio (95% CI)		1.198 ( 0.683, 2.101)
	Treatment P-value [a]		0.58383
	Interaction P-value [b]		0.58427
6 Months	Patients at Risk, Survival Est. (95% CI)	3, 0.33 ( 0.13, 0.55)	3, 0.37 ( 0.19, 0.55)
12 Months	Patients at Risk, Survival Est. (95% CI)	0	2, 0.37 ( 0.19, 0.55)

Subgroup analyses are conducted if there exist at least 2 levels with >= 10 patients across treatment arms and >=10 events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table EORTC15.COS.KM.S3.FAS: EORTC Constipation Symptom Score: Time to Deterioration of at least 15 points (Months) (Full Analysis Set)

Subgroup: Gender, Level: Male

Time Point	Statistics	Enfortumab Vedotin (N=238)	Chemotherapy (N=232)
Overall	No. of Events (%)	101 ( 42.4)	83 ( 35.8)
	Median Survival Est. (95% CI)	2.14 ( 1.25, 8.08)	2.14 ( 1.25, NC)
	Hazard Ratio (95% CI)		0.992 ( 0.741, 1.327)
	Treatment P-value [a]		0.97939
	Interaction P-value [b]		0.55388
6 Months	Patients at Risk, Survival Est. (95% CI)	22, 0.42 ( 0.33, 0.50)	12, 0.44 ( 0.35, 0.52)
12 Months	Patients at Risk, Survival Est. (95% CI)	4, 0.36 ( 0.26, 0.46)	1, 0.44 ( 0.35, 0.52)
18 Months	Patients at Risk, Survival Est. (95% CI)	1, 0.36 ( 0.26, 0.46)	0

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC15.COS.KM.S3.FAS: EORTC Constipation Symptom Score: Time to Deterioration of at least 15 points (Months) (Full Analysis Set)

Subgroup: Gender, Level: Female

Time Point	Statistics	Enfortumab Vedotin (N=63)	Chemotherapy (N=75)
Overall	No. of Events (%)	29 ( 46.0)	26 ( 34.7)
	Median Survival Est. (95% CI)	1.68 ( 0.99, NC)	3.91 ( 1.22, NC)
	Hazard Ratio (95% CI)		1.190 ( 0.701, 2.021)
	Treatment P-value [a]		0.54179
	Interaction P-value [b]		0.55388
6 Months	Patients at Risk, Survival Est. (95% CI)	4, 0.38 ( 0.22, 0.54)	5, 0.43 ( 0.25, 0.59)
12 Months	Patients at Risk, Survival Est. (95% CI)	0	1, 0.32 ( 0.12, 0.54)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table EORTC15.COS.KM.S4.FAS: EORTC Constipation Symptom Score: Time to Deterioration of at least 15 points (Months) (Full Analysis Set)

Subgroup: Region, Level: Western Europe

Time Point	Statistics	Enfortumab Vedotin (N=126)	Chemotherapy (N=129)
Overall	No. of Events (%)	52 ( 41.3)	38 ( 29.5)
	Median Survival Est. (95% CI)	2.14 ( 1.18, 8.08)	4.34 ( 0.92, NC)
	Hazard Ratio (95% CI)		1.042 ( 0.686, 1.583)
	Treatment P-value [a]		0.82965
	Interaction P-value [b]		0.14558
6 Months	Patients at Risk, Survival Est. (95% CI)	7, 0.39 ( 0.26, 0.51)	6, 0.48 ( 0.35, 0.60)
12 Months	Patients at Risk, Survival Est. (95% CI)	0	1, 0.48 ( 0.35, 0.60)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC15.COS.KM.S4.FAS: EORTC Constipation Symptom Score: Time to Deterioration of at least 15 points (Months) (Full Analysis Set)

Subgroup: Region, Level: US

Time Point	Statistics	Enfortumab Vedotin (N=43)	Chemotherapy (N=44)
Overall	No. of Events (%)	11 ( 25.6)	17 ( 38.6)
	Median Survival Est. (95% CI)	5.55 ( 1.08, NC)	1.22 ( 0.82, NC)
	Hazard Ratio (95% CI)		0.519 ( 0.243, 1.110)
	Treatment P-value [a]		0.10118
	Interaction P-value [b]		0.14558
6 Months	Patients at Risk, Survival Est. (95% CI)	4, 0.48 ( 0.22, 0.71)	1, 0.33 ( 0.15, 0.53)
12 Months	Patients at Risk, Survival Est. (95% CI)	1, 0.48 ( 0.22, 0.71)	0

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table EORTC15.COS.KM.S4.FAS: EORTC Constipation Symptom Score: Time to Deterioration of at least 15 points (Months) (Full Analysis Set)

Subgroup: Region, Level: Rest of the World

Time Point	Statistics	Enfortumab Vedotin (N=132)	Chemotherapy (N=134)
Overall	No. of Events (%)	67 ( 50.8)	54 ( 40.3)
	Median Survival Est. (95% CI)	1.45 ( 1.18, 8.08)	3.91 ( 1.64, NC)
	Hazard Ratio (95% CI)		1.204 ( 0.840, 1.726)
	Treatment P-value [a]		0.28603
	Interaction P-value [b]		0.14558
6 Months	Patients at Risk, Survival Est. (95% CI)	15, 0.41 ( 0.31, 0.50)	10, 0.43 ( 0.32, 0.55)
12 Months	Patients at Risk, Survival Est. (95% CI)	3, 0.36 ( 0.24, 0.48)	1, 0.43 ( 0.32, 0.55)
18 Months	Patients at Risk, Survival Est. (95% CI)	1, 0.36 ( 0.24, 0.48)	0

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table EORTC15.COS.KM.S5.FAS: EORTC Constipation Symptom Score: Time to Deterioration of at least 15 points (Months) (Full Analysis Set)

Subgroup: ECOG PS from IRT Strata, Level: 0

Time Point	Statistics	Enfortumab Vedotin (N=120)	Chemotherapy (N=124)
Overall	No. of Events (%)	56 ( 46.7)	49 ( 39.5)
	Median Survival Est. (95% CI)	2.60 ( 1.18, NC)	3.78 ( 1.18, NC)
	Hazard Ratio (95% CI)		1.031 ( 0.701, 1.517)
	Treatment P-value [a]		0.87149
	Interaction P-value [b]		0.99451
6 Months	Patients at Risk, Survival Est. (95% CI)	17, 0.46 ( 0.36, 0.56)	9, 0.44 ( 0.31, 0.56)
12 Months	Patients at Risk, Survival Est. (95% CI)	4, 0.36 ( 0.20, 0.51)	1, 0.44 ( 0.31, 0.56)
18 Months	Patients at Risk, Survival Est. (95% CI)	1, 0.36 ( 0.20, 0.51)	0

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC15.COS.KM.S5.FAS: EORTC Constipation Symptom Score: Time to Deterioration of at least 15 points (Months) (Full Analysis Set)

Subgroup: ECOG PS from IRT Strata, Level: 1

Time Point	Statistics	Enfortumab Vedotin (N=181)	Chemotherapy (N=183)
Overall	No. of Events (%)	74 ( 40.9)	60 ( 32.8)
	Median Survival Est. (95% CI)	2.14 ( 1.22, 5.52)	2.14 ( 1.25, NC)
	Hazard Ratio (95% CI)		1.033 ( 0.735, 1.453)
	Treatment P-value [a]		0.84369
	Interaction P-value [b]		0.99451
6 Months	Patients at Risk, Survival Est. (95% CI)	9, 0.35 ( 0.25, 0.46)	8, 0.43 ( 0.31, 0.53)
12 Months	Patients at Risk, Survival Est. (95% CI)	0	1, 0.35 ( 0.20, 0.51)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table EORTC15.COS.KM.S6.FAS: EORTC Constipation Symptom Score: Time to Deterioration of at least 15 points (Months) (Full Analysis Set)

Subgroup: Liver Metastasis from IRT Strata, Level: Yes

Time Point	Statistics	Enfortumab Vedotin (N=93)	Chemotherapy (N=95)
Overall	No. of Events (%)	33 ( 35.5)	32 ( 33.7)
	Median Survival Est. (95% CI)	3.29 ( 1.18, NC)	1.61 ( 1.18, NC)
	Hazard Ratio (95% CI)		0.798 ( 0.491, 1.299)
	Treatment P-value [a]		0.42186
	Interaction P-value [b]		0.22301
6 Months	Patients at Risk, Survival Est. (95% CI)	10, 0.48 ( 0.35, 0.61)	1, 0.37 ( 0.22, 0.52)
12 Months	Patients at Risk, Survival Est. (95% CI)	0	1, 0.37 ( 0.22, 0.52)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table EORTC15.COS.KM.S6.FAS: EORTC Constipation Symptom Score: Time to Deterioration of at least 15 points (Months) (Full Analysis Set)

Subgroup: Liver Metastasis from IRT Strata, Level: No

Time Point	Statistics	Enfortumab Vedotin (N=208)	Chemotherapy (N=212)
Overall	No. of Events (%)	97 ( 46.6)	77 ( 36.3)
	Median Survival Est. (95% CI)	1.94 ( 1.22, 5.52)	4.34 ( 1.64, NC)
	Hazard Ratio (95% CI)		1.139 ( 0.844, 1.538)
	Treatment P-value [a]		0.39362
	Interaction P-value [b]		0.22301
6 Months	Patients at Risk, Survival Est. (95% CI)	16, 0.38 ( 0.29, 0.47)	16, 0.46 ( 0.36, 0.55)
12 Months	Patients at Risk, Survival Est. (95% CI)	4, 0.32 ( 0.22, 0.43)	1, 0.41 ( 0.29, 0.53)
18 Months	Patients at Risk, Survival Est. (95% CI)	1, 0.32 ( 0.22, 0.43)	0

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC15.COS.KM.S7.FAS: EORTC Constipation Symptom Score: Time to Deterioration of at least 15 points (Months) (Full Analysis Set)

Subgroup: Pre-selected Investigator's Choice of Paclitaxel/Docetaxel/Vinflunine, Level: Paclitaxel

Time Point	Statistics	Enfortumab Vedotin (N=141)	Chemotherapy (N=112)
Overall	No. of Events (%)	66 ( 46.8)	38 ( 33.9)
	Median Survival Est. (95% CI)	1.38 ( 1.08, 3.81)	3.78 ( 1.64, NC)
	Hazard Ratio (95% CI)		1.279 ( 0.858, 1.908)
	Treatment P-value [a]		0.20757
	Interaction P-value [b]		0.29422
6 Months	Patients at Risk, Survival Est. (95% CI)	13, 0.35 ( 0.25, 0.46)	3, 0.42 ( 0.25, 0.57)
12 Months	Patients at Risk, Survival Est. (95% CI)	3, 0.35 ( 0.25, 0.46)	0

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC15.COS.KM.S7.FAS: EORTC Constipation Symptom Score: Time to Deterioration of at least 15 points (Months) (Full Analysis Set)

Subgroup: Pre-selected Investigator's Choice of Paclitaxel/Docetaxel/Vinflunine, Level: Docetaxel

Time Point	Statistics	Enfortumab Vedotin (N=87)	Chemotherapy (N=117)
Overall	No. of Events (%)	35 ( 40.2)	41 ( 35.0)
	Median Survival Est. (95% CI)	5.52 ( 1.25, NC)	3.91 ( 1.18, NC)
	Hazard Ratio (95% CI)		0.936 ( 0.594, 1.475)
	Treatment P-value [a]		0.78547
	Interaction P-value [b]		0.29422
6 Months	Patients at Risk, Survival Est. (95% CI)	9, 0.43 ( 0.28, 0.57)	9, 0.46 ( 0.33, 0.58)
12 Months	Patients at Risk, Survival Est. (95% CI)	1, 0.37 ( 0.20, 0.53)	1, 0.46 ( 0.33, 0.58)
18 Months	Patients at Risk, Survival Est. (95% CI)	1, 0.37 ( 0.20, 0.53)	0

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC15.COS.KM.S7.FAS: EORTC Constipation Symptom Score: Time to Deterioration of at least 15 points (Months) (Full Analysis Set)

Subgroup: Pre-selected Investigator's Choice of Paclitaxel/Docetaxel/Vinflunine, Level: Vinflunine

Time Point	Statistics	Enfortumab Vedotin (N=73)	Chemotherapy (N=78)
Overall	No. of Events (%)	29 ( 39.7)	30 ( 38.5)
	Median Survival Est. (95% CI)	2.43 ( 1.18, NC)	1.48 ( 0.72, NC)
	Hazard Ratio (95% CI)		0.778 ( 0.467, 1.297)
	Treatment P-value [a]		0.35254
	Interaction P-value [b]		0.29422
6 Months	Patients at Risk, Survival Est. (95% CI)	4, 0.50 ( 0.36, 0.63)	5, 0.40 ( 0.25, 0.54)
12 Months	Patients at Risk, Survival Est. (95% CI)	0	1, 0.40 ( 0.25, 0.54)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC15.COS.KM.S8.FAS: EORTC Constipation Symptom Score: Time to Deterioration of at least 15 points (Months) (Full Analysis Set)

Subgroup: Primary Site of Tumor, Level: Upper Tract

Time Point	Statistics	Enfortumab Vedotin (N=98)	Chemotherapy (N=107)
Overall	No. of Events (%)	43 ( 43.9)	49 ( 45.8)
	Median Survival Est. (95% CI)	1.54 ( 1.08, NC)	1.25 ( 0.99, 5.36)
	Hazard Ratio (95% CI)		0.874 ( 0.580, 1.316)
	Treatment P-value [a]		0.52925
	Interaction P-value [b]		0.26893
6 Months	Patients at Risk, Survival Est. (95% CI)	9, 0.39 ( 0.26, 0.51)	3, 0.33 ( 0.19, 0.48)
12 Months	Patients at Risk, Survival Est. (95% CI)	1, 0.19 ( 0.02, 0.50)	0

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC15.COS.KM.S8.FAS: EORTC Constipation Symptom Score: Time to Deterioration of at least 15 points (Months) (Full Analysis Set)

Subgroup: Primary Site of Tumor, Level: Other

Time Point	Statistics	Enfortumab Vedotin (N=203)	Chemotherapy (N=200)
Overall	No. of Events (%)	87 ( 42.9)	60 ( 30.0)
	Median Survival Est. (95% CI)	2.60 ( 1.31, 8.08)	4.67 ( 1.74, NC)
	Hazard Ratio (95% CI)		1.175 ( 0.845, 1.635)
	Treatment P-value [a]		0.32099
	Interaction P-value [b]		0.26893
6 Months	Patients at Risk, Survival Est. (95% CI)	17, 0.42 ( 0.33, 0.51)	14, 0.49 ( 0.39, 0.59)
12 Months	Patients at Risk, Survival Est. (95% CI)	3, 0.35 ( 0.24, 0.47)	2, 0.44 ( 0.30, 0.57)
18 Months	Patients at Risk, Survival Est. (95% CI)	1, 0.35 ( 0.24, 0.47)	0

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table EORTC15.COS.KM.S9.FAS: EORTC Constipation Symptom Score: Time to Deterioration of at least 15 points (Months) (Full Analysis Set)

Subgroup: Prior Lines of Systemic Therapy, Level: 1-2 lines

Time Point	Statistics	Enfortumab Vedotin (N=262)	Chemotherapy (N=270)
Overall	No. of Events (%)	115 ( 43.9)	96 ( 35.6)
	Median Survival Est. (95% CI)	2.10 ( 1.22, 5.39)	2.56 ( 1.48, 8.11)
	Hazard Ratio (95% CI)		1.040 ( 0.793, 1.364)
	Treatment P-value [a]		0.80093
	Interaction P-value [b]		0.89216
6 Months	Patients at Risk, Survival Est. (95% CI)	23, 0.39 ( 0.31, 0.47)	14, 0.42 ( 0.33, 0.50)
12 Months	Patients at Risk, Survival Est. (95% CI)	3, 0.29 ( 0.17, 0.42)	1, 0.37 ( 0.26, 0.48)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC15.COS.KM.S9.FAS: EORTC Constipation Symptom Score: Time to Deterioration of at least 15 points (Months) (Full Analysis Set)

Subgroup: Prior Lines of Systemic Therapy, Level: &gt;=3 lines

Time Point	Statistics	Enfortumab Vedotin (N=39)	Chemotherapy (N=37)
Overall	No. of Events (%)	15 ( 38.5)	13 ( 35.1)
	Median Survival Est. (95% CI)	19.12 ( 1.08, NC)	NC ( 0.79, NC)
	Hazard Ratio (95% CI)		0.984 ( 0.462, 2.094)
	Treatment P-value [a]		0.98043
	Interaction P-value [b]		0.89216
6 Months	Patients at Risk, Survival Est. (95% CI)	3, 0.54 ( 0.34, 0.69)	3, 0.56 ( 0.36, 0.71)
12 Months	Patients at Risk, Survival Est. (95% CI)	1, 0.54 ( 0.34, 0.69)	1, 0.56 ( 0.36, 0.71)
18 Months	Patients at Risk, Survival Est. (95% CI)	1, 0.54 ( 0.34, 0.69)	0

Subgroup analyses are conducted if there exist at least 2 levels with >= 10 patients across treatment arms and >=10 events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table EORTC15.COS.KM.S10.FAS: EORTC Constipation Symptom Score: Time to Deterioration of at least 15 points (Months) (Full Analysis Set)

Subgroup: Best Response to Prior CPI, Level: Responder

Time Point	Statistics	Enfortumab Vedotin (N=61)	Chemotherapy (N=50)
Overall	No. of Events (%)	35 ( 57.4)	17 ( 34.0)
	Median Survival Est. (95% CI)	1.22 ( 0.99, 5.39)	NC ( 1.48, NC)
	Hazard Ratio (95% CI)		1.673 ( 0.937, 2.987)
	Treatment P-value [a]		0.08317
	Interaction P-value [b]		0.08013
6 Months	Patients at Risk, Survival Est. (95% CI)	4, 0.34 ( 0.20, 0.48)	3, 0.56 ( 0.38, 0.70)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table EORTC15.COS.KM.S10.FAS: EORTC Constipation Symptom Score: Time to Deterioration of at least 15 points (Months) (Full Analysis Set)

Subgroup: Best Response to Prior CPI, Level: Non-responder

Time Point	Statistics	Enfortumab Vedotin (N=207)	Chemotherapy (N=215)
Overall	No. of Events (%)	85 ( 41.1)	78 ( 36.3)
	Median Survival Est. (95% CI)	2.14 ( 1.38, 8.08)	1.71 ( 1.22, NC)
	Hazard Ratio (95% CI)		0.931 ( 0.684, 1.267)
	Treatment P-value [a]		0.65928
	Interaction P-value [b]		0.08013
6 Months	Patients at Risk, Survival Est. (95% CI)	18, 0.42 ( 0.33, 0.51)	13, 0.40 ( 0.31, 0.50)
12 Months	Patients at Risk, Survival Est. (95% CI)	3, 0.30 ( 0.16, 0.47)	2, 0.40 ( 0.31, 0.50)
18 Months	Patients at Risk, Survival Est. (95% CI)	1, 0.30 ( 0.16, 0.47)	0

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## 2.4.2.8 Diarröh

Astellas: 7465-CL-0301

Table EORTC15.DIS.KM.S1.FAS: EORTC Diarrhoea Symptom Score: Time to Deterioration of at least 15 points (Months) (Full Analysis Set)

Subgroup: Age Group 1, Level: <65 years

Time Point	Statistics	Enfortumab Vedotin (N=108)	Chemotherapy (N=111)
Overall	No. of Events (%)	43 ( 39.8)	38 ( 34.2)
	Median Survival Est. (95% CI)	7.56 ( 0.95, NC)	5.32 ( 1.25, NC)
	Hazard Ratio (95% CI)		1.031 ( 0.666, 1.595)
	Treatment P-value [a]		0.86862
	Interaction P-value [b]		0.96964
6 Months	Patients at Risk, Survival Est. (95% CI)	11, 0.50 ( 0.39, 0.61)	10, 0.44 ( 0.30, 0.58)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table EORTC15.DIS.KM.S1.FAS: EORTC Diarrhoea Symptom Score: Time to Deterioration of at least 15 points (Months) (Full Analysis Set)

Subgroup: Age Group 1, Level: &gt;=65 years

Time Point	Statistics	Enfortumab Vedotin (N=193)	Chemotherapy (N=196)
Overall	No. of Events (%)	86 ( 44.6)	76 ( 38.8)
	Median Survival Est. (95% CI)	1.94 ( 1.45, 6.83)	2.23 ( 1.54, 7.69)
	Hazard Ratio (95% CI)		1.020 ( 0.749, 1.389)
	Treatment P-value [a]		0.89783
	Interaction P-value [b]		0.96964
6 Months	Patients at Risk, Survival Est. (95% CI)	18, 0.42 ( 0.34, 0.51)	11, 0.42 ( 0.32, 0.52)
12 Months	Patients at Risk, Survival Est. (95% CI)	2, 0.27 ( 0.15, 0.41)	2, 0.23 ( 0.08, 0.41)

Subgroup analyses are conducted if there exist at least 2 levels with >= 10 patients across treatment arms and >=10 events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC15.DIS.KM.S2.FAS: EORTC Diarrhoea Symptom Score: Time to Deterioration of at least 15 points (Months) (Full Analysis Set)

Subgroup: Age Group 2, Level: &lt;75 years

Time Point	Statistics	Enfortumab Vedotin (N=249)	Chemotherapy (N=239)
Overall	No. of Events (%)	110 ( 44.2)	91 ( 38.1)
	Median Survival Est. (95% CI)	2.10 ( 1.22, 7.49)	1.87 ( 1.28, 5.36)
	Hazard Ratio (95% CI)		0.965 ( 0.731, 1.275)
	Treatment P-value [a]		0.77966
	Interaction P-value [b]		0.50562
6 Months	Patients at Risk, Survival Est. (95% CI)	25, 0.46 ( 0.38, 0.53)	16, 0.40 ( 0.31, 0.49)
12 Months	Patients at Risk, Survival Est. (95% CI)	2, 0.25 ( 0.12, 0.39)	0

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC15.DIS.KM.S2.FAS: EORTC Diarrhoea Symptom Score: Time to Deterioration of at least 15 points (Months) (Full Analysis Set)

Subgroup: Age Group 2, Level: &gt;=75 years

Time Point	Statistics	Enfortumab Vedotin (N=52)	Chemotherapy (N=68)
Overall	No. of Events (%)	19 ( 36.5)	23 ( 33.8)
	Median Survival Est. (95% CI)	2.23 ( 0.76, NC)	7.69 ( 1.81, NC)
	Hazard Ratio (95% CI)		1.211 ( 0.660, 2.225)
	Treatment P-value [a]		0.52374
	Interaction P-value [b]		0.50562
6 Months	Patients at Risk, Survival Est. (95% CI)	4, 0.44 ( 0.26, 0.60)	5, 0.53 ( 0.37, 0.67)
12 Months	Patients at Risk, Survival Est. (95% CI)	0	2, 0.40 ( 0.16, 0.63)

Subgroup analyses are conducted if there exist at least 2 levels with >= 10 patients across treatment arms and >=10 events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC15.DIS.KM.S3.FAS: EORTC Diarrhoea Symptom Score: Time to Deterioration of at least 15 points (Months) (Full Analysis Set)

Subgroup: Gender, Level: Male

Time Point	Statistics	Enfortumab Vedotin (N=238)	Chemotherapy (N=232)
Overall	No. of Events (%)	105 ( 44.1)	88 ( 37.9)
	Median Survival Est. (95% CI)	1.94 ( 0.99, 6.83)	2.60 ( 1.58, 8.08)
	Hazard Ratio (95% CI)		1.078 ( 0.812, 1.432)
	Treatment P-value [a]		0.60591
	Interaction P-value [b]		0.42869
6 Months	Patients at Risk, Survival Est. (95% CI)	23, 0.43 ( 0.36, 0.51)	16, 0.42 ( 0.33, 0.51)
12 Months	Patients at Risk, Survival Est. (95% CI)	2, 0.28 ( 0.16, 0.41)	1, 0.25 ( 0.11, 0.42)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC15.DIS.KM.S3.FAS: EORTC Diarrhoea Symptom Score: Time to Deterioration of at least 15 points (Months) (Full Analysis Set)

Subgroup: Gender, Level: Female

Time Point	Statistics	Enfortumab Vedotin (N=63)	Chemotherapy (N=75)
Overall	No. of Events (%)	24 ( 38.1)	26 ( 34.7)
	Median Survival Est. (95% CI)	9.63 ( 1.12, NC)	4.50 ( 0.99, NC)
	Hazard Ratio (95% CI)		0.838 ( 0.481, 1.461)
	Treatment P-value [a]		0.52189
	Interaction P-value [b]		0.42869
6 Months	Patients at Risk, Survival Est. (95% CI)	6, 0.52 ( 0.37, 0.66)	5, 0.46 ( 0.30, 0.62)
12 Months	Patients at Risk, Survival Est. (95% CI)	0	1, 0.35 ( 0.14, 0.57)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC15.DIS.KM.S4.FAS: EORTC Diarrhoea Symptom Score: Time to Deterioration of at least 15 points (Months) (Full Analysis Set)

Subgroup: Region, Level: Western Europe

Time Point	Statistics	Enfortumab Vedotin (N=126)	Chemotherapy (N=129)
Overall	No. of Events (%)	53 ( 42.1)	31 ( 24.0)
	Median Survival Est. (95% CI)	1.94 ( 0.79, 8.18)	NC ( 2.00, NC)
	Hazard Ratio (95% CI)		1.744 ( 1.119, 2.719)
	Treatment P-value [a]		0.01320
	Interaction P-value [b]		0.00306
6 Months	Patients at Risk, Survival Est. (95% CI)	6, 0.43 ( 0.31, 0.54)	11, 0.59 ( 0.47, 0.70)
12 Months	Patients at Risk, Survival Est. (95% CI)	0	1, 0.51 ( 0.32, 0.67)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table EORTC15.DIS.KM.S4.FAS: EORTC Diarrhoea Symptom Score: Time to Deterioration of at least 15 points (Months) (Full Analysis Set)

Subgroup: Region, Level: US

Time Point	Statistics	Enfortumab Vedotin (N=43)	Chemotherapy (N=44)
Overall	No. of Events (%)	13 ( 30.2)	22 ( 50.0)
	Median Survival Est. (95% CI)	2.40 ( 1.45, NC)	1.02 ( 0.62, 1.58)
	Hazard Ratio (95% CI)		0.449 ( 0.226, 0.893)
	Treatment P-value [a]		0.01255
	Interaction P-value [b]		0.00306
6 Months	Patients at Risk, Survival Est. (95% CI)	5, 0.44 ( 0.22, 0.63)	1, 0.09 ( 0.01, 0.31)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC15.DIS.KM.S4.FAS: EORTC Diarrhoea Symptom Score: Time to Deterioration of at least 15 points (Months) (Full Analysis Set)

Subgroup: Region, Level: Rest of the World

Time Point	Statistics	Enfortumab Vedotin (N=132)	Chemotherapy (N=134)
Overall	No. of Events (%)	63 ( 47.7)	61 ( 45.5)
	Median Survival Est. (95% CI)	1.97 ( 1.02, 9.63)	2.60 ( 1.22, 8.08)
	Hazard Ratio (95% CI)		0.889 ( 0.624, 1.265)
	Treatment P-value [a]		0.50326
	Interaction P-value [b]		0.00306
6 Months	Patients at Risk, Survival Est. (95% CI)	18, 0.47 ( 0.37, 0.56)	9, 0.40 ( 0.28, 0.51)
12 Months	Patients at Risk, Survival Est. (95% CI)	2, 0.33 ( 0.19, 0.49)	1, 0.15 ( 0.01, 0.43)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC15.DIS.KM.S5.FAS: EORTC Diarrhoea Symptom Score: Time to Deterioration of at least 15 points (Months) (Full Analysis Set)

Subgroup: ECOG PS from IRT Strata, Level: 0

Time Point	Statistics	Enfortumab Vedotin (N=120)	Chemotherapy (N=124)
Overall	No. of Events (%)	54 ( 45.0)	56 ( 45.2)
	Median Survival Est. (95% CI)	2.92 ( 1.45, NC)	2.17 ( 1.28, 8.08)
	Hazard Ratio (95% CI)		0.852 ( 0.586, 1.238)
	Treatment P-value [a]		0.40071
	Interaction P-value [b]		0.19094
6 Months	Patients at Risk, Survival Est. (95% CI)	17, 0.49 ( 0.39, 0.59)	10, 0.39 ( 0.27, 0.50)
12 Months	Patients at Risk, Survival Est. (95% CI)	1, 0.32 ( 0.16, 0.50)	1, 0.22 ( 0.06, 0.43)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC15.DIS.KM.S5.FAS: EORTC Diarrhoea Symptom Score: Time to Deterioration of at least 15 points (Months) (Full Analysis Set)

Subgroup: ECOG PS from IRT Strata, Level: 1

Time Point	Statistics	Enfortumab Vedotin (N=181)	Chemotherapy (N=183)
Overall	No. of Events (%)	75 ( 41.4)	58 ( 31.7)
	Median Survival Est. (95% CI)	1.84 ( 0.99, 6.83)	5.36 ( 1.54, NC)
	Hazard Ratio (95% CI)		1.195 ( 0.848, 1.684)
	Treatment P-value [a]		0.32680
	Interaction P-value [b]		0.19094
6 Months	Patients at Risk, Survival Est. (95% CI)	12, 0.42 ( 0.33, 0.51)	11, 0.47 ( 0.36, 0.58)
12 Months	Patients at Risk, Survival Est. (95% CI)	1, 0.26 ( 0.12, 0.43)	1, 0.32 ( 0.14, 0.51)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC15.DIS.KM.S6.FAS: EORTC Diarrhoea Symptom Score: Time to Deterioration of at least 15 points (Months) (Full Analysis Set)

Subgroup: Liver Metastasis from IRT Strata, Level: Yes

Time Point	Statistics	Enfortumab Vedotin (N=93)	Chemotherapy (N=95)
Overall	No. of Events (%)	37 ( 39.8)	30 ( 31.6)
	Median Survival Est. (95% CI)	1.74 ( 0.76, NC)	2.00 ( 1.02, NC)
	Hazard Ratio (95% CI)		1.106 ( 0.683, 1.792)
	Treatment P-value [a]		0.61249
	Interaction P-value [b]		0.71039
6 Months	Patients at Risk, Survival Est. (95% CI)	8, 0.41 ( 0.28, 0.53)	3, 0.49 ( 0.35, 0.61)
12 Months	Patients at Risk, Survival Est. (95% CI)	0	1, 0.25 ( 0.02, 0.60)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC15.DIS.KM.S6.FAS: EORTC Diarrhoea Symptom Score: Time to Deterioration of at least 15 points (Months) (Full Analysis Set)

Subgroup: Liver Metastasis from IRT Strata, Level: No

Time Point	Statistics	Enfortumab Vedotin (N=208)	Chemotherapy (N=212)
Overall	No. of Events (%)	92 ( 44.2)	84 ( 39.6)
	Median Survival Est. (95% CI)	2.17 ( 1.45, 8.18)	2.79 ( 1.61, 8.08)
	Hazard Ratio (95% CI)		0.994 ( 0.739, 1.336)
	Treatment P-value [a]		0.95967
	Interaction P-value [b]		0.71039
6 Months	Patients at Risk, Survival Est. (95% CI)	21, 0.47 ( 0.39, 0.55)	18, 0.42 ( 0.33, 0.51)
12 Months	Patients at Risk, Survival Est. (95% CI)	2, 0.28 ( 0.15, 0.43)	1, 0.27 ( 0.13, 0.43)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC15.DIS.KM.S7.FAS: EORTC Diarrhoea Symptom Score: Time to Deterioration of at least 15 points (Months) (Full Analysis Set)

Subgroup: Pre-selected Investigator's Choice of Paclitaxel/Docetaxel/Vinflunine, Level: Paclitaxel

Time Point	Statistics	Enfortumab Vedotin (N=141)	Chemotherapy (N=112)
Overall	No. of Events (%)	66 ( 46.8)	35 ( 31.3)
	Median Survival Est. (95% CI)	1.84 ( 0.95, 7.49)	7.69 ( 1.87, NC)
	Hazard Ratio (95% CI)		1.426 ( 0.945, 2.150)
	Treatment P-value [a]		0.09146
	Interaction P-value [b]		0.00019
6 Months	Patients at Risk, Survival Est. (95% CI)	14, 0.41 ( 0.32, 0.51)	8, 0.51 ( 0.37, 0.64)
12 Months	Patients at Risk, Survival Est. (95% CI)	2, 0.28 ( 0.14, 0.43)	0

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC15.DIS.KM.S7.FAS: EORTC Diarrhoea Symptom Score: Time to Deterioration of at least 15 points (Months) (Full Analysis Set)

Subgroup: Pre-selected Investigator's Choice of Paclitaxel/Docetaxel/Vinflunine, Level: Docetaxel

Time Point	Statistics	Enfortumab Vedotin (N=87)	Chemotherapy (N=117)
Overall	No. of Events (%)	34 ( 39.1)	60 ( 51.3)
	Median Survival Est. (95% CI)	2.23 ( 1.74, NC)	0.99 ( 0.59, 1.68)
	Hazard Ratio (95% CI)		0.509 ( 0.334, 0.776)
	Treatment P-value [a]		0.00201
	Interaction P-value [b]		0.00019
6 Months	Patients at Risk, Survival Est. (95% CI)	10, 0.47 ( 0.34, 0.59)	3, 0.21 ( 0.10, 0.35)
12 Months	Patients at Risk, Survival Est. (95% CI)	0	1, 0.11 ( 0.01, 0.32)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC15.DIS.KM.S7.FAS: EORTC Diarrhoea Symptom Score: Time to Deterioration of at least 15 points (Months) (Full Analysis Set)

Subgroup: Pre-selected Investigator's Choice of Paclitaxel/Docetaxel/Vinflunine, Level: Vinflunine

Time Point	Statistics	Enfortumab Vedotin (N=73)	Chemotherapy (N=78)
Overall	No. of Events (%)	29 ( 39.7)	19 ( 24.4)
	Median Survival Est. (95% CI)	6.83 ( 0.79, 9.33)	NC ( 2.17, NC)
	Hazard Ratio (95% CI)		1.867 ( 1.046, 3.332)
	Treatment P-value [a]		0.02605
	Interaction P-value [b]		0.00019
6 Months	Patients at Risk, Survival Est. (95% CI)	5, 0.52 ( 0.38, 0.64)	10, 0.64 ( 0.48, 0.76)
12 Months	Patients at Risk, Survival Est. (95% CI)	0	1, 0.53 ( 0.29, 0.72)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC15.DIS.KM.S8.FAS: EORTC Diarrhoea Symptom Score: Time to Deterioration of at least 15 points (Months) (Full Analysis Set)

Subgroup: Primary Site of Tumor, Level: Upper Tract

Time Point	Statistics	Enfortumab Vedotin (N=98)	Chemotherapy (N=107)
Overall	No. of Events (%)	42 ( 42.9)	44 ( 41.1)
	Median Survival Est. (95% CI)	1.77 ( 0.99, NC)	4.50 ( 1.71, 8.08)
	Hazard Ratio (95% CI)		1.108 ( 0.726, 1.692)
	Treatment P-value [a]		0.60888
	Interaction P-value [b]		0.62977
6 Months	Patients at Risk, Survival Est. (95% CI)	12, 0.43 ( 0.31, 0.54)	9, 0.44 ( 0.31, 0.56)
12 Months	Patients at Risk, Survival Est. (95% CI)	1, 0.37 ( 0.23, 0.51)	0

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table EORTC15.DIS.KM.S8.FAS: EORTC Diarrhoea Symptom Score: Time to Deterioration of at least 15 points (Months) (Full Analysis Set)

Subgroup: Primary Site of Tumor, Level: Other

Time Point	Statistics	Enfortumab Vedotin (N=203)	Chemotherapy (N=200)
Overall	No. of Events (%)	87 ( 42.9)	70 ( 35.0)
	Median Survival Est. (95% CI)	2.23 ( 1.02, 8.18)	1.81 ( 1.28, NC)
	Hazard Ratio (95% CI)		0.973 ( 0.710, 1.334)
	Treatment P-value [a]		0.86657
	Interaction P-value [b]		0.62977
6 Months	Patients at Risk, Survival Est. (95% CI)	17, 0.47 ( 0.38, 0.55)	12, 0.43 ( 0.32, 0.52)
12 Months	Patients at Risk, Survival Est. (95% CI)	1, 0.26 ( 0.13, 0.41)	2, 0.35 ( 0.21, 0.50)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC15.DIS.KM.S9.FAS: EORTC Diarrhoea Symptom Score: Time to Deterioration of at least 15 points (Months) (Full Analysis Set)

Subgroup: Prior Lines of Systemic Therapy, Level: 1-2 lines

Time Point	Statistics	Enfortumab Vedotin (N=262)	Chemotherapy (N=270)
Overall	No. of Events (%)	111 ( 42.4)	99 ( 36.7)
	Median Survival Est. (95% CI)	2.14 ( 1.45, 7.56)	2.79 ( 1.54, 7.69)
	Hazard Ratio (95% CI)		0.997 ( 0.760, 1.308)
	Treatment P-value [a]		0.94588
	Interaction P-value [b]		0.59978
6 Months	Patients at Risk, Survival Est. (95% CI)	27, 0.46 ( 0.39, 0.53)	19, 0.43 ( 0.35, 0.52)
12 Months	Patients at Risk, Survival Est. (95% CI)	2, 0.30 ( 0.18, 0.42)	1, 0.23 ( 0.09, 0.41)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC15.DIS.KM.S9.FAS: EORTC Diarrhoea Symptom Score: Time to Deterioration of at least 15 points (Months) (Full Analysis Set)

Subgroup: Prior Lines of Systemic Therapy, Level: &gt;=3 lines

Time Point	Statistics	Enfortumab Vedotin (N=39)	Chemotherapy (N=37)
Overall	No. of Events (%)	18 ( 46.2)	15 ( 40.5)
	Median Survival Est. (95% CI)	2.10 ( 0.72, NC)	3.25 ( 1.02, NC)
	Hazard Ratio (95% CI)		1.215 ( 0.611, 2.413)
	Treatment P-value [a]		0.60859
	Interaction P-value [b]		0.59978
6 Months	Patients at Risk, Survival Est. (95% CI)	2, 0.38 ( 0.20, 0.57)	2, 0.41 ( 0.18, 0.62)
12 Months	Patients at Risk, Survival Est. (95% CI)	0	1, 0.41 ( 0.18, 0.62)

Subgroup analyses are conducted if there exist at least 2 levels with >= 10 patients across treatment arms and >=10 events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC15.DIS.KM.S10.FAS: EORTC Diarrhoea Symptom Score: Time to Deterioration of at least 15 points (Months) (Full Analysis Set)

Subgroup: Best Response to Prior CPI, Level: Responder

Time Point	Statistics	Enfortumab Vedotin (N=61)	Chemotherapy (N=50)
Overall	No. of Events (%)	31 ( 50.8)	15 ( 30.0)
	Median Survival Est. (95% CI)	1.51 ( 0.82, NC)	8.77 ( 5.32, NC)
	Hazard Ratio (95% CI)		1.770 ( 0.955, 3.280)
	Treatment P-value [a]		0.07135
	Interaction P-value [b]		0.08761
6 Months	Patients at Risk, Survival Est. (95% CI)	5, 0.39 ( 0.25, 0.53)	7, 0.56 ( 0.34, 0.74)
12 Months	Patients at Risk, Survival Est. (95% CI)	1, 0.39 ( 0.25, 0.53)	0

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC15.DIS.KM.S10.FAS: EORTC Diarrhoea Symptom Score: Time to Deterioration of at least 15 points (Months) (Full Analysis Set)

Subgroup: Best Response to Prior CPI, Level: Non-responder

Time Point	Statistics	Enfortumab Vedotin (N=207)	Chemotherapy (N=215)
Overall	No. of Events (%)	86 ( 41.5)	81 ( 37.7)
	Median Survival Est. (95% CI)	2.20 ( 1.12, 7.56)	2.14 ( 1.28, 7.69)
	Hazard Ratio (95% CI)		0.972 ( 0.717, 1.317)
	Treatment P-value [a]		0.87528
	Interaction P-value [b]		0.08761
6 Months	Patients at Risk, Survival Est. (95% CI)	21, 0.46 ( 0.38, 0.54)	12, 0.42 ( 0.33, 0.51)
12 Months	Patients at Risk, Survival Est. (95% CI)	1, 0.23 ( 0.11, 0.39)	2, 0.33 ( 0.20, 0.46)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## 2.4.2.9 Finanzielle Schwierigkeiten

Astellas: 7465-CL-0301

Table EORTC15.FIS.KM.S1.FAS: EORTC Financial Difficulties Symptom Score: Time to Deterioration of at least 15 points (Months) (Full Analysis Set)

Subgroup: Age Group 1, Level: <65 years

Time Point	Statistics	Enfortumab Vedotin (N=108)	Chemotherapy (N=111)
Overall	No. of Events (%)	33 ( 30.6)	23 ( 20.7)
	Median Survival Est. (95% CI)	8.38 ( 5.36, NC)	NC ( 5.32, NC)
	Hazard Ratio (95% CI)		1.336 ( 0.784, 2.275)
	Treatment P-value [a]		0.29405
	Interaction P-value [b]		0.15628
6 Months	Patients at Risk, Survival Est. (95% CI)	13, 0.62 ( 0.49, 0.72)	11, 0.63 ( 0.48, 0.75)
12 Months	Patients at Risk, Survival Est. (95% CI)	1, 0.43 ( 0.22, 0.62)	0

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table EORTC15.FIS.KM.S1.FAS: EORTC Financial Difficulties Symptom Score: Time to Deterioration of at least 15 points (Months) (Full Analysis Set)

Subgroup: Age Group 1, Level: &gt;=65 years

Time Point	Statistics	Enfortumab Vedotin (N=193)	Chemotherapy (N=196)
Overall	No. of Events (%)	48 ( 24.9)	49 ( 25.0)
	Median Survival Est. (95% CI)	NC ( 8.15, NC)	9.00 ( 5.42, NC)
	Hazard Ratio (95% CI)		0.826 ( 0.554, 1.230)
	Treatment P-value [a]		0.34220
	Interaction P-value [b]		0.15628
6 Months	Patients at Risk, Survival Est. (95% CI)	23, 0.66 ( 0.57, 0.74)	13, 0.59 ( 0.48, 0.69)
12 Months	Patients at Risk, Survival Est. (95% CI)	4, 0.54 ( 0.38, 0.67)	3, 0.49 ( 0.29, 0.67)

Subgroup analyses are conducted if there exist at least 2 levels with >= 10 patients across treatment arms and >=10 events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC15.FIS.KM.S2.FAS: EORTC Financial Difficulties Symptom Score: Time to Deterioration of at least 15 points (Months) (Full Analysis Set)

Subgroup: Age Group 2, Level: &lt;75 years

Time Point	Statistics	Enfortumab Vedotin (N=249)	Chemotherapy (N=239)
Overall	No. of Events (%)	71 ( 28.5)	54 ( 22.6)
	Median Survival Est. (95% CI)	9.36 ( 7.56, NC)	NC ( 9.00, NC)
	Hazard Ratio (95% CI)		1.030 ( 0.723, 1.468)
	Treatment P-value [a]		0.89440
	Interaction P-value [b]		0.48095
6 Months	Patients at Risk, Survival Est. (95% CI)	32, 0.64 ( 0.55, 0.71)	18, 0.61 ( 0.50, 0.70)
12 Months	Patients at Risk, Survival Est. (95% CI)	4, 0.46 ( 0.33, 0.59)	0

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC15.FIS.KM.S2.FAS: EORTC Financial Difficulties Symptom Score: Time to Deterioration of at least 15 points (Months) (Full Analysis Set)

Subgroup: Age Group 2, Level: &gt;=75 years

Time Point	Statistics	Enfortumab Vedotin (N=52)	Chemotherapy (N=68)
Overall	No. of Events (%)	10 ( 19.2)	18 ( 26.5)
	Median Survival Est. (95% CI)	NC (NC , NC)	NC ( 2.69, NC)
	Hazard Ratio (95% CI)		0.759 ( 0.350, 1.644)
	Treatment P-value [a]		0.44158
	Interaction P-value [b]		0.48095
6 Months	Patients at Risk, Survival Est. (95% CI)	4, 0.71 ( 0.53, 0.84)	6, 0.60 ( 0.44, 0.73)
12 Months	Patients at Risk, Survival Est. (95% CI)	1, 0.71 ( 0.53, 0.84)	3, 0.60 ( 0.44, 0.73)

Subgroup analyses are conducted if there exist at least 2 levels with >= 10 patients across treatment arms and >=10 events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC15.FIS.KM.S3.FAS: EORTC Financial Difficulties Symptom Score: Time to Deterioration of at least 15 points (Months) (Full Analysis Set)

Subgroup: Gender, Level: Male

Time Point	Statistics	Enfortumab Vedotin (N=238)	Chemotherapy (N=232)
Overall	No. of Events (%)	66 ( 27.7)	56 ( 24.1)
	Median Survival Est. (95% CI)	NC ( 6.34, NC)	NC ( 5.42, NC)
	Hazard Ratio (95% CI)		0.991 ( 0.694, 1.416)
	Treatment P-value [a]		0.93576
	Interaction P-value [b]		0.86393
6 Months	Patients at Risk, Survival Est. (95% CI)	29, 0.62 ( 0.54, 0.70)	18, 0.60 ( 0.50, 0.69)
12 Months	Patients at Risk, Survival Est. (95% CI)	5, 0.52 ( 0.39, 0.63)	2, 0.53 ( 0.37, 0.67)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table EORTC15.FIS.KM.S3.FAS: EORTC Financial Difficulties Symptom Score: Time to Deterioration of at least 15 points (Months) (Full Analysis Set)

Subgroup: Gender, Level: Female

Time Point	Statistics	Enfortumab Vedotin (N=63)	Chemotherapy (N=75)
Overall	No. of Events (%)	15 ( 23.8)	16 ( 21.3)
	Median Survival Est. (95% CI)	9.36 ( 8.15, NC)	NC ( 2.79, NC)
	Hazard Ratio (95% CI)		0.925 ( 0.457, 1.872)
	Treatment P-value [a]		0.84494
	Interaction P-value [b]		0.86393
6 Months	Patients at Risk, Survival Est. (95% CI)	7, 0.72 ( 0.57, 0.83)	6, 0.62 ( 0.44, 0.76)
12 Months	Patients at Risk, Survival Est. (95% CI)	0	1, 0.62 ( 0.44, 0.76)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table EORTC15.FIS.KM.S4.FAS: EORTC Financial Difficulties Symptom Score: Time to Deterioration of at least 15 points (Months) (Full Analysis Set)

Subgroup: Region, Level: Western Europe

Time Point	Statistics	Enfortumab Vedotin (N=126)	Chemotherapy (N=129)
Overall	No. of Events (%)	24 ( 19.0)	22 ( 17.1)
	Median Survival Est. (95% CI)	NC (NC , NC)	NC (NC , NC)
	Hazard Ratio (95% CI)		0.905 ( 0.507, 1.614)
	Treatment P-value [a]		0.71948
	Interaction P-value [b]		0.92789
6 Months	Patients at Risk, Survival Est. (95% CI)	12, 0.73 ( 0.62, 0.81)	10, 0.68 ( 0.55, 0.78)
12 Months	Patients at Risk, Survival Est. (95% CI)	0	2, 0.68 ( 0.55, 0.78)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC15.FIS.KM.S4.FAS: EORTC Financial Difficulties Symptom Score: Time to Deterioration of at least 15 points (Months) (Full Analysis Set)

Subgroup: Region, Level: US

Time Point	Statistics	Enfortumab Vedotin (N=43)	Chemotherapy (N=44)
Overall	No. of Events (%)	8 ( 18.6)	7 ( 15.9)
	Median Survival Est. (95% CI)	NC ( 5.45, NC)	NC ( 2.69, NC)
	Hazard Ratio (95% CI)		0.975 ( 0.353, 2.692)
	Treatment P-value [a]		0.999989
	Interaction P-value [b]		0.92789
6 Months	Patients at Risk, Survival Est. (95% CI)	8, 0.68 ( 0.44, 0.83)	4, 0.70 ( 0.45, 0.85)
12 Months	Patients at Risk, Survival Est. (95% CI)	2, 0.68 ( 0.44, 0.83)	0

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table EORTC15.FIS.KM.S4.FAS: EORTC Financial Difficulties Symptom Score: Time to Deterioration of at least 15 points (Months) (Full Analysis Set)

Subgroup: Region, Level: Rest of the World

Time Point	Statistics	Enfortumab Vedotin (N=132)	Chemotherapy (N=134)
Overall	No. of Events (%)	49 ( 37.1)	43 ( 32.1)
	Median Survival Est. (95% CI)	8.15 ( 5.36, NC)	9.00 ( 3.98, NC)
	Hazard Ratio (95% CI)		1.041 ( 0.691, 1.568)
	Treatment P-value [a]		0.93680
	Interaction P-value [b]		0.92789
6 Months	Patients at Risk, Survival Est. (95% CI)	16, 0.59 ( 0.48, 0.68)	10, 0.54 ( 0.41, 0.65)
12 Months	Patients at Risk, Survival Est. (95% CI)	3, 0.34 ( 0.17, 0.52)	1, 0.36 ( 0.10, 0.63)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table EORTC15.FIS.KM.S5.FAS: EORTC Financial Difficulties Symptom Score: Time to Deterioration of at least 15 points (Months) (Full Analysis Set)

Subgroup: ECOG PS from IRT Strata, Level: 0

Time Point	Statistics	Enfortumab Vedotin (N=120)	Chemotherapy (N=124)
Overall	No. of Events (%)	33 ( 27.5)	27 ( 21.8)
	Median Survival Est. (95% CI)	NC ( 7.56, NC)	NC (NC , NC)
	Hazard Ratio (95% CI)		1.119 ( 0.673, 1.862)
	Treatment P-value [a]		0.63571
	Interaction P-value [b]		0.50014
6 Months	Patients at Risk, Survival Est. (95% CI)	19, 0.67 ( 0.55, 0.76)	11, 0.68 ( 0.57, 0.78)
12 Months	Patients at Risk, Survival Est. (95% CI)	4, 0.57 ( 0.39, 0.71)	1, 0.68 ( 0.57, 0.78)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table EORTC15.FIS.KM.S5.FAS: EORTC Financial Difficulties Symptom Score: Time to Deterioration of at least 15 points (Months) (Full Analysis Set)

Subgroup: ECOG PS from IRT Strata, Level: 1

Time Point	Statistics	Enfortumab Vedotin (N=181)	Chemotherapy (N=183)
Overall	No. of Events (%)	48 ( 26.5)	45 ( 24.6)
	Median Survival Est. (95% CI)	8.38 ( 6.21, NC)	9.00 ( 2.69, NC)
	Hazard Ratio (95% CI)		0.894 ( 0.595, 1.344)
	Treatment P-value [a]		0.60304
	Interaction P-value [b]		0.50014
6 Months	Patients at Risk, Survival Est. (95% CI)	17, 0.63 ( 0.53, 0.71)	13, 0.54 ( 0.42, 0.65)
12 Months	Patients at Risk, Survival Est. (95% CI)	1, 0.43 ( 0.25, 0.60)	2, 0.47 ( 0.31, 0.62)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table EORTC15.FIS.KM.S6.FAS: EORTC Financial Difficulties Symptom Score: Time to Deterioration of at least 15 points (Months) (Full Analysis Set)

Subgroup: Liver Metastasis from IRT Strata, Level: Yes

Time Point	Statistics	Enfortumab Vedotin (N=93)	Chemotherapy (N=95)
Overall	No. of Events (%)	33 ( 35.5)	17 ( 17.9)
	Median Survival Est. (95% CI)	2.40 ( 1.31, NC)	NC ( 5.32, NC)
	Hazard Ratio (95% CI)		1.840 ( 1.024, 3.306)
	Treatment P-value [a]		0.03371
	Interaction P-value [b]		0.01109
6 Months	Patients at Risk, Survival Est. (95% CI)	7, 0.50 ( 0.36, 0.62)	4, 0.64 ( 0.45, 0.77)
12 Months	Patients at Risk, Survival Est. (95% CI)	1, 0.34 ( 0.15, 0.54)	2, 0.64 ( 0.45, 0.77)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC15.FIS.KM.S6.FAS: EORTC Financial Difficulties Symptom Score: Time to Deterioration of at least 15 points (Months) (Full Analysis Set)

Subgroup: Liver Metastasis from IRT Strata, Level: No

Time Point	Statistics	Enfortumab Vedotin (N=208)	Chemotherapy (N=212)
Overall	No. of Events (%)	48 ( 23.1)	55 ( 25.9)
	Median Survival Est. (95% CI)	NC ( 8.15, NC)	NC ( 5.42, NC)
	Hazard Ratio (95% CI)		0.741 ( 0.503, 1.091)
	Treatment P-value [a]		0.12578
	Interaction P-value [b]		0.01109
6 Months	Patients at Risk, Survival Est. (95% CI)	29, 0.70 ( 0.62, 0.77)	20, 0.60 ( 0.50, 0.68)
12 Months	Patients at Risk, Survival Est. (95% CI)	4, 0.56 ( 0.41, 0.69)	1, 0.53 ( 0.37, 0.67)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table EORTC15.FIS.KM.S7.FAS: EORTC Financial Difficulties Symptom Score: Time to Deterioration of at least 15 points (Months) (Full Analysis Set)

Subgroup: Pre-selected Investigator's Choice of Paclitaxel/Docetaxel/Vinflunine, Level: Paclitaxel

Time Point	Statistics	Enfortumab Vedotin (N=141)	Chemotherapy (N=112)
Overall	No. of Events (%)	49 ( 34.8)	24 ( 21.4)
	Median Survival Est. (95% CI)	8.15 ( 2.76, NC)	NC (NC , NC)
	Hazard Ratio (95% CI)		1.348 ( 0.826, 2.198)
	Treatment P-value [a]		0.23876
	Interaction P-value [b]		0.16217
6 Months	Patients at Risk, Survival Est. (95% CI)	19, 0.58 ( 0.47, 0.67)	6, 0.65 ( 0.52, 0.76)
12 Months	Patients at Risk, Survival Est. (95% CI)	3, 0.38 ( 0.22, 0.53)	0

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC15.FIS.KM.S7.FAS: EORTC Financial Difficulties Symptom Score: Time to Deterioration of at least 15 points (Months) (Full Analysis Set)

Subgroup: Pre-selected Investigator's Choice of Paclitaxel/Docetaxel/Vinflunine, Level: Docetaxel

Time Point	Statistics	Enfortumab Vedotin (N=87)	Chemotherapy (N=117)
Overall	No. of Events (%)	20 ( 23.0) NC (NC , NC)	30 ( 25.6) 9.00 ( 5.32, NC)
	Median Survival Est. (95% CI)		
	Hazard Ratio (95% CI)		0.742 ( 0.421, 1.308)
	Treatment P-value [a]		0.26909
	Interaction P-value [b]		0.16217
6 Months	Patients at Risk, Survival Est. (95% CI)	11, 0.66 ( 0.51, 0.77)	10, 0.56 ( 0.40, 0.69)
12 Months	Patients at Risk, Survival Est. (95% CI)	2, 0.66 ( 0.51, 0.77)	1, 0.42 ( 0.17, 0.66)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table EORTC15.FIS.KM.S7.FAS: EORTC Financial Difficulties Symptom Score: Time to Deterioration of at least 15 points (Months) (Full Analysis Set)

Subgroup: Pre-selected Investigator's Choice of Paclitaxel/Docetaxel/Vinflunine, Level: Vinflunine

Time Point	Statistics	Enfortumab Vedotin (N=73)	Chemotherapy (N=78)
Overall	No. of Events (%)	12 ( 16.4)	18 ( 23.1)
	Median Survival Est. (95% CI)	NC ( 6.21, NC)	NC ( 2.40, NC)
	Hazard Ratio (95% CI)		0.661 ( 0.318, 1.372)
	Treatment P-value [a]		0.24813
	Interaction P-value [b]		0.16217
6 Months	Patients at Risk, Survival Est. (95% CI)	6, 0.78 ( 0.63, 0.87)	8, 0.62 ( 0.47, 0.75)
12 Months	Patients at Risk, Survival Est. (95% CI)	0	2, 0.62 ( 0.47, 0.75)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table EORTC15.FIS.KM.S8.FAS: EORTC Financial Difficulties Symptom Score: Time to Deterioration of at least 15 points (Months) (Full Analysis Set)

Subgroup: Primary Site of Tumor, Level: Upper Tract

Time Point	Statistics	Enfortumab Vedotin (N=98)	Chemotherapy (N=107)
Overall	No. of Events (%)	29 ( 29.6)	27 ( 25.2)
	Median Survival Est. (95% CI)	8.15 ( 6.21, NC)	NC ( 5.32, NC)
	Hazard Ratio (95% CI)		1.116 ( 0.660, 1.885)
	Treatment P-value [a]		0.71068
	Interaction P-value [b]		0.55199
6 Months	Patients at Risk, Survival Est. (95% CI)	15, 0.65 ( 0.51, 0.75)	11, 0.61 ( 0.47, 0.73)
12 Months	Patients at Risk, Survival Est. (95% CI)	2, 0.37 ( 0.17, 0.57)	1, 0.53 ( 0.32, 0.70)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table EORTC15.FIS.KM.S8.FAS: EORTC Financial Difficulties Symptom Score: Time to Deterioration of at least 15 points (Months) (Full Analysis Set)

Subgroup: Primary Site of Tumor, Level: Other

Time Point	Statistics	Enfortumab Vedotin (N=203)	Chemotherapy (N=200)
Overall	No. of Events (%)	52 ( 25.6)	45 ( 22.5)
	Median Survival Est. (95% CI)	NC ( 8.38, NC)	NC ( 5.42, NC)
	Hazard Ratio (95% CI)		0.914 ( 0.613, 1.362)
	Treatment P-value [a]		0.70542
	Interaction P-value [b]		0.55199
6 Months	Patients at Risk, Survival Est. (95% CI)	21, 0.64 ( 0.55, 0.72)	13, 0.60 ( 0.49, 0.70)
12 Months	Patients at Risk, Survival Est. (95% CI)	3, 0.59 ( 0.45, 0.70)	2, 0.60 ( 0.49, 0.70)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table EORTC15.FIS.KM.S9.FAS: EORTC Financial Difficulties Symptom Score: Time to Deterioration of at least 15 points (Months) (Full Analysis Set)

Subgroup: Prior Lines of Systemic Therapy, Level: 1-2 lines

Time Point	Statistics	Enfortumab Vedotin (N=262)	Chemotherapy (N=270)
Overall	No. of Events (%)	66 ( 25.2)	64 ( 23.7)
	Median Survival Est. (95% CI)	NC ( 8.15, NC)	NC ( 9.00, NC)
	Hazard Ratio (95% CI)		0.901 ( 0.638, 1.271)
	Treatment P-value [a]		0.54838
	Interaction P-value [b]		0.20580
6 Months	Patients at Risk, Survival Est. (95% CI)	32, 0.66 ( 0.58, 0.73)	22, 0.60 ( 0.50, 0.68)
12 Months	Patients at Risk, Survival Est. (95% CI)	4, 0.52 ( 0.38, 0.64)	2, 0.53 ( 0.38, 0.66)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC15.FIS.KM.S9.FAS: EORTC Financial Difficulties Symptom Score: Time to Deterioration of at least 15 points (Months) (Full Analysis Set)

Subgroup: Prior Lines of Systemic Therapy, Level: &gt;=3 lines

Time Point	Statistics	Enfortumab Vedotin (N=39)	Chemotherapy (N=37)
Overall	No. of Events (%)	15 ( 38.5)	8 ( 21.6)
	Median Survival Est. (95% CI)	6.34 ( 1.71, NC)	NC ( 2.69, NC)
	Hazard Ratio (95% CI)		1.636 ( 0.693, 3.861)
	Treatment P-value [a]		0.26245
	Interaction P-value [b]		0.20580
6 Months	Patients at Risk, Survival Est. (95% CI)	4, 0.54 ( 0.34, 0.70)	2, 0.70 ( 0.46, 0.84)
12 Months	Patients at Risk, Survival Est. (95% CI)	1, 0.40 ( 0.15, 0.64)	1, 0.70 ( 0.46, 0.84)

Subgroup analyses are conducted if there exist at least 2 levels with >= 10 patients across treatment arms and >=10 events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC15.FIS.KM.S10.FAS: EORTC Financial Difficulties Symptom Score: Time to Deterioration of at least 15 points (Months) (Full Analysis Set)

Subgroup: Best Response to Prior CPI, Level: Responder

Time Point	Statistics	Enfortumab Vedotin (N=61)	Chemotherapy (N=50)
Overall	No. of Events (%)	17 ( 27.9)	18 ( 36.0)
	Median Survival Est. (95% CI)	NC ( 8.15, NC)	2.66 ( 1.08, NC)
	Hazard Ratio (95% CI)		0.567 ( 0.292, 1.101)
	Treatment P-value [a]		0.07653
	Interaction P-value [b]		0.05656
6 Months	Patients at Risk, Survival Est. (95% CI)	7, 0.67 ( 0.51, 0.79)	3, 0.48 ( 0.30, 0.65)
12 Months	Patients at Risk, Survival Est. (95% CI)	1, 0.50 ( 0.19, 0.75)	0

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table EORTC15.FIS.KM.S10.FAS: EORTC Financial Difficulties Symptom Score: Time to Deterioration of at least 15 points (Months) (Full Analysis Set)

Subgroup: Best Response to Prior CPI, Level: Non-responder

Time Point	Statistics	Enfortumab Vedotin (N=207)	Chemotherapy (N=215)
Overall	No. of Events (%)	59 ( 28.5)	47 ( 21.9)
	Median Survival Est. (95% CI)	8.38 ( 6.21, NC)	NC ( 9.00, NC)
	Hazard Ratio (95% CI)		1.195 ( 0.814, 1.754)
	Treatment P-value [a]		0.36109
	Interaction P-value [b]		0.05656
6 Months	Patients at Risk, Survival Est. (95% CI)	24, 0.61 ( 0.52, 0.69)	18, 0.63 ( 0.53, 0.72)
12 Months	Patients at Risk, Survival Est. (95% CI)	3, 0.49 ( 0.35, 0.61)	3, 0.56 ( 0.39, 0.70)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## 2.4.3 MMRM-Modell

### 2.4.3.1 Fatigue

Astellas: 7465-CL-0301

Table EORTC.FS.MM.S1.FAS: Mixed Model Repeated Measures (MMRM) Analysis: Change from Baseline - EORTC Fatigue Symptom Score (Week 1 to Week 24) (Full Analysis Set)

Subgroup: Age Group 1

Subgroup Level	Statistic	Enfortumab Vedotin	Chemotherapy	Enfortumab Vedotin vs Chemotherapy Mean Difference (95% CI)
<65 years	N, n	108, 85	111, 68	
	Baseline Mean (SD)	36.21 (23.08)	32.19 (23.05)	
	Change from Baseline LS Mean (SE)	2.21 ( 1.70)	4.37 ( 1.89)	-2.17 ( -7.16, 2.83)
	Treatment P-value			0.39448
	Hedge's g (95% CI)			-0.12 (-0.43, 0.20)
>=65 years	N, n	193, 147	196, 128	
	Baseline Mean (SD)	31.29 (24.43)	32.81 (23.98)	
	Change from Baseline LS Mean (SE)	7.46 ( 1.30)	12.35 ( 1.41)	-4.90 ( -8.66, -1.13)
	Treatment P-value			0.01098
	Hedge's g (95% CI)			-0.24 (-0.47, 0.00)
Interaction P-value [b]				0.17891

Subgroup analyses are conducted if there exists at least 2 levels with >= 10 patients across treatment arms that have a baseline score and at least one post-baseline score up to Week 24.

N: Number of patients in the subgroup level. n: Number of patients with a baseline and at least one post-baseline score up to Week 24.

Estimates are based on a mixed model which included treatment, baseline PRO, scheduled visit, scheduled visit\*baseline PRO and scheduled visit\*treatment as fixed effects. Scheduled visit was treated as a repeated measure within patients.

Hedge's g statistic has a bias correction applied.

[a] The Overall analysis included an adjustment for Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[b] Subgroup analysis included an adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_MM.SAS

Date/time of run: 02JUL2021 12:13

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC.FS.MM.S2.FAS: Mixed Model Repeated Measures (MMRM) Analysis: Change from Baseline - EORTC Fatigue Symptom Score (Week 1 to Week 24) (Full Analysis Set)

Subgroup: Age Group 2

Subgroup Level	Statistic	Enfortumab Vedotin	Chemotherapy	Enfortumab Vedotin vs Chemotherapy Mean Difference (95% CI)
<75 years	N, n	249, 195	239, 150	
	Baseline Mean (SD)	33.39 (23.70)	32.52 (23.77)	
	Change from Baseline LS Mean (SE)	4.39 (1.13)	8.19 (1.30)	-3.80 (-7.18, -0.42)
	Treatment P-value			0.02751
	Hedge's g (95% CI)			-0.19 (-0.40, 0.02)
	Interaction P-value [b]			0.82991

Subgroup analyses are conducted if there exists at least 2 levels with  $\geq 10$  patients across treatment arms that have a baseline score and at least one post-baseline score up to Week 24.

N: Number of patients in the subgroup level. n: Number of patients with a baseline and at least one post-baseline score up to Week 24.

Estimates are based on a mixed model which included treatment, baseline PRO, scheduled visit, scheduled visit\*baseline PRO and scheduled visit\*treatment as fixed effects. Scheduled visit was treated as a repeated measure within patients.

Hedge's g statistic has a bias correction applied.

[a] The Overall analysis included an adjustment for Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[b] Subgroup analysis included an adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_MM.SAS

Date/time of run: 02JUL2021 12:13

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC.FS.MM.S3.FAS: Mixed Model Repeated Measures (MMRM) Analysis: Change from Baseline - EORTC Fatigue Symptom Score (Week 1 to Week 24) (Full Analysis Set)

Subgroup: Gender

Subgroup Level	Statistic	Enfortumab Vedotin	Chemotherapy	Enfortumab Vedotin vs Chemotherapy Mean Difference (95% CI)
Male	N, n	238, 182	232, 150	
	Baseline Mean (SD)	32.84 (24.36)	31.33 (23.07)	
	Change from Baseline LS Mean (SE)	6.03 ( 1.18)	10.38 ( 1.31)	-4.34 ( -7.81, -0.88)
	Treatment P-value			0.01413
	Hedge's g (95% CI)			-0.21 (-0.43, 0.01)
	Interaction P-value [b]			0.67023

Subgroup analyses are conducted if there exists at least 2 levels with  $\geq 10$  patients across treatment arms that have a baseline score and at least one post-baseline score up to Week 24.

N: Number of patients in the subgroup level. n: Number of patients with a baseline and at least one post-baseline score up to Week 24.

Estimates are based on a mixed model which included treatment, baseline PRO, scheduled visit, scheduled visit\*baseline PRO and scheduled visit\*treatment as fixed effects. Scheduled visit was treated as a repeated measure within patients.

Hedge's g statistic has a bias correction applied.

[a] The Overall analysis included an adjustment for Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[b] Subgroup analysis included an adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_MM.SAS

Date/time of run: 02JUL2021 12:13

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC.FS.MM.S4.FAS: Mixed Model Repeated Measures (MMRM) Analysis: Change from Baseline - EORTC Fatigue Symptom Score (Week 1 to Week 24) (Full Analysis Set)

Subgroup: Region

Subgroup Level	Statistic	Enfortumab Vedotin	Chemotherapy	Enfortumab Vedotin vs Chemotherapy Mean Difference (95% CI)
Western Europe	N, n	126, 90	129, 70	
	Baseline Mean (SD)	34.94 (25.29)	37.46 (27.10)	
	Change from Baseline LS Mean (SE)	4.19 ( 1.65)	14.59 ( 1.91)	-10.40 (-15.36, -5.44)
	Treatment P-value			0.00005
	Hedge's g (95% CI)			-0.48 (-0.80, -0.17)
US	N, n	43, 28	44, 24	
	Baseline Mean (SD)	31.35 (23.82)	30.09 (23.28)	
	Change from Baseline LS Mean (SE)	5.53 ( 3.03)	11.04 ( 3.23)	-5.52 (-14.22, 3.19)
	Treatment P-value			0.21346
	Hedge's g (95% CI)			-0.30 (-0.84, 0.24)

Subgroup analyses are conducted if there exists at least 2 levels with  $\geq 10$  patients across treatment arms that have a baseline score and at least one post-baseline score up to Week 24.

N: Number of patients in the subgroup level. n: Number of patients with a baseline and at least one post-baseline score up to Week 24.

Estimates are based on a mixed model which included treatment, baseline PRO, scheduled visit, scheduled visit\*baseline PRO and scheduled visit\*treatment as fixed effects. Scheduled visit was treated as a repeated measure within patients.

Hedge's g statistic has a bias correction applied.

[a] The Overall analysis included an adjustment for Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[b] Subgroup analysis included an adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_MM.SAS

Date/time of run: 02JUL2021 12:13

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table EORTC.FS.MM.S4.FAS: Mixed Model Repeated Measures (MMRM) Analysis: Change from Baseline - EORTC Fatigue Symptom Score (Week 1 to Week 24) (Full Analysis Set)

Subgroup: Region

Subgroup Level	Statistic	Enfortumab Vedotin	Chemotherapy	Enfortumab Vedotin vs Chemotherapy Mean Difference (95% CI)
Rest of the World	N, n	132, 114	134, 102	
	Baseline Mean (SD)	32.07 (23.13)	29.85 (20.62)	
	Change from Baseline LS Mean (SE)	6.52 (1.45)	5.81 (1.54)	0.71 (-3.45, 4.87)
	Treatment P-value			0.73686
	Hedge's g (95% CI)			0.04 (-0.23, 0.30)
	Interaction P-value [b]			0.00789

Subgroup analyses are conducted if there exists at least 2 levels with  $\geq 10$  patients across treatment arms that have a baseline score and at least one post-baseline score up to Week 24.

N: Number of patients in the subgroup level. n: Number of patients with a baseline and at least one post-baseline score up to Week 24.

Estimates are based on a mixed model which included treatment, baseline PRO, scheduled visit, scheduled visit\*baseline PRO and scheduled visit\*treatment as fixed effects. Scheduled visit was treated as a repeated measure within patients.

Hedge's g statistic has a bias correction applied.

[a] The Overall analysis included an adjustment for Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[b] Subgroup analysis included an adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_MM.SAS

Date/time of run: 02JUL2021 12:13

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC.FS.MM.S5.FAS: Mixed Model Repeated Measures (MMRM) Analysis: Change from Baseline - EORTC Fatigue Symptom Score (Week 1 to Week 24) (Full Analysis Set)

Subgroup: ECOG PS from IRT Strata

Subgroup Level	Statistic	Enfortumab Vedotin	Chemotherapy	Enfortumab Vedotin vs Chemotherapy Mean Difference (95% CI)
0	N, n	120, 102	124, 92	
	Baseline Mean (SD)	23.86 (19.55)	26.57 (21.47)	
	Change from Baseline LS Mean (SE)	8.43 ( 1.52)	7.33 ( 1.62)	1.10 ( -3.27, 5.47)
	Treatment P-value			0.62042
	Hedge's g (95% CI)			0.06 (-0.22, 0.34)
1	N, n	181, 130	183, 104	
	Baseline Mean (SD)	40.34 (24.75)	37.93 (24.22)	
	Change from Baseline LS Mean (SE)	2.92 ( 1.39)	11.40 ( 1.56)	-8.48 (-12.58, -4.38)
	Treatment P-value			0.00006
	Hedge's g (95% CI)			-0.40 (-0.66, -0.14)
	Interaction P-value [b]			0.02920

Subgroup analyses are conducted if there exists at least 2 levels with  $\geq 10$  patients across treatment arms that have a baseline score and at least one post-baseline score up to Week 24.

N: Number of patients in the subgroup level. n: Number of patients with a baseline and at least one post-baseline score up to Week 24.

Estimates are based on a mixed model which included treatment, baseline PRO, scheduled visit, scheduled visit\*baseline PRO and scheduled visit\*treatment as fixed effects. Scheduled visit was treated as a repeated measure within patients.

Hedge's g statistic has a bias correction applied.

[a] The Overall analysis included an adjustment for Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[b] Subgroup analysis included an adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_MM.SAS

Date/time of run: 02JUL2021 12:13

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC.FS.MM.S6.FAS: Mixed Model Repeated Measures (MMRM) Analysis: Change from Baseline - EORTC Fatigue Symptom Score (Week 1 to Week 24) (Full Analysis Set)

Subgroup: Liver Metastasis from IRT Strata

Subgroup Level	Statistic	Enfortumab Vedotin	Chemotherapy	Enfortumab Vedotin vs Chemotherapy Mean Difference (95% CI)
Yes	N, n	93, 63	95, 52	
	Baseline Mean (SD)	38.62 (24.02)	33.97 (21.83)	
	Change from Baseline LS Mean (SE)	1.98 ( 2.01)	13.09 ( 2.25)	-11.11 (-17.05, -5.17)
	Treatment P-value			0.00027
	Hedge's g (95% CI)			-0.50 (-0.87, -0.13)
	Interaction P-value [b]			0.25588

Subgroup analyses are conducted if there exists at least 2 levels with  $\geq 10$  patients across treatment arms that have a baseline score and at least one post-baseline score up to Week 24.

N: Number of patients in the subgroup level. n: Number of patients with a baseline and at least one post-baseline score up to Week 24.

Estimates are based on a mixed model which included treatment, baseline PRO, scheduled visit, scheduled visit\*baseline PRO and scheduled visit\*treatment as fixed effects. Scheduled visit was treated as a repeated measure within patients.

Hedge's g statistic has a bias correction applied.

[a] The Overall analysis included an adjustment for Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[b] Subgroup analysis included an adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_MM.SAS

Date/time of run: 02JUL2021 12:13

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC.FS.MM.S7.FAS: Mixed Model Repeated Measures (MMRM) Analysis: Change from Baseline - EORTC Fatigue Symptom Score (Week 1 to Week 24) (Full Analysis Set)

Subgroup: Pre-selected Investigator's Choice of Paclitaxel/Docetaxel/Vinflunine

Subgroup Level	Statistic	Enfortumab Vedotin	Chemotherapy	Enfortumab Vedotin vs Chemotherapy Mean Difference (95% CI)
Paclitaxel	N, n	141, 115	112, 72	
	Baseline Mean (SD)	35.27 (23.14)	29.01 (21.55)	
	Change from Baseline LS Mean (SE)	4.33 ( 1.45)	7.67 ( 1.83)	-3.33 ( -7.93, 1.27)
	Treatment P-value			0.15514
	Hedge's g (95% CI)			-0.17 (-0.47, 0.12)
Docetaxel	N, n	87, 65	117, 77	
	Baseline Mean (SD)	29.06 (21.58)	31.46 (20.34)	
	Change from Baseline LS Mean (SE)	7.49 ( 1.94)	8.01 ( 1.82)	-0.52 ( -5.74, 4.70)
	Treatment P-value			0.84470
	Hedge's g (95% CI)			-0.03 (-0.36, 0.30)

Subgroup analyses are conducted if there exists at least 2 levels with  $\geq 10$  patients across treatment arms that have a baseline score and at least one post-baseline score up to Week 24.

N: Number of patients in the subgroup level. n: Number of patients with a baseline and at least one post-baseline score up to Week 24.

Estimates are based on a mixed model which included treatment, baseline PRO, scheduled visit, scheduled visit\*baseline PRO and scheduled visit\*treatment as fixed effects. Scheduled visit was treated as a repeated measure within patients.

Hedge's g statistic has a bias correction applied.

[a] The Overall analysis included an adjustment for Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[b] Subgroup analysis included an adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_MM.SAS

Date/time of run: 02JUL2021 12:13

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC.FS.MM.S7.FAS: Mixed Model Repeated Measures (MMRM) Analysis: Change from Baseline - EORTC Fatigue Symptom Score (Week 1 to Week 24) (Full Analysis Set)

Subgroup: Pre-selected Investigator's Choice of Paclitaxel/Docetaxel/Vinflunine

Subgroup Level	Statistic	Enfortumab Vedotin	Chemotherapy	Enfortumab Vedotin vs Chemotherapy Mean Difference (95% CI)
Vinflunine	N, n	73, 52	78, 47	
	Baseline Mean (SD)	33.33 (28.26)	39.95 (29.73)	
	Change from Baseline LS Mean (SE)	5.44 (2.22)	14.88 (2.33)	-9.43 (-15.76, -3.10)
	Treatment P-value			0.00359
	Hedge's g (95% CI)			-0.40 (-0.80, -0.01)
	Interaction P-value [b]			0.08127

Subgroup analyses are conducted if there exists at least 2 levels with  $\geq 10$  patients across treatment arms that have a baseline score and at least one post-baseline score up to Week 24.

N: Number of patients in the subgroup level. n: Number of patients with a baseline and at least one post-baseline score up to Week 24.

Estimates are based on a mixed model which included treatment, baseline PRO, scheduled visit, scheduled visit\*baseline PRO and scheduled visit\*treatment as fixed effects. Scheduled visit was treated as a repeated measure within patients.

Hedge's g statistic has a bias correction applied.

[a] The Overall analysis included an adjustment for Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[b] Subgroup analysis included an adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_MM.SAS

Date/time of run: 02JUL2021 12:13

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC.FS.MM.S8.FAS: Mixed Model Repeated Measures (MMRM) Analysis: Change from Baseline - EORTC Fatigue Symptom Score (Week 1 to Week 24) (Full Analysis Set)

Subgroup: Primary Site of Tumor

Subgroup Level	Statistic	Enfortumab Vedotin	Chemotherapy	Enfortumab Vedotin vs Chemotherapy Mean Difference (95% CI)
Upper Tract	N, n	98, 75	107, 76	
	Baseline Mean (SD)	35.85 (25.81)	33.19 (24.84)	
	Change from Baseline LS Mean (SE)	3.33 ( 1.83)	8.63 ( 1.83)	-5.30 (-10.38, -0.22)
	Treatment P-value			0.04090
	Hedge's g (95% CI)			-0.26 (-0.58, 0.06)
Other	N, n	203, 157	200, 120	
	Baseline Mean (SD)	31.78 (23.08)	32.22 (22.88)	
	Change from Baseline LS Mean (SE)	6.62 ( 1.28)	10.08 ( 1.47)	-3.46 (-7.30, 0.37)
	Treatment P-value			0.07687
	Hedge's g (95% CI)			-0.17 (-0.41, 0.07)
Interaction P-value [b]				0.95708

Subgroup analyses are conducted if there exists at least 2 levels with  $\geq 10$  patients across treatment arms that have a baseline score and at least one post-baseline score up to Week 24.

N: Number of patients in the subgroup level. n: Number of patients with a baseline and at least one post-baseline score up to Week 24.

Estimates are based on a mixed model which included treatment, baseline PRO, scheduled visit, scheduled visit\*baseline PRO and scheduled visit\*treatment as fixed effects. Scheduled visit was treated as a repeated measure within patients.

Hedge's g statistic has a bias correction applied.

[a] The Overall analysis included an adjustment for Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[b] Subgroup analysis included an adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_MM.SAS

Date/time of run: 02JUL2021 12:13

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table EORTC.FS.MM.S9.FAS: Mixed Model Repeated Measures (MMRM) Analysis: Change from Baseline - EORTC Fatigue Symptom Score (Week 1 to Week 24) (Full Analysis Set)

Subgroup: Prior Lines of Systemic Therapy

Subgroup Level	Statistic	Enfortumab Vedotin	Chemotherapy	Enfortumab Vedotin vs Chemotherapy Mean Difference (95% CI)
1-2 lines	N, n	262, 203	270, 169	
	Baseline Mean (SD)	34.26 (24.52)	31.95 (23.64)	
	Change from Baseline LS Mean (SE)	5.05 ( 1.13)	10.31 ( 1.24)	-5.27 ( -8.55, -1.98)
	Treatment P-value			0.00176
	Hedge's g (95% CI)			-0.26 (-0.46, -0.06)
>=3 lines	N, n	39, 29	37, 27	
	Baseline Mean (SD)	24.90 (18.46)	36.63 (23.43)	
	Change from Baseline LS Mean (SE)	8.32 ( 2.85)	4.39 ( 3.10)	3.93 ( -4.35, 12.21)
	Treatment P-value			0.35110
	Hedge's g (95% CI)			0.20 (-0.32, 0.72)
Interaction P-value [b]				0.42887

Subgroup analyses are conducted if there exists at least 2 levels with >= 10 patients across treatment arms that have a baseline score and at least one post-baseline score up to Week 24.

N: Number of patients in the subgroup level. n: Number of patients with a baseline and at least one post-baseline score up to Week 24.

Estimates are based on a mixed model which included treatment, baseline PRO, scheduled visit, scheduled visit\*baseline PRO and scheduled visit\*treatment as fixed effects. Scheduled visit was treated as a repeated measure within patients.

Hedge's g statistic has a bias correction applied.

[a] The Overall analysis included an adjustment for Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[b] Subgroup analysis included an adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_MM.SAS

Date/time of run: 02JUL2021 12:13

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC.FS.MM.S10.FAS: Mixed Model Repeated Measures (MMRM) Analysis: Change from Baseline - EORTC Fatigue Symptom Score (Week 1 to Week 24) (Full Analysis Set)

Subgroup: Best Response to Prior CPI

Subgroup Level	Statistic	Enfortumab Vedotin	Chemotherapy	Enfortumab Vedotin vs Chemotherapy Mean Difference (95% CI)
Responder	N, n	61, 49	50, 34	
	Baseline Mean (SD)	29.02 (20.76)	30.72 (22.23)	
	Change from Baseline LS Mean (SE)	9.07 ( 2.27)	10.08 ( 2.77)	-1.02 ( -8.06, 6.03)
	Treatment P-value			0.77689
	Hedge's g (95% CI)			-0.05 (-0.48, 0.38)
	Interaction P-value [b]			0.97632

Subgroup analyses are conducted if there exists at least 2 levels with  $\geq 10$  patients across treatment arms that have a baseline score and at least one post-baseline score up to Week 24.

N: Number of patients in the subgroup level. n: Number of patients with a baseline and at least one post-baseline score up to Week 24.

Estimates are based on a mixed model which included treatment, baseline PRO, scheduled visit, scheduled visit\*baseline PRO and scheduled visit\*treatment as fixed effects. Scheduled visit was treated as a repeated measure within patients.

Hedge's g statistic has a bias correction applied.

[a] The Overall analysis included an adjustment for Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[b] Subgroup analysis included an adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_MM.SAS

Date/time of run: 02JUL2021 12:13

Analysis Plan: 15FEB2021

Confidential

### 2.4.3.2 Übelkeit und Erbrechen

Astellas: 7465-CL-0301

Table EORTC.NVS.MM.S1.FAS: Mixed Model Repeated Measures (MMRM) Analysis: Change from Baseline - EORTC Nausea and Vomiting Symptom Score (Week 1 to Week 24) (Full Analysis Set)

Subgroup: Age Group 1

Subgroup Level	Statistic	Enfortumab Vedotin	Chemotherapy	Enfortumab Vedotin vs Chemotherapy Mean Difference (95% CI)
<65 years	N, n	108, 85	111, 68	
	Baseline Mean (SD)	7.06 (14.63)	8.33 (15.64)	
	Change from Baseline LS Mean (SE)	1.72 ( 0.96)	2.37 ( 1.07)	-0.66 ( -3.49, 2.18)
	Treatment P-value			0.64927
	Hedge's g (95% CI)			-0.05 (-0.37, 0.27)
>=65 years	N, n	193, 147	196, 128	
	Baseline Mean (SD)	4.88 (12.37)	4.95 (10.53)	
	Change from Baseline LS Mean (SE)	2.88 ( 0.75)	2.73 ( 0.82)	0.14 ( -2.03, 2.32)
	Treatment P-value			0.89605
	Hedge's g (95% CI)			0.01 (-0.22, 0.25)
Interaction P-value [b]				0.33135

Subgroup analyses are conducted if there exists at least 2 levels with >= 10 patients across treatment arms that have a baseline score and at least one post-baseline score up to Week 24.

N: Number of patients in the subgroup level. n: Number of patients with a baseline and at least one post-baseline score up to Week 24.

Estimates are based on a mixed model which included treatment, baseline PRO, scheduled visit, scheduled visit\*baseline PRO and scheduled visit\*treatment as fixed effects. Scheduled visit was treated as a repeated measure within patients.

Hedge's g statistic has a bias correction applied.

[a] The Overall analysis included an adjustment for Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[b] Subgroup analysis included an adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_MM.SAS

Date/time of run: 02JUL2021 12:13

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table EORTC.NVS.MM.S2.FAS: Mixed Model Repeated Measures (MMRM) Analysis: Change from Baseline - EORTC Nausea and Vomiting Symptom Score (Week 1 to Week 24) (Full Analysis Set)

Subgroup: Age Group 2

Subgroup Level	Statistic	Enfortumab Vedotin	Chemotherapy	Enfortumab Vedotin vs Chemotherapy Mean Difference (95% CI)
<75 years	N, n	249, 195	239, 150	
	Baseline Mean (SD)	5.90 (13.57)	6.67 (13.38)	
	Change from Baseline LS Mean (SE)	2.05 ( 0.65)	2.62 ( 0.75)	-0.57 ( -2.52, 1.37)
	Treatment P-value			0.56300
	Hedge's g (95% CI)			-0.04 (-0.26, 0.17)
	Interaction P-value [b]			0.18001

Subgroup analyses are conducted if there exists at least 2 levels with  $\geq 10$  patients across treatment arms that have a baseline score and at least one post-baseline score up to Week 24.

N: Number of patients in the subgroup level. n: Number of patients with a baseline and at least one post-baseline score up to Week 24.

Estimates are based on a mixed model which included treatment, baseline PRO, scheduled visit, scheduled visit\*baseline PRO and scheduled visit\*treatment as fixed effects. Scheduled visit was treated as a repeated measure within patients.

Hedge's g statistic has a bias correction applied.

[a] The Overall analysis included an adjustment for Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[b] Subgroup analysis included an adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_MM.SAS

Date/time of run: 02JUL2021 12:13

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table EORTC.NVS.MM.S3.FAS: Mixed Model Repeated Measures (MMRM) Analysis: Change from Baseline - EORTC Nausea and Vomiting Symptom Score (Week 1 to Week 24) (Full Analysis Set)

Subgroup: Gender

Subgroup Level	Statistic	Enfortumab Vedotin	Chemotherapy	Enfortumab Vedotin vs Chemotherapy Mean Difference (95% CI)
Male	N, n	238, 182	232, 150	
	Baseline Mean (SD)	4.58 (12.15)	5.44 (12.14)	
	Change from Baseline LS Mean (SE)	2.43 ( 0.68)	2.45 ( 0.75)	-0.02 ( -2.01, 1.96)
	Treatment P-value			0.98295
	Hedge's g (95% CI)			-0.00 (-0.22, 0.21)
	Interaction P-value [b]			0.61258

Subgroup analyses are conducted if there exists at least 2 levels with  $\geq 10$  patients across treatment arms that have a baseline score and at least one post-baseline score up to Week 24.

N: Number of patients in the subgroup level. n: Number of patients with a baseline and at least one post-baseline score up to Week 24.

Estimates are based on a mixed model which included treatment, baseline PRO, scheduled visit, scheduled visit\*baseline PRO and scheduled visit\*treatment as fixed effects. Scheduled visit was treated as a repeated measure within patients.

Hedge's g statistic has a bias correction applied.

[a] The Overall analysis included an adjustment for Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[b] Subgroup analysis included an adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_MM.SAS

Date/time of run: 02JUL2021 12:13

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table EORTC.NVS.MM.S4.FAS: Mixed Model Repeated Measures (MMRM) Analysis: Change from Baseline - EORTC Nausea and Vomiting Symptom Score (Week 1 to Week 24) (Full Analysis Set)

Subgroup: Region

Subgroup Level	Statistic	Enfortumab Vedotin	Chemotherapy	Enfortumab Vedotin vs Chemotherapy Mean Difference (95% CI)
Western Europe	N, n	126, 90	129, 70	
	Baseline Mean (SD)	3.89 (10.61)	5.95 (12.05)	
	Change from Baseline LS Mean (SE)	3.52 ( 0.94)	4.26 ( 1.09)	-0.74 ( -3.57, 2.09)
	Treatment P-value			0.60789
	Hedge's g (95% CI)			-0.05 (-0.36, 0.26)
US	N, n	43, 28	44, 24	
	Baseline Mean (SD)	8.93 (17.26)	2.78 ( 8.03)	
	Change from Baseline LS Mean (SE)	0.52 ( 1.70)	7.16 ( 1.82)	-6.64 (-11.54, -1.74)
	Treatment P-value			0.00799
	Hedge's g (95% CI)			-0.49 (-1.03, 0.06)

Subgroup analyses are conducted if there exists at least 2 levels with  $\geq 10$  patients across treatment arms that have a baseline score and at least one post-baseline score up to Week 24.

N: Number of patients in the subgroup level. n: Number of patients with a baseline and at least one post-baseline score up to Week 24.

Estimates are based on a mixed model which included treatment, baseline PRO, scheduled visit, scheduled visit\*baseline PRO and scheduled visit\*treatment as fixed effects. Scheduled visit was treated as a repeated measure within patients.

Hedge's g statistic has a bias correction applied.

[a] The Overall analysis included an adjustment for Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[b] Subgroup analysis included an adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_MM.SAS

Date/time of run: 02JUL2021 12:13

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table EORTC.NVS.MM.S4.FAS: Mixed Model Repeated Measures (MMRM) Analysis: Change from Baseline - EORTC Nausea and Vomiting Symptom Score (Week 1 to Week 24) (Full Analysis Set)

Subgroup: Region

Subgroup Level	Statistic	Enfortumab Vedotin	Chemotherapy	Enfortumab Vedotin vs Chemotherapy Mean Difference (95% CI)
Rest of the World	N, n	132, 114	134, 102	
	Baseline Mean (SD)	6.29 (13.92)	7.03 (13.76)	
	Change from Baseline LS Mean (SE)	1.97 ( 0.82)	0.45 ( 0.89)	1.52 ( -0.86, 3.90)
	Treatment P-value			0.20983
	Hedge's g (95% CI)			0.13 (-0.13, 0.40)
	Interaction P-value [b]			0.40415

Subgroup analyses are conducted if there exists at least 2 levels with  $\geq 10$  patients across treatment arms that have a baseline score and at least one post-baseline score up to Week 24.

N: Number of patients in the subgroup level. n: Number of patients with a baseline and at least one post-baseline score up to Week 24.

Estimates are based on a mixed model which included treatment, baseline PRO, scheduled visit, scheduled visit\*baseline PRO and scheduled visit\*treatment as fixed effects. Scheduled visit was treated as a repeated measure within patients.

Hedge's g statistic has a bias correction applied.

[a] The Overall analysis included an adjustment for Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[b] Subgroup analysis included an adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_MM.SAS

Date/time of run: 02JUL2021 12:13

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table EORTC.NVS.MM.S5.FAS: Mixed Model Repeated Measures (MMRM) Analysis: Change from Baseline - EORTC Nausea and Vomiting Symptom Score (Week 1 to Week 24) (Full Analysis Set)

Subgroup: ECOG PS from IRT Strata

Subgroup Level	Statistic	Enfortumab Vedotin	Chemotherapy	Enfortumab Vedotin vs Chemotherapy Mean Difference (95% CI)
0	N, n	120, 102	124, 92	
	Baseline Mean (SD)	5.23 (13.05)	5.98 (12.25)	
	Change from Baseline LS Mean (SE)	1.82 ( 0.87)	0.97 ( 0.93)	0.85 ( -1.64, 3.34)
	Treatment P-value			0.50227
	Hedge's g (95% CI)			0.07 (-0.21, 0.35)
1	N, n	181, 130	183, 104	
	Baseline Mean (SD)	6.03 (13.45)	6.25 (12.97)	
	Change from Baseline LS Mean (SE)	2.93 ( 0.80)	4.10 ( 0.90)	-1.17 ( -3.54, 1.20)
	Treatment P-value			0.33181
	Hedge's g (95% CI)			-0.09 (-0.34, 0.17)
	Interaction P-value [b]			0.69305

Subgroup analyses are conducted if there exists at least 2 levels with  $\geq 10$  patients across treatment arms that have a baseline score and at least one post-baseline score up to Week 24.

N: Number of patients in the subgroup level. n: Number of patients with a baseline and at least one post-baseline score up to Week 24.

Estimates are based on a mixed model which included treatment, baseline PRO, scheduled visit, scheduled visit\*baseline PRO and scheduled visit\*treatment as fixed effects. Scheduled visit was treated as a repeated measure within patients.

Hedge's g statistic has a bias correction applied.

[a] The Overall analysis included an adjustment for Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[b] Subgroup analysis included an adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_MM.SAS

Date/time of run: 02JUL2021 12:13

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC.NVS.MM.S6.FAS: Mixed Model Repeated Measures (MMRM) Analysis: Change from Baseline - EORTC Nausea and Vomiting Symptom Score (Week 1 to Week 24) (Full Analysis Set)

Subgroup: Liver Metastasis from IRT Strata

Subgroup Level	Statistic	Enfortumab Vedotin	Chemotherapy	Enfortumab Vedotin vs Chemotherapy Mean Difference (95% CI)
Yes	N, n	93, 63	95, 52	
	Baseline Mean (SD)	8.73 (16.36)	5.45 (12.23)	
	Change from Baseline LS Mean (SE)	0.82 ( 1.13)	4.43 ( 1.28)	-3.61 ( -6.96, -0.25)
	Treatment P-value			0.03541
	Hedge's g (95% CI)			-0.26 (-0.62, 0.11)
	Interaction P-value [b]			0.94591

Subgroup analyses are conducted if there exists at least 2 levels with  $\geq 10$  patients across treatment arms that have a baseline score and at least one post-baseline score up to Week 24.

N: Number of patients in the subgroup level. n: Number of patients with a baseline and at least one post-baseline score up to Week 24.

Estimates are based on a mixed model which included treatment, baseline PRO, scheduled visit, scheduled visit\*baseline PRO and scheduled visit\*treatment as fixed effects. Scheduled visit was treated as a repeated measure within patients.

Hedge's g statistic has a bias correction applied.

[a] The Overall analysis included an adjustment for Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[b] Subgroup analysis included an adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_MM.SAS

Date/time of run: 02JUL2021 12:13

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC.NVS.MM.S7.FAS: Mixed Model Repeated Measures (MMRM) Analysis: Change from Baseline - EORTC Nausea and Vomiting Symptom Score (Week 1 to Week 24) (Full Analysis Set)

Subgroup: Pre-selected Investigator's Choice of Paclitaxel/Docetaxel/Vinflunine

Subgroup Level	Statistic	Enfortumab Vedotin	Chemotherapy	Enfortumab Vedotin vs Chemotherapy Mean Difference (95% CI)
Paclitaxel	N, n	141, 115	112, 72	
	Baseline Mean (SD)	6.09 (13.12)	5.32 (11.47)	
	Change from Baseline LS Mean (SE)	1.76 ( 0.83)	1.93 ( 1.04)	-0.18 ( -2.79, 2.44)
	Treatment P-value			0.89505
	Hedge's g (95% CI)			-0.01 (-0.31, 0.28)
Docetaxel	N, n	87, 65	117, 77	
	Baseline Mean (SD)	6.41 (14.64)	7.14 (14.42)	
	Change from Baseline LS Mean (SE)	1.81 ( 1.09)	2.54 ( 1.04)	-0.72 ( -3.68, 2.24)
	Treatment P-value			0.63061
	Hedge's g (95% CI)			-0.06 (-0.39, 0.27)

Subgroup analyses are conducted if there exists at least 2 levels with  $\geq 10$  patients across treatment arms that have a baseline score and at least one post-baseline score up to Week 24.

N: Number of patients in the subgroup level. n: Number of patients with a baseline and at least one post-baseline score up to Week 24.

Estimates are based on a mixed model which included treatment, baseline PRO, scheduled visit, scheduled visit\*baseline PRO and scheduled visit\*treatment as fixed effects. Scheduled visit was treated as a repeated measure within patients.

Hedge's g statistic has a bias correction applied.

[a] The Overall analysis included an adjustment for Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[b] Subgroup analysis included an adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_MM.SAS

Date/time of run: 02JUL2021 12:13

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table EORTC.NVS.MM.S7.FAS: Mixed Model Repeated Measures (MMRM) Analysis: Change from Baseline - EORTC Nausea and Vomiting Symptom Score (Week 1 to Week 24) (Full Analysis Set)

Subgroup: Pre-selected Investigator's Choice of Paclitaxel/Docetaxel/Vinflunine

Subgroup Level	Statistic	Enfortumab Vedotin	Chemotherapy	Enfortumab Vedotin vs Chemotherapy Mean Difference (95% CI)
Vinflunine	N, n	73, 52	78, 47	
	Baseline Mean (SD)	3.85 (11.72)	5.67 (11.14)	
	Change from Baseline LS Mean (SE)	5.00 ( 1.27)	3.63 ( 1.31)	1.36 ( -2.21, 4.94)
	Treatment P-value			0.45447
	Hedge's g (95% CI)			0.09 (-0.30, 0.48)
	Interaction P-value [b]			0.67823

Subgroup analyses are conducted if there exists at least 2 levels with  $\geq 10$  patients across treatment arms that have a baseline score and at least one post-baseline score up to Week 24.

N: Number of patients in the subgroup level. n: Number of patients with a baseline and at least one post-baseline score up to Week 24.

Estimates are based on a mixed model which included treatment, baseline PRO, scheduled visit, scheduled visit\*baseline PRO and scheduled visit\*treatment as fixed effects. Scheduled visit was treated as a repeated measure within patients.

Hedge's g statistic has a bias correction applied.

[a] The Overall analysis included an adjustment for Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[b] Subgroup analysis included an adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_MM.SAS

Date/time of run: 02JUL2021 12:13

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC.NVS.MM.S8.FAS: Mixed Model Repeated Measures (MMRM) Analysis: Change from Baseline - EORTC Nausea and Vomiting Symptom Score (Week 1 to Week 24) (Full Analysis Set)

Subgroup: Primary Site of Tumor

Subgroup Level	Statistic	Enfortumab Vedotin	Chemotherapy	Enfortumab Vedotin vs Chemotherapy Mean Difference (95% CI)
Upper Tract	N, n	98, 75	107, 76	
	Baseline Mean (SD)	8.00 (16.52)	7.02 (13.68)	
	Change from Baseline LS Mean (SE)	0.68 ( 1.00)	-0.05 ( 1.02)	0.73 ( -2.08, 3.55)
	Treatment P-value			0.60928
	Hedge's g (95% CI)			0.06 (-0.26, 0.38)
Other	N, n	203, 157	200, 120	
	Baseline Mean (SD)	4.56 (11.26)	5.56 (11.90)	
	Change from Baseline LS Mean (SE)	3.32 ( 0.72)	4.29 ( 0.83)	-0.96 ( -3.13, 1.21)
	Treatment P-value			0.38343
	Hedge's g (95% CI)			-0.07 (-0.31, 0.16)
Interaction P-value [b]				0.12778

Subgroup analyses are conducted if there exists at least 2 levels with  $\geq 10$  patients across treatment arms that have a baseline score and at least one post-baseline score up to Week 24.

N: Number of patients in the subgroup level. n: Number of patients with a baseline and at least one post-baseline score up to Week 24.

Estimates are based on a mixed model which included treatment, baseline PRO, scheduled visit, scheduled visit\*baseline PRO and scheduled visit\*treatment as fixed effects. Scheduled visit was treated as a repeated measure within patients.

Hedge's g statistic has a bias correction applied.

[a] The Overall analysis included an adjustment for Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[b] Subgroup analysis included an adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_MM.SAS

Date/time of run: 02JUL2021 12:13

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table EORTC.NVS.MM.S9.FAS: Mixed Model Repeated Measures (MMRM) Analysis: Change from Baseline - EORTC Nausea and Vomiting Symptom Score (Week 1 to Week 24) (Full Analysis Set)

Subgroup: Prior Lines of Systemic Therapy

Subgroup Level	Statistic	Enfortumab Vedotin	Chemotherapy	Enfortumab Vedotin vs Chemotherapy Mean Difference (95% CI)
1-2 lines	N, n	262, 203	270, 169	
	Baseline Mean (SD)	5.83 (13.48)	6.02 (12.92)	
	Change from Baseline LS Mean (SE)	2.24 ( 0.65)	2.74 ( 0.71)	-0.50 ( -2.39, 1.39)
	Treatment P-value			0.60297
	Hedge's g (95% CI)			-0.04 (-0.24, 0.16)
	Interaction P-value [b]			0.66692

Subgroup analyses are conducted if there exists at least 2 levels with  $\geq 10$  patients across treatment arms that have a baseline score and at least one post-baseline score up to Week 24.

N: Number of patients in the subgroup level. n: Number of patients with a baseline and at least one post-baseline score up to Week 24.

Estimates are based on a mixed model which included treatment, baseline PRO, scheduled visit, scheduled visit\*baseline PRO and scheduled visit\*treatment as fixed effects. Scheduled visit was treated as a repeated measure within patients.

Hedge's g statistic has a bias correction applied.

[a] The Overall analysis included an adjustment for Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[b] Subgroup analysis included an adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_MM.SAS

Date/time of run: 02JUL2021 12:13

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC.NVS.MM.S10.FAS: Mixed Model Repeated Measures (MMRM) Analysis: Change from Baseline - EORTC Nausea and Vomiting Symptom Score (Week 1 to Week 24) (Full Analysis Set)

Subgroup: Best Response to Prior CPI

Subgroup Level	Statistic	Enfortumab Vedotin	Chemotherapy	Enfortumab Vedotin vs Chemotherapy Mean Difference (95% CI)
Responder	N, n	61, 49	50, 34	
	Baseline Mean (SD)	3.06 ( 7.35)	6.86 (12.39)	
	Change from Baseline LS Mean (SE)	5.33 ( 1.26)	0.63 ( 1.54)	4.70 ( 0.78, 8.62)
	Treatment P-value			0.01897
	Hedge's g (95% CI)			0.34 (-0.10, 0.78)
	Interaction P-value [b]			0.54326

Subgroup analyses are conducted if there exists at least 2 levels with  $\geq 10$  patients across treatment arms that have a baseline score and at least one post-baseline score up to Week 24.

N: Number of patients in the subgroup level. n: Number of patients with a baseline and at least one post-baseline score up to Week 24.

Estimates are based on a mixed model which included treatment, baseline PRO, scheduled visit, scheduled visit\*baseline PRO and scheduled visit\*treatment as fixed effects. Scheduled visit was treated as a repeated measure within patients.

Hedge's g statistic has a bias correction applied.

[a] The Overall analysis included an adjustment for Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[b] Subgroup analysis included an adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_MM.SAS

Date/time of run: 02JUL2021 12:13

Analysis Plan: 15FEB2021

Confidential

### 2.4.3.3 Schmerz

Astellas: 7465-CL-0301

Table EORTC.PS.MM.S1.FAS: Mixed Model Repeated Measures (MMRM) Analysis: Change from Baseline - EORTC Pain Symptom Score (Week 1 to Week 24) (Full Analysis Set)

Subgroup: Age Group 1

Subgroup Level	Statistic	Enfortumab Vedotin	Chemotherapy	Enfortumab Vedotin vs Chemotherapy Mean Difference (95% CI)
<65 years	N, n	108, 85	111, 68	
	Baseline Mean (SD)	33.73 (26.10)	29.66 (25.08)	
	Change from Baseline LS Mean (SE)	-4.36 ( 1.74)	0.38 ( 1.93)	-4.74 ( -9.84, 0.36)
	Treatment P-value			0.06829
	Hedge's g (95% CI)			-0.23 (-0.55, 0.09)
>=65 years	N, n	193, 147	196, 128	
	Baseline Mean (SD)	28.34 (27.41)	28.78 (25.76)	
	Change from Baseline LS Mean (SE)	-1.73 ( 1.33)	6.49 ( 1.45)	-8.22 (-12.09, -4.34)
	Treatment P-value			0.00004
	Hedge's g (95% CI)			-0.38 (-0.62, -0.14)
Interaction P-value [b]		0.17694		

Subgroup analyses are conducted if there exists at least 2 levels with >= 10 patients across treatment arms that have a baseline score and at least one post-baseline score up to Week 24.

N: Number of patients in the subgroup level. n: Number of patients with a baseline and at least one post-baseline score up to Week 24.

Estimates are based on a mixed model which included treatment, baseline PRO, scheduled visit, scheduled visit\*baseline PRO and scheduled visit\*treatment as fixed effects. Scheduled visit was treated as a repeated measure within patients.

Hedge's g statistic has a bias correction applied.

[a] The Overall analysis included an adjustment for Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[b] Subgroup analysis included an adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_MM.SAS

Date/time of run: 02JUL2021 12:13

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC.PS.MM.S2.FAS: Mixed Model Repeated Measures (MMRM) Analysis: Change from Baseline - EORTC Pain Symptom Score (Week 1 to Week 24) (Full Analysis Set)

Subgroup: Age Group 2

Subgroup Level	Statistic	Enfortumab Vedotin	Chemotherapy	Enfortumab Vedotin vs Chemotherapy Mean Difference (95% CI)
<75 years	N, n	249, 195	239, 150	
	Baseline Mean (SD)	30.09 (26.83)	30.44 (26.25)	
	Change from Baseline LS Mean (SE)	-3.03 ( 1.17)	3.08 ( 1.34)	-6.11 ( -9.60, -2.63)
	Treatment P-value			0.00062
	Hedge's g (95% CI)			-0.28 (-0.50, -0.07)
>=75 years	N, n	52, 37	68, 46	
	Baseline Mean (SD)	31.53 (28.27)	24.64 (22.43)	
	Change from Baseline LS Mean (SE)	-0.95 ( 2.71)	8.44 ( 2.42)	-9.39 (-16.53, -2.25)
	Treatment P-value			0.01007
	Hedge's g (95% CI)			-0.44 (-0.87, -0.01)
Interaction P-value [b]				0.95545

Subgroup analyses are conducted if there exists at least 2 levels with >= 10 patients across treatment arms that have a baseline score and at least one post-baseline score up to Week 24.

N: Number of patients in the subgroup level. n: Number of patients with a baseline and at least one post-baseline score up to Week 24.

Estimates are based on a mixed model which included treatment, baseline PRO, scheduled visit, scheduled visit\*baseline PRO and scheduled visit\*treatment as fixed effects. Scheduled visit was treated as a repeated measure within patients.

Hedge's g statistic has a bias correction applied.

[a] The Overall analysis included an adjustment for Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[b] Subgroup analysis included an adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_MM.SAS

Date/time of run: 02JUL2021 12:13

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC.PS.MM.S3.FAS: Mixed Model Repeated Measures (MMRM) Analysis: Change from Baseline - EORTC Pain Symptom Score (Week 1 to Week 24) (Full Analysis Set)

Subgroup: Gender

Subgroup Level	Statistic	Enfortumab Vedotin	Chemotherapy	Enfortumab Vedotin vs Chemotherapy Mean Difference (95% CI)
Male	N, n	238, 182	232, 150	
	Baseline Mean (SD)	29.76 (27.33)	29.78 (25.88)	
	Change from Baseline LS Mean (SE)	-2.57 (1.21)	3.44 (1.34)	-6.01 (-9.56, -2.46)
	Treatment P-value			0.00095
	Hedge's g (95% CI)			-0.28 (-0.49, -0.06)
	Interaction P-value [b]			0.50289

Subgroup analyses are conducted if there exists at least 2 levels with  $\geq 10$  patients across treatment arms that have a baseline score and at least one post-baseline score up to Week 24.

N: Number of patients in the subgroup level. n: Number of patients with a baseline and at least one post-baseline score up to Week 24.

Estimates are based on a mixed model which included treatment, baseline PRO, scheduled visit, scheduled visit\*baseline PRO and scheduled visit\*treatment as fixed effects. Scheduled visit was treated as a repeated measure within patients.

Hedge's g statistic has a bias correction applied.

[a] The Overall analysis included an adjustment for Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[b] Subgroup analysis included an adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_MM.SAS

Date/time of run: 02JUL2021 12:13

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC.PS.MM.S4.FAS: Mixed Model Repeated Measures (MMRM) Analysis: Change from Baseline - EORTC Pain Symptom Score (Week 1 to Week 24) (Full Analysis Set)

Subgroup: Region

Subgroup Level	Statistic	Enfortumab Vedotin	Chemotherapy	Enfortumab Vedotin vs Chemotherapy Mean Difference (95% CI)
Western Europe	N, n	126, 90	129, 70	
	Baseline Mean (SD)	35.19 (29.08)	31.67 (28.54)	
	Change from Baseline LS Mean (SE)	-5.17 ( 1.71)	7.11 ( 1.97)	-12.28 (-17.41, -7.16)
	Treatment P-value			<.00001
	Hedge's g (95% CI)			-0.54 (-0.86, -0.22)
US	N, n	43, 28	44, 24	
	Baseline Mean (SD)	22.02 (26.08)	27.08 (23.98)	
	Change from Baseline LS Mean (SE)	-6.42 ( 3.11)	0.23 ( 3.34)	-6.66 (-15.62, 2.31)
	Treatment P-value			0.14550
	Hedge's g (95% CI)			-0.33 (-0.87, 0.21)

Subgroup analyses are conducted if there exists at least 2 levels with  $\geq 10$  patients across treatment arms that have a baseline score and at least one post-baseline score up to Week 24.

N: Number of patients in the subgroup level. n: Number of patients with a baseline and at least one post-baseline score up to Week 24.

Estimates are based on a mixed model which included treatment, baseline PRO, scheduled visit, scheduled visit\*baseline PRO and scheduled visit\*treatment as fixed effects. Scheduled visit was treated as a repeated measure within patients.

Hedge's g statistic has a bias correction applied.

[a] The Overall analysis included an adjustment for Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[b] Subgroup analysis included an adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_MM.SAS

Date/time of run: 02JUL2021 12:13

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table EORTC.PS.MM.S4.FAS: Mixed Model Repeated Measures (MMRM) Analysis: Change from Baseline - EORTC Pain Symptom Score (Week 1 to Week 24) (Full Analysis Set)

Subgroup: Region

Subgroup Level	Statistic	Enfortumab Vedotin	Chemotherapy	Enfortumab Vedotin vs Chemotherapy Mean Difference (95% CI)
Rest of the World	N, n	132, 114	134, 102	
	Baseline Mean (SD)	28.51 (24.96)	27.78 (23.61)	
	Change from Baseline LS Mean (SE)	-0.03 (1.49)	3.40 (1.59)	-3.42 (-7.71, 0.87)
	Treatment P-value			0.11746
	Hedge's g (95% CI)			-0.17 (-0.43, 0.10)
	Interaction P-value [b]			0.22915

Subgroup analyses are conducted if there exists at least 2 levels with  $\geq 10$  patients across treatment arms that have a baseline score and at least one post-baseline score up to Week 24.

N: Number of patients in the subgroup level. n: Number of patients with a baseline and at least one post-baseline score up to Week 24.

Estimates are based on a mixed model which included treatment, baseline PRO, scheduled visit, scheduled visit\*baseline PRO and scheduled visit\*treatment as fixed effects. Scheduled visit was treated as a repeated measure within patients.

Hedge's g statistic has a bias correction applied.

[a] The Overall analysis included an adjustment for Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[b] Subgroup analysis included an adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_MM.SAS

Date/time of run: 02JUL2021 12:13

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC.PS.MM.S5.FAS: Mixed Model Repeated Measures (MMRM) Analysis: Change from Baseline - EORTC Pain Symptom Score (Week 1 to Week 24) (Full Analysis Set)

Subgroup: ECOG PS from IRT Strata

Subgroup Level	Statistic	Enfortumab Vedotin	Chemotherapy	Enfortumab Vedotin vs Chemotherapy Mean Difference (95% CI)
0	N, n	120, 102	124, 92	
	Baseline Mean (SD)	20.26 (22.08)	25.72 (24.01)	
	Change from Baseline LS Mean (SE)	2.58 (1.56)	2.72 (1.66)	-0.14 (-4.62, 4.34)
	Treatment P-value			0.95107
	Hedge's g (95% CI)			-0.01 (-0.29, 0.27)
1	N, n	181, 130	183, 104	
	Baseline Mean (SD)	38.21 (27.95)	32.05 (26.45)	
	Change from Baseline LS Mean (SE)	-7.39 (1.43)	5.61 (1.61)	-13.01 (-17.24, -8.78)
	Treatment P-value			<.00001
	Hedge's g (95% CI)			-0.57 (-0.83, -0.31)
	Interaction P-value [b]			0.02060

Subgroup analyses are conducted if there exists at least 2 levels with  $\geq 10$  patients across treatment arms that have a baseline score and at least one post-baseline score up to Week 24.

N: Number of patients in the subgroup level. n: Number of patients with a baseline and at least one post-baseline score up to Week 24.

Estimates are based on a mixed model which included treatment, baseline PRO, scheduled visit, scheduled visit\*baseline PRO and scheduled visit\*treatment as fixed effects. Scheduled visit was treated as a repeated measure within patients.

Hedge's g statistic has a bias correction applied.

[a] The Overall analysis included an adjustment for Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[b] Subgroup analysis included an adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_MM.SAS

Date/time of run: 02JUL2021 12:13

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC.PS.MM.S6.FAS: Mixed Model Repeated Measures (MMRM) Analysis: Change from Baseline - EORTC Pain Symptom Score (Week 1 to Week 24) (Full Analysis Set)

Subgroup: Liver Metastasis from IRT Strata

Subgroup Level	Statistic	Enfortumab Vedotin	Chemotherapy	Enfortumab Vedotin vs Chemotherapy Mean Difference (95% CI)
Yes	N, n	93, 63	95, 52	
	Baseline Mean (SD)	36.51 (26.75)	26.60 (24.97)	
	Change from Baseline LS Mean (SE)	-8.17 ( 2.05)	7.97 ( 2.30)	-16.14 (-22.20, -10.09)
	Treatment P-value			<.00001
	Hedge's g (95% CI)			-0.67 (-1.05, -0.30)
	Interaction P-value [b]			0.36034

Subgroup analyses are conducted if there exists at least 2 levels with  $\geq 10$  patients across treatment arms that have a baseline score and at least one post-baseline score up to Week 24.

N: Number of patients in the subgroup level. n: Number of patients with a baseline and at least one post-baseline score up to Week 24.

Estimates are based on a mixed model which included treatment, baseline PRO, scheduled visit, scheduled visit\*baseline PRO and scheduled visit\*treatment as fixed effects. Scheduled visit was treated as a repeated measure within patients.

Hedge's g statistic has a bias correction applied.

[a] The Overall analysis included an adjustment for Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[b] Subgroup analysis included an adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_MM.SAS

Date/time of run: 02JUL2021 12:13

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC.PS.MM.S7.FAS: Mixed Model Repeated Measures (MMRM) Analysis: Change from Baseline - EORTC Pain Symptom Score (Week 1 to Week 24) (Full Analysis Set)

Subgroup: Pre-selected Investigator's Choice of Paclitaxel/Docetaxel/Vinflunine

Subgroup Level	Statistic	Enfortumab Vedotin	Chemotherapy	Enfortumab Vedotin vs Chemotherapy Mean Difference (95% CI)
Paclitaxel	N, n	141, 115	112, 72	
	Baseline Mean (SD)	30.72 (26.54)	24.77 (25.02)	
	Change from Baseline LS Mean (SE)	-2.67 ( 1.50)	6.42 ( 1.89)	-9.08 (-13.82, -4.34)
	Treatment P-value			0.00019
	Hedge's g (95% CI)			-0.41 (-0.71, -0.12)
Docetaxel	N, n	87, 65	117, 77	
	Baseline Mean (SD)	22.05 (23.77)	30.95 (22.74)	
	Change from Baseline LS Mean (SE)	0.08 ( 1.98)	0.63 ( 1.88)	-0.56 (-5.93, 4.81)
	Treatment P-value			0.83769
	Hedge's g (95% CI)			-0.03 (-0.36, 0.30)

Subgroup analyses are conducted if there exists at least 2 levels with  $\geq 10$  patients across treatment arms that have a baseline score and at least one post-baseline score up to Week 24.

N: Number of patients in the subgroup level. n: Number of patients with a baseline and at least one post-baseline score up to Week 24.

Estimates are based on a mixed model which included treatment, baseline PRO, scheduled visit, scheduled visit\*baseline PRO and scheduled visit\*treatment as fixed effects. Scheduled visit was treated as a repeated measure within patients.

Hedge's g statistic has a bias correction applied.

[a] The Overall analysis included an adjustment for Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[b] Subgroup analysis included an adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_MM.SAS

Date/time of run: 02JUL2021 12:13

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table EORTC.PS.MM.S7.FAS: Mixed Model Repeated Measures (MMRM) Analysis: Change from Baseline - EORTC Pain Symptom Score (Week 1 to Week 24) (Full Analysis Set)

Subgroup: Pre-selected Investigator's Choice of Paclitaxel/Docetaxel/Vinflunine

Subgroup Level	Statistic	Enfortumab Vedotin	Chemotherapy	Enfortumab Vedotin vs Chemotherapy Mean Difference (95% CI)
Vinflunine	N, n	73, 52	78, 47	
	Baseline Mean (SD)	39.74 (28.99)	32.62 (29.68)	
	Change from Baseline LS Mean (SE)	-7.25 ( 2.29)	6.85 ( 2.39)	-14.10 (-20.60, -7.59)
	Treatment P-value			0.00003
	Hedge's g (95% CI)			-0.63 (-1.03, -0.23)
	Interaction P-value [b]			0.64154

Subgroup analyses are conducted if there exists at least 2 levels with  $\geq 10$  patients across treatment arms that have a baseline score and at least one post-baseline score up to Week 24.

N: Number of patients in the subgroup level. n: Number of patients with a baseline and at least one post-baseline score up to Week 24.

Estimates are based on a mixed model which included treatment, baseline PRO, scheduled visit, scheduled visit\*baseline PRO and scheduled visit\*treatment as fixed effects. Scheduled visit was treated as a repeated measure within patients.

Hedge's g statistic has a bias correction applied.

[a] The Overall analysis included an adjustment for Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[b] Subgroup analysis included an adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_MM.SAS

Date/time of run: 02JUL2021 12:13

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC.PS.MM.S8.FAS: Mixed Model Repeated Measures (MMRM) Analysis: Change from Baseline - EORTC Pain Symptom Score (Week 1 to Week 24) (Full Analysis Set)

Subgroup: Primary Site of Tumor

Subgroup Level	Statistic	Enfortumab Vedotin	Chemotherapy	Enfortumab Vedotin vs Chemotherapy Mean Difference (95% CI)
Upper Tract	N, n	98, 75	107, 76	
	Baseline Mean (SD)	33.56 (26.49)	25.88 (24.25)	
	Change from Baseline LS Mean (SE)	-4.66 ( 1.85)	5.49 ( 1.86)	-10.16 (-15.31, -5.00)
	Treatment P-value			0.00012
	Hedge's g (95% CI)			-0.48 (-0.81, -0.16)
Other	N, n	203, 157	200, 120	
	Baseline Mean (SD)	28.77 (27.19)	31.11 (26.10)	
	Change from Baseline LS Mean (SE)	-1.70 ( 1.31)	3.45 ( 1.50)	-5.16 (-9.07, -1.25)
	Treatment P-value			0.00988
	Hedge's g (95% CI)			-0.24 (-0.48, -0.00)
Interaction P-value [b]				0.62463

Subgroup analyses are conducted if there exists at least 2 levels with  $\geq 10$  patients across treatment arms that have a baseline score and at least one post-baseline score up to Week 24.

N: Number of patients in the subgroup level. n: Number of patients with a baseline and at least one post-baseline score up to Week 24.

Estimates are based on a mixed model which included treatment, baseline PRO, scheduled visit, scheduled visit\*baseline PRO and scheduled visit\*treatment as fixed effects. Scheduled visit was treated as a repeated measure within patients.

Hedge's g statistic has a bias correction applied.

[a] The Overall analysis included an adjustment for Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[b] Subgroup analysis included an adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_MM.SAS

Date/time of run: 02JUL2021 12:13

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table EORTC.PS.MM.S9.FAS: Mixed Model Repeated Measures (MMRM) Analysis: Change from Baseline - EORTC Pain Symptom Score (Week 1 to Week 24) (Full Analysis Set)

Subgroup: Prior Lines of Systemic Therapy

Subgroup Level	Statistic	Enfortumab Vedotin	Chemotherapy	Enfortumab Vedotin vs Chemotherapy Mean Difference (95% CI)
1-2 lines	N, n	262, 203	270, 169	
	Baseline Mean (SD)	30.79 (27.41)	27.91 (24.77)	
	Change from Baseline LS Mean (SE)	-2.97 (1.16)	5.39 (1.27)	-8.36 (-11.73, -4.99)
	Treatment P-value			<.00001
	Hedge's g (95% CI)			-0.39 (-0.59, -0.18)
>=3 lines	N, n	39, 29	37, 27	
	Baseline Mean (SD)	27.01 (24.16)	36.42 (28.88)	
	Change from Baseline LS Mean (SE)	-1.18 (2.86)	-2.69 (3.15)	1.51 (-6.84, 9.86)
	Treatment P-value			0.72238
	Hedge's g (95% CI)			0.07 (-0.44, 0.59)
Interaction P-value [b]				0.50378

Subgroup analyses are conducted if there exists at least 2 levels with >= 10 patients across treatment arms that have a baseline score and at least one post-baseline score up to Week 24.

N: Number of patients in the subgroup level. n: Number of patients with a baseline and at least one post-baseline score up to Week 24.

Estimates are based on a mixed model which included treatment, baseline PRO, scheduled visit, scheduled visit\*baseline PRO and scheduled visit\*treatment as fixed effects. Scheduled visit was treated as a repeated measure within patients.

Hedge's g statistic has a bias correction applied.

[a] The Overall analysis included an adjustment for Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[b] Subgroup analysis included an adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_MM.SAS

Date/time of run: 02JUL2021 12:13

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC.PS.MM.S10.FAS: Mixed Model Repeated Measures (MMRM) Analysis: Change from Baseline - EORTC Pain Symptom Score (Week 1 to Week 24) (Full Analysis Set)

Subgroup: Best Response to Prior CPI

Subgroup Level	Statistic	Enfortumab Vedotin	Chemotherapy	Enfortumab Vedotin vs Chemotherapy Mean Difference (95% CI)
Responder	N, n	61, 49	50, 34	
	Baseline Mean (SD)	24.15 (27.23)	28.43 (25.80)	
	Change from Baseline LS Mean (SE)	2.08 ( 2.29)	2.65 ( 2.80)	-0.57 (-7.68, 6.54)
	Treatment P-value			0.87452
	Hedge's g (95% CI)			-0.03 (-0.46, 0.41)
Non-responder	N, n	207, 156	215, 136	
	Baseline Mean (SD)	33.23 (27.14)	30.15 (25.78)	
	Change from Baseline LS Mean (SE)	-4.26 ( 1.33)	4.07 ( 1.44)	-8.33 (-12.18, -4.48)
	Treatment P-value			0.00003
	Hedge's g (95% CI)			-0.39 (-0.62, -0.15)
Interaction P-value [b]				0.75996

Subgroup analyses are conducted if there exists at least 2 levels with  $\geq 10$  patients across treatment arms that have a baseline score and at least one post-baseline score up to Week 24.

N: Number of patients in the subgroup level. n: Number of patients with a baseline and at least one post-baseline score up to Week 24.

Estimates are based on a mixed model which included treatment, baseline PRO, scheduled visit, scheduled visit\*baseline PRO and scheduled visit\*treatment as fixed effects. Scheduled visit was treated as a repeated measure within patients.

Hedge's g statistic has a bias correction applied.

[a] The Overall analysis included an adjustment for Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[b] Subgroup analysis included an adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_MM.SAS

Date/time of run: 02JUL2021 12:13

Analysis Plan: 15FEB2021

Confidential

### 2.4.3.4 Atemnot

Astellas: 7465-CL-0301

Table EORTC.DS.MM.S1.FAS: Mixed Model Repeated Measures (MMRM) Analysis: Change from Baseline - EORTC Dyspnoea Symptom Score (Week 1 to Week 24) (Full Analysis Set)

Subgroup: Age Group 1

Subgroup Level	Statistic	Enfortumab Vedotin	Chemotherapy	Enfortumab Vedotin vs Chemotherapy Mean Difference (95% CI)
<65 years	N, n	108, 85	111, 68	
	Baseline Mean (SD)	15.69 (21.57)	14.71 (21.07)	
	Change from Baseline LS Mean (SE)	2.77 ( 1.71)	3.35 ( 1.91)	-0.58 ( -5.63, 4.47)
	Treatment P-value			0.82087
	Hedge's g (95% CI)			-0.03 (-0.35, 0.29)
>=65 years	N, n	193, 147	196, 128	
	Baseline Mean (SD)	17.46 (21.49)	16.93 (23.66)	
	Change from Baseline LS Mean (SE)	3.91 ( 1.31)	7.63 ( 1.43)	-3.73 ( -7.54, 0.09)
	Treatment P-value			0.05555
	Hedge's g (95% CI)			-0.17 (-0.41, 0.06)
Interaction P-value [b]				0.20422

Subgroup analyses are conducted if there exists at least 2 levels with >= 10 patients across treatment arms that have a baseline score and at least one post-baseline score up to Week 24.

N: Number of patients in the subgroup level. n: Number of patients with a baseline and at least one post-baseline score up to Week 24.

Estimates are based on a mixed model which included treatment, baseline PRO, scheduled visit, scheduled visit\*baseline PRO and scheduled visit\*treatment as fixed effects. Scheduled visit was treated as a repeated measure within patients.

Hedge's g statistic has a bias correction applied.

[a] The Overall analysis included an adjustment for Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[b] Subgroup analysis included an adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_MM.SAS

Date/time of run: 02JUL2021 12:13

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC.DS.MM.S2.FAS: Mixed Model Repeated Measures (MMRM) Analysis: Change from Baseline - EORTC Dyspnoea Symptom Score (Week 1 to Week 24) (Full Analysis Set)

Subgroup: Age Group 2

Subgroup Level	Statistic	Enfortumab Vedotin	Chemotherapy	Enfortumab Vedotin vs Chemotherapy Mean Difference (95% CI)
<75 years	N, n	249, 195	239, 150	
	Baseline Mean (SD)	16.92 (21.50)	16.67 (24.04)	
	Change from Baseline LS Mean (SE)	2.94 ( 1.14)	4.99 ( 1.31)	-2.05 (-5.47, 1.37)
	Treatment P-value			0.23972
	Hedge's g (95% CI)			-0.10 (-0.32, 0.11)
	Interaction P-value [b]			0.84458

Subgroup analyses are conducted if there exists at least 2 levels with  $\geq 10$  patients across treatment arms that have a baseline score and at least one post-baseline score up to Week 24.

N: Number of patients in the subgroup level. n: Number of patients with a baseline and at least one post-baseline score up to Week 24.

Estimates are based on a mixed model which included treatment, baseline PRO, scheduled visit, scheduled visit\*baseline PRO and scheduled visit\*treatment as fixed effects. Scheduled visit was treated as a repeated measure within patients.

Hedge's g statistic has a bias correction applied.

[a] The Overall analysis included an adjustment for Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[b] Subgroup analysis included an adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_MM.SAS

Date/time of run: 02JUL2021 12:13

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table EORTC.DS.MM.S3.FAS: Mixed Model Repeated Measures (MMRM) Analysis: Change from Baseline - EORTC Dyspnoea Symptom Score (Week 1 to Week 24) (Full Analysis Set)

Subgroup: Gender

Subgroup Level	Statistic	Enfortumab Vedotin	Chemotherapy	Enfortumab Vedotin vs Chemotherapy Mean Difference (95% CI)
Male	N, n	238, 182	232, 150	
	Baseline Mean (SD)	16.67 (21.24)	16.22 (23.09)	
	Change from Baseline LS Mean (SE)	2.72 ( 1.19)	6.41 ( 1.32)	-3.68 ( -7.18, -0.19)
	Treatment P-value			0.03900
	Hedge's g (95% CI)			-0.18 (-0.40, 0.04)
	Interaction P-value [b]			0.28687

Subgroup analyses are conducted if there exists at least 2 levels with  $\geq 10$  patients across treatment arms that have a baseline score and at least one post-baseline score up to Week 24.

N: Number of patients in the subgroup level. n: Number of patients with a baseline and at least one post-baseline score up to Week 24.

Estimates are based on a mixed model which included treatment, baseline PRO, scheduled visit, scheduled visit\*baseline PRO and scheduled visit\*treatment as fixed effects. Scheduled visit was treated as a repeated measure within patients.

Hedge's g statistic has a bias correction applied.

[a] The Overall analysis included an adjustment for Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[b] Subgroup analysis included an adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_MM.SAS

Date/time of run: 02JUL2021 12:13

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC.DS.MM.S4.FAS: Mixed Model Repeated Measures (MMRM) Analysis: Change from Baseline - EORTC Dyspnoea Symptom Score (Week 1 to Week 24) (Full Analysis Set)

Subgroup: Region

Subgroup Level	Statistic	Enfortumab Vedotin	Chemotherapy	Enfortumab Vedotin vs Chemotherapy Mean Difference (95% CI)
Western Europe	N, n	126, 90	129, 70	
	Baseline Mean (SD)	15.93 (21.33)	19.05 (26.96)	
	Change from Baseline LS Mean (SE)	4.75 ( 1.68)	8.25 ( 1.95)	-3.50 ( -8.55, 1.55)
	Treatment P-value			0.17415
	Hedge's g (95% CI)			-0.15 (-0.46, 0.16)
US	N, n	43, 28	44, 24	
	Baseline Mean (SD)	14.29 (19.09)	12.50 (19.19)	
	Change from Baseline LS Mean (SE)	3.53 ( 3.04)	5.45 ( 3.27)	-1.92 (-10.70, 6.86)
	Treatment P-value			0.66706
	Hedge's g (95% CI)			-0.09 (-0.63, 0.45)

Subgroup analyses are conducted if there exists at least 2 levels with  $\geq 10$  patients across treatment arms that have a baseline score and at least one post-baseline score up to Week 24.

N: Number of patients in the subgroup level. n: Number of patients with a baseline and at least one post-baseline score up to Week 24.

Estimates are based on a mixed model which included treatment, baseline PRO, scheduled visit, scheduled visit\*baseline PRO and scheduled visit\*treatment as fixed effects. Scheduled visit was treated as a repeated measure within patients.

Hedge's g statistic has a bias correction applied.

[a] The Overall analysis included an adjustment for Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[b] Subgroup analysis included an adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_MM.SAS

Date/time of run: 02JUL2021 12:13

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC.DS.MM.S4.FAS: Mixed Model Repeated Measures (MMRM) Analysis: Change from Baseline - EORTC Dyspnoea Symptom Score (Week 1 to Week 24) (Full Analysis Set)

Subgroup: Region

Subgroup Level	Statistic	Enfortumab Vedotin	Chemotherapy	Enfortumab Vedotin vs Chemotherapy Mean Difference (95% CI)
Rest of the World	N, n	132, 114	134, 102	
	Baseline Mean (SD)	18.13 (22.24)	15.03 (20.24)	
	Change from Baseline LS Mean (SE)	2.58 (1.48)	4.88 (1.58)	-2.30 (-6.56, 1.96)
	Treatment P-value			0.28835
	Hedge's g (95% CI)			-0.13 (-0.39, 0.14)
	Interaction P-value [b]			0.59990

Subgroup analyses are conducted if there exists at least 2 levels with  $\geq 10$  patients across treatment arms that have a baseline score and at least one post-baseline score up to Week 24.

N: Number of patients in the subgroup level. n: Number of patients with a baseline and at least one post-baseline score up to Week 24.

Estimates are based on a mixed model which included treatment, baseline PRO, scheduled visit, scheduled visit\*baseline PRO and scheduled visit\*treatment as fixed effects. Scheduled visit was treated as a repeated measure within patients.

Hedge's g statistic has a bias correction applied.

[a] The Overall analysis included an adjustment for Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[b] Subgroup analysis included an adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_MM.SAS

Date/time of run: 02JUL2021 12:13

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC.DS.MM.S5.FAS: Mixed Model Repeated Measures (MMRM) Analysis: Change from Baseline - EORTC Dyspnoea Symptom Score (Week 1 to Week 24) (Full Analysis Set)

Subgroup: ECOG PS from IRT Strata

Subgroup Level	Statistic	Enfortumab Vedotin	Chemotherapy	Enfortumab Vedotin vs Chemotherapy Mean Difference (95% CI)
0	N, n	120, 102	124, 92	
	Baseline Mean (SD)	13.07 (19.43)	11.59 (19.41)	
	Change from Baseline LS Mean (SE)	3.96 (1.55)	5.06 (1.65)	-1.11 (-5.56, 3.35)
	Treatment P-value			0.62563
	Hedge's g (95% CI)			-0.06 (-0.34, 0.22)
1	N, n	181, 130	183, 104	
	Baseline Mean (SD)	19.74 (22.62)	20.19 (24.76)	
	Change from Baseline LS Mean (SE)	3.05 (1.41)	7.01 (1.59)	-3.96 (-8.14, 0.22)
	Treatment P-value			0.06328
	Hedge's g (95% CI)			-0.17 (-0.43, 0.08)
	Interaction P-value [b]			0.34404

Subgroup analyses are conducted if there exists at least 2 levels with  $\geq 10$  patients across treatment arms that have a baseline score and at least one post-baseline score up to Week 24.

N: Number of patients in the subgroup level. n: Number of patients with a baseline and at least one post-baseline score up to Week 24.

Estimates are based on a mixed model which included treatment, baseline PRO, scheduled visit, scheduled visit\*baseline PRO and scheduled visit\*treatment as fixed effects. Scheduled visit was treated as a repeated measure within patients.

Hedge's g statistic has a bias correction applied.

[a] The Overall analysis included an adjustment for Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[b] Subgroup analysis included an adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_MM.SAS

Date/time of run: 02JUL2021 12:13

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC.DS.MM.S6.FAS: Mixed Model Repeated Measures (MMRM) Analysis: Change from Baseline - EORTC Dyspnoea Symptom Score (Week 1 to Week 24) (Full Analysis Set)

Subgroup: Liver Metastasis from IRT Strata

Subgroup Level	Statistic	Enfortumab Vedotin	Chemotherapy	Enfortumab Vedotin vs Chemotherapy Mean Difference (95% CI)
Yes	N, n	93, 63	95, 52	
	Baseline Mean (SD)	15.87 (20.62)	17.31 (25.98)	
	Change from Baseline LS Mean (SE)	5.48 ( 2.01)	8.02 ( 2.28)	-2.54 ( -8.50, 3.43)
	Treatment P-value			0.40401
	Hedge's g (95% CI)			-0.12 (-0.49, 0.24)
	Interaction P-value [b]			0.59699

Subgroup analyses are conducted if there exists at least 2 levels with  $\geq 10$  patients across treatment arms that have a baseline score and at least one post-baseline score up to Week 24.

N: Number of patients in the subgroup level. n: Number of patients with a baseline and at least one post-baseline score up to Week 24.

Estimates are based on a mixed model which included treatment, baseline PRO, scheduled visit, scheduled visit\*baseline PRO and scheduled visit\*treatment as fixed effects. Scheduled visit was treated as a repeated measure within patients.

Hedge's g statistic has a bias correction applied.

[a] The Overall analysis included an adjustment for Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[b] Subgroup analysis included an adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_MM.SAS

Date/time of run: 02JUL2021 12:13

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC.DS.MM.S7.FAS: Mixed Model Repeated Measures (MMRM) Analysis: Change from Baseline - EORTC Dyspnoea Symptom Score (Week 1 to Week 24) (Full Analysis Set)

Subgroup: Pre-selected Investigator's Choice of Paclitaxel/Docetaxel/Vinflunine

Subgroup Level	Statistic	Enfortumab Vedotin	Chemotherapy	Enfortumab Vedotin vs Chemotherapy Mean Difference (95% CI)
Paclitaxel	N, n	141, 115	112, 72	
	Baseline Mean (SD)	20.29 (21.94)	13.43 (19.91)	
	Change from Baseline LS Mean (SE)	2.75 (1.47)	5.15 (1.87)	-2.40 (-7.08, 2.28)
	Treatment P-value			0.31424
	Hedge's g (95% CI)			-0.12 (-0.41, 0.17)
Docetaxel	N, n	87, 65	117, 77	
	Baseline Mean (SD)	13.85 (21.16)	15.15 (20.62)	
	Change from Baseline LS Mean (SE)	3.99 (1.96)	5.46 (1.85)	-1.46 (-6.77, 3.84)
	Treatment P-value			0.58770
	Hedge's g (95% CI)			-0.08 (-0.41, 0.25)

Subgroup analyses are conducted if there exists at least 2 levels with  $\geq 10$  patients across treatment arms that have a baseline score and at least one post-baseline score up to Week 24.

N: Number of patients in the subgroup level. n: Number of patients with a baseline and at least one post-baseline score up to Week 24.

Estimates are based on a mixed model which included treatment, baseline PRO, scheduled visit, scheduled visit\*baseline PRO and scheduled visit\*treatment as fixed effects. Scheduled visit was treated as a repeated measure within patients.

Hedge's g statistic has a bias correction applied.

[a] The Overall analysis included an adjustment for Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[b] Subgroup analysis included an adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_MM.SAS

Date/time of run: 02JUL2021 12:13

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table EORTC.DS.MM.S7.FAS: Mixed Model Repeated Measures (MMRM) Analysis: Change from Baseline - EORTC Dyspnoea Symptom Score (Week 1 to Week 24) (Full Analysis Set)

Subgroup: Pre-selected Investigator's Choice of Paclitaxel/Docetaxel/Vinflunine

Subgroup Level	Statistic	Enfortumab Vedotin	Chemotherapy	Enfortumab Vedotin vs Chemotherapy Mean Difference (95% CI)
Vinflunine	N, n	73, 52	78, 47	
	Baseline Mean (SD)	12.82 (19.97)	21.99 (28.89)	
	Change from Baseline LS Mean (SE)	4.72 (2.24)	8.71 (2.37)	-3.99 (-10.40, 2.43)
	Treatment P-value			0.22277
	Hedge's g (95% CI)			-0.17 (-0.56, 0.23)
	Interaction P-value [b]			0.23067

Subgroup analyses are conducted if there exists at least 2 levels with  $\geq 10$  patients across treatment arms that have a baseline score and at least one post-baseline score up to Week 24.

N: Number of patients in the subgroup level. n: Number of patients with a baseline and at least one post-baseline score up to Week 24.

Estimates are based on a mixed model which included treatment, baseline PRO, scheduled visit, scheduled visit\*baseline PRO and scheduled visit\*treatment as fixed effects. Scheduled visit was treated as a repeated measure within patients.

Hedge's g statistic has a bias correction applied.

[a] The Overall analysis included an adjustment for Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[b] Subgroup analysis included an adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_MM.SAS

Date/time of run: 02JUL2021 12:13

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table EORTC.DS.MM.S8.FAS: Mixed Model Repeated Measures (MMRM) Analysis: Change from Baseline - EORTC Dyspnoea Symptom Score (Week 1 to Week 24) (Full Analysis Set)

Subgroup: Primary Site of Tumor

Subgroup Level	Statistic	Enfortumab Vedotin	Chemotherapy	Enfortumab Vedotin vs Chemotherapy Mean Difference (95% CI)
Upper Tract	N, n	98, 75	107, 76	
	Baseline Mean (SD)	14.67 (19.17)	14.91 (20.65)	
	Change from Baseline LS Mean (SE)	4.88 ( 1.83)	5.65 ( 1.84)	-0.77 ( -5.88, 4.34)
	Treatment P-value			0.76696
	Hedge's g (95% CI)			-0.04 (-0.36, 0.28)
Other	N, n	203, 157	200, 120	
	Baseline Mean (SD)	17.83 (22.50)	16.94 (24.06)	
	Change from Baseline LS Mean (SE)	2.81 ( 1.29)	6.44 ( 1.48)	-3.63 ( -7.49, 0.23)
	Treatment P-value			0.06524
	Hedge's g (95% CI)			-0.18 (-0.41, 0.06)
Interaction P-value [b]				0.30062

Subgroup analyses are conducted if there exists at least 2 levels with  $\geq 10$  patients across treatment arms that have a baseline score and at least one post-baseline score up to Week 24.

N: Number of patients in the subgroup level. n: Number of patients with a baseline and at least one post-baseline score up to Week 24.

Estimates are based on a mixed model which included treatment, baseline PRO, scheduled visit, scheduled visit\*baseline PRO and scheduled visit\*treatment as fixed effects. Scheduled visit was treated as a repeated measure within patients.

Hedge's g statistic has a bias correction applied.

[a] The Overall analysis included an adjustment for Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[b] Subgroup analysis included an adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_MM.SAS

Date/time of run: 02JUL2021 12:13

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC.DS.MM.S9.FAS: Mixed Model Repeated Measures (MMRM) Analysis: Change from Baseline - EORTC Dyspnoea Symptom Score (Week 1 to Week 24) (Full Analysis Set)

Subgroup: Prior Lines of Systemic Therapy

Subgroup Level	Statistic	Enfortumab Vedotin	Chemotherapy	Enfortumab Vedotin vs Chemotherapy Mean Difference (95% CI)
1-2 lines	N, n	262, 203	270, 169	
	Baseline Mean (SD)	17.57 (21.83)	16.57 (22.75)	
	Change from Baseline LS Mean (SE)	3.18 ( 1.14)	6.24 ( 1.25)	-3.07 ( -6.38, 0.25)
	Treatment P-value			0.07012
	Hedge's g (95% CI)			-0.15 (-0.35, 0.05)
	Interaction P-value [b]			0.68589

Subgroup analyses are conducted if there exists at least 2 levels with  $\geq 10$  patients across treatment arms that have a baseline score and at least one post-baseline score up to Week 24.

N: Number of patients in the subgroup level. n: Number of patients with a baseline and at least one post-baseline score up to Week 24.

Estimates are based on a mixed model which included treatment, baseline PRO, scheduled visit, scheduled visit\*baseline PRO and scheduled visit\*treatment as fixed effects. Scheduled visit was treated as a repeated measure within patients.

Hedge's g statistic has a bias correction applied.

[a] The Overall analysis included an adjustment for Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[b] Subgroup analysis included an adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_MM.SAS

Date/time of run: 02JUL2021 12:13

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC.DS.MM.S10.FAS: Mixed Model Repeated Measures (MMRM) Analysis: Change from Baseline - EORTC Dyspnoea Symptom Score (Week 1 to Week 24) (Full Analysis Set)

Subgroup: Best Response to Prior CPI

Subgroup Level	Statistic	Enfortumab Vedotin	Chemotherapy	Enfortumab Vedotin vs Chemotherapy Mean Difference (95% CI)
Responder	N, n	61, 49	50, 34	
	Baseline Mean (SD)	14.97 (21.58)	15.69 (22.07)	
	Change from Baseline LS Mean (SE)	5.75 ( 2.30)	8.43 ( 2.80)	-2.68 ( -9.79, 4.44)
	Treatment P-value			0.45964
	Hedge's g (95% CI)			-0.13 (-0.56, 0.31)
	Interaction P-value [b]			0.74997

Subgroup analyses are conducted if there exists at least 2 levels with  $\geq 10$  patients across treatment arms that have a baseline score and at least one post-baseline score up to Week 24.

N: Number of patients in the subgroup level. n: Number of patients with a baseline and at least one post-baseline score up to Week 24.

Estimates are based on a mixed model which included treatment, baseline PRO, scheduled visit, scheduled visit\*baseline PRO and scheduled visit\*treatment as fixed effects. Scheduled visit was treated as a repeated measure within patients.

Hedge's g statistic has a bias correction applied.

[a] The Overall analysis included an adjustment for Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[b] Subgroup analysis included an adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_MM.SAS

Date/time of run: 02JUL2021 12:13

Analysis Plan: 15FEB2021

Confidential

### 2.4.3.5 Schlauflosigkeit

Astellas: 7465-CL-0301

Table EORTC.SLS.MM.S1.FAS: Mixed Model Repeated Measures (MMRM) Analysis: Change from Baseline - EORTC Insomnia Symptom Score (Week 1 to Week 24) (Full Analysis Set)

Subgroup: Age Group 1

Subgroup Level	Statistic	Enfortumab Vedotin	Chemotherapy	Enfortumab Vedotin vs Chemotherapy Mean Difference (95% CI)
<65 years	N, n	108, 85	111, 68	
	Baseline Mean (SD)	25.88 (26.42)	24.51 (23.48)	
	Change from Baseline LS Mean (SE)	-0.92 (1.87)	-1.23 (2.07)	0.31 (-5.17, 5.79)
	Treatment P-value			0.91133
	Hedge's g (95% CI)			0.01 (-0.30, 0.33)
>=65 years	N, n	193, 147	196, 128	
	Baseline Mean (SD)	24.49 (27.40)	22.92 (26.70)	
	Change from Baseline LS Mean (SE)	2.53 (1.43)	7.03 (1.56)	-4.49 (-8.66, -0.33)
	Treatment P-value			0.03431
	Hedge's g (95% CI)			-0.18 (-0.42, 0.05)
Interaction P-value [b]				0.30115

Subgroup analyses are conducted if there exists at least 2 levels with >= 10 patients across treatment arms that have a baseline score and at least one post-baseline score up to Week 24.

N: Number of patients in the subgroup level. n: Number of patients with a baseline and at least one post-baseline score up to Week 24.

Estimates are based on a mixed model which included treatment, baseline PRO, scheduled visit, scheduled visit\*baseline PRO and scheduled visit\*treatment as fixed effects. Scheduled visit was treated as a repeated measure within patients.

Hedge's g statistic has a bias correction applied.

[a] The Overall analysis included an adjustment for Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[b] Subgroup analysis included an adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_MM.SAS

Date/time of run: 02JUL2021 12:13

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC.SLS.MM.S2.FAS: Mixed Model Repeated Measures (MMRM) Analysis: Change from Baseline - EORTC Insomnia Symptom Score (Week 1 to Week 24) (Full Analysis Set)

Subgroup: Age Group 2

Subgroup Level	Statistic	Enfortumab Vedotin	Chemotherapy	Enfortumab Vedotin vs Chemotherapy Mean Difference (95% CI)
<75 years	N, n	249, 195	239, 150	
	Baseline Mean (SD)	24.27 (26.71)	24.89 (26.25)	
	Change from Baseline LS Mean (SE)	0.67 (1.25)	2.22 (1.43)	-1.55 (-5.28, 2.17)
	Treatment P-value			0.41307
	Hedge's g (95% CI)			-0.07 (-0.28, 0.15)
	Interaction P-value [b]			0.69801

Subgroup analyses are conducted if there exists at least 2 levels with  $\geq 10$  patients across treatment arms that have a baseline score and at least one post-baseline score up to Week 24.

N: Number of patients in the subgroup level. n: Number of patients with a baseline and at least one post-baseline score up to Week 24.

Estimates are based on a mixed model which included treatment, baseline PRO, scheduled visit, scheduled visit\*baseline PRO and scheduled visit\*treatment as fixed effects. Scheduled visit was treated as a repeated measure within patients.

Hedge's g statistic has a bias correction applied.

[a] The Overall analysis included an adjustment for Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[b] Subgroup analysis included an adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_MM.SAS

Date/time of run: 02JUL2021 12:13

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table EORTC.SLS.MM.S3.FAS: Mixed Model Repeated Measures (MMRM) Analysis: Change from Baseline - EORTC Insomnia Symptom Score (Week 1 to Week 24) (Full Analysis Set)

Subgroup: Gender

Subgroup Level	Statistic	Enfortumab Vedotin	Chemotherapy	Enfortumab Vedotin vs Chemotherapy Mean Difference (95% CI)
Male	N, n	238, 182	232, 150	
	Baseline Mean (SD)	23.81 (27.27)	23.78 (25.42)	
	Change from Baseline LS Mean (SE)	2.80 (1.30)	4.00 (1.44)	-1.20 (-5.01, 2.61)
	Treatment P-value			0.53733
	Hedge's g (95% CI)			-0.05 (-0.27, 0.17)
	Interaction P-value [b]			0.66624

Subgroup analyses are conducted if there exists at least 2 levels with  $\geq 10$  patients across treatment arms that have a baseline score and at least one post-baseline score up to Week 24.

N: Number of patients in the subgroup level. n: Number of patients with a baseline and at least one post-baseline score up to Week 24.

Estimates are based on a mixed model which included treatment, baseline PRO, scheduled visit, scheduled visit\*baseline PRO and scheduled visit\*treatment as fixed effects. Scheduled visit was treated as a repeated measure within patients.

Hedge's g statistic has a bias correction applied.

[a] The Overall analysis included an adjustment for Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[b] Subgroup analysis included an adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_MM.SAS

Date/time of run: 02JUL2021 12:13

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table EORTC.SLS.MM.S4.FAS: Mixed Model Repeated Measures (MMRM) Analysis: Change from Baseline - EORTC Insomnia Symptom Score (Week 1 to Week 24) (Full Analysis Set)

Subgroup: Region

Subgroup Level	Statistic	Enfortumab Vedotin	Chemotherapy	Enfortumab Vedotin vs Chemotherapy Mean Difference (95% CI)
Western Europe	N, n	126, 90	129, 70	
	Baseline Mean (SD)	24.81 (28.07)	24.29 (28.89)	
	Change from Baseline LS Mean (SE)	0.30 ( 1.82)	11.17 ( 2.11)	-10.86 (-16.35, -5.38)
	Treatment P-value			0.00012
	Hedge's g (95% CI)			-0.44 (-0.76, -0.13)
US	N, n	43, 28	44, 24	
	Baseline Mean (SD)	22.62 (22.32)	18.06 (21.93)	
	Change from Baseline LS Mean (SE)	2.68 ( 3.35)	9.65 ( 3.55)	-6.96 (-16.56, 2.63)
	Treatment P-value			0.15437
	Hedge's g (95% CI)			-0.29 (-0.83, 0.25)

Subgroup analyses are conducted if there exists at least 2 levels with  $\geq 10$  patients across treatment arms that have a baseline score and at least one post-baseline score up to Week 24.

N: Number of patients in the subgroup level. n: Number of patients with a baseline and at least one post-baseline score up to Week 24.

Estimates are based on a mixed model which included treatment, baseline PRO, scheduled visit, scheduled visit\*baseline PRO and scheduled visit\*treatment as fixed effects. Scheduled visit was treated as a repeated measure within patients.

Hedge's g statistic has a bias correction applied.

[a] The Overall analysis included an adjustment for Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[b] Subgroup analysis included an adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_MM.SAS

Date/time of run: 02JUL2021 12:13

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table EORTC.SLS.MM.S4.FAS: Mixed Model Repeated Measures (MMRM) Analysis: Change from Baseline - EORTC Insomnia Symptom Score (Week 1 to Week 24) (Full Analysis Set)

Subgroup: Region

Subgroup Level	Statistic	Enfortumab Vedotin	Chemotherapy	Enfortumab Vedotin vs Chemotherapy Mean Difference (95% CI)
Rest of the World	N, n	132, 114	134, 102	
	Baseline Mean (SD)	25.73 (27.35)	24.18 (23.99)	
	Change from Baseline LS Mean (SE)	1.71 (1.60)	-1.72 (1.70)	3.42 (-1.17, 8.02)
	Treatment P-value			0.14343
	Hedge's g (95% CI)			0.15 (-0.12, 0.42)
	Interaction P-value [b]			0.01391

Subgroup analyses are conducted if there exists at least 2 levels with  $\geq 10$  patients across treatment arms that have a baseline score and at least one post-baseline score up to Week 24.

N: Number of patients in the subgroup level. n: Number of patients with a baseline and at least one post-baseline score up to Week 24.

Estimates are based on a mixed model which included treatment, baseline PRO, scheduled visit, scheduled visit\*baseline PRO and scheduled visit\*treatment as fixed effects. Scheduled visit was treated as a repeated measure within patients.

Hedge's g statistic has a bias correction applied.

[a] The Overall analysis included an adjustment for Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[b] Subgroup analysis included an adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_MM.SAS

Date/time of run: 02JUL2021 12:13

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC.SLS.MM.S5.FAS: Mixed Model Repeated Measures (MMRM) Analysis: Change from Baseline - EORTC Insomnia Symptom Score (Week 1 to Week 24) (Full Analysis Set)

Subgroup: ECOG PS from IRT Strata

Subgroup Level	Statistic	Enfortumab Vedotin	Chemotherapy	Enfortumab Vedotin vs Chemotherapy Mean Difference (95% CI)
0	N, n	120, 102	124, 92	
	Baseline Mean (SD)	18.63 (25.51)	21.74 (24.43)	
	Change from Baseline LS Mean (SE)	3.32 (1.69)	1.47 (1.79)	1.85 (-2.98, 6.69)
	Treatment P-value			0.45178
	Hedge's g (95% CI)			0.08 (-0.20, 0.36)
1	N, n	181, 130	183, 104	
	Baseline Mean (SD)	30.00 (27.17)	25.00 (26.58)	
	Change from Baseline LS Mean (SE)	-0.68 (1.54)	6.42 (1.74)	-7.10 (-11.66, -2.54)
	Treatment P-value			0.00236
	Hedge's g (95% CI)			-0.29 (-0.55, -0.03)
	Interaction P-value [b]			0.39039

Subgroup analyses are conducted if there exists at least 2 levels with  $\geq 10$  patients across treatment arms that have a baseline score and at least one post-baseline score up to Week 24.

N: Number of patients in the subgroup level. n: Number of patients with a baseline and at least one post-baseline score up to Week 24.

Estimates are based on a mixed model which included treatment, baseline PRO, scheduled visit, scheduled visit\*baseline PRO and scheduled visit\*treatment as fixed effects. Scheduled visit was treated as a repeated measure within patients.

Hedge's g statistic has a bias correction applied.

[a] The Overall analysis included an adjustment for Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[b] Subgroup analysis included an adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_MM.SAS

Date/time of run: 02JUL2021 12:13

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC.SLS.MM.S6.FAS: Mixed Model Repeated Measures (MMRM) Analysis: Change from Baseline - EORTC Insomnia Symptom Score (Week 1 to Week 24) (Full Analysis Set)

Subgroup: Liver Metastasis from IRT Strata

Subgroup Level	Statistic	Enfortumab Vedotin	Chemotherapy	Enfortumab Vedotin vs Chemotherapy Mean Difference (95% CI)
Yes	N, n	93, 63	95, 52	
	Baseline Mean (SD)	29.10 (27.75)	17.95 (23.30)	
	Change from Baseline LS Mean (SE)	-1.12 ( 2.20)	11.37 ( 2.46)	-12.49 (-18.98, -6.00)
	Treatment P-value			0.00018
	Hedge's g (95% CI)			-0.49 (-0.86, -0.12)
	Interaction P-value [b]			0.62564

Subgroup analyses are conducted if there exists at least 2 levels with  $\geq 10$  patients across treatment arms that have a baseline score and at least one post-baseline score up to Week 24.

N: Number of patients in the subgroup level. n: Number of patients with a baseline and at least one post-baseline score up to Week 24.

Estimates are based on a mixed model which included treatment, baseline PRO, scheduled visit, scheduled visit\*baseline PRO and scheduled visit\*treatment as fixed effects. Scheduled visit was treated as a repeated measure within patients.

Hedge's g statistic has a bias correction applied.

[a] The Overall analysis included an adjustment for Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[b] Subgroup analysis included an adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_MM.SAS

Date/time of run: 02JUL2021 12:13

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table EORTC.SLS.MM.S7.FAS: Mixed Model Repeated Measures (MMRM) Analysis: Change from Baseline - EORTC Insomnia Symptom Score (Week 1 to Week 24) (Full Analysis Set)

Subgroup: Pre-selected Investigator's Choice of Paclitaxel/Docetaxel/Vinflunine

Subgroup Level	Statistic	Enfortumab Vedotin	Chemotherapy	Enfortumab Vedotin vs Chemotherapy Mean Difference (95% CI)
Paclitaxel	N, n	141, 115	112, 72	
	Baseline Mean (SD)	27.83 (28.59)	21.30 (23.27)	
	Change from Baseline LS Mean (SE)	-0.59 ( 1.60)	0.54 ( 2.02)	-1.14 ( -6.20, 3.93)
	Treatment P-value			0.65943
	Hedge's g (95% CI)			-0.05 (-0.34, 0.25)
Docetaxel	N, n	87, 65	117, 77	
	Baseline Mean (SD)	20.00 (22.67)	23.81 (24.70)	
	Change from Baseline LS Mean (SE)	4.10 ( 2.13)	2.69 ( 2.00)	1.40 ( -4.34, 7.15)
	Treatment P-value			0.63112
	Hedge's g (95% CI)			0.07 (-0.26, 0.39)

Subgroup analyses are conducted if there exists at least 2 levels with  $\geq 10$  patients across treatment arms that have a baseline score and at least one post-baseline score up to Week 24.

N: Number of patients in the subgroup level. n: Number of patients with a baseline and at least one post-baseline score up to Week 24.

Estimates are based on a mixed model which included treatment, baseline PRO, scheduled visit, scheduled visit\*baseline PRO and scheduled visit\*treatment as fixed effects. Scheduled visit was treated as a repeated measure within patients.

Hedge's g statistic has a bias correction applied.

[a] The Overall analysis included an adjustment for Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[b] Subgroup analysis included an adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_MM.SAS

Date/time of run: 02JUL2021 12:13

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table EORTC.SLS.MM.S7.FAS: Mixed Model Repeated Measures (MMRM) Analysis: Change from Baseline - EORTC Insomnia Symptom Score (Week 1 to Week 24) (Full Analysis Set)

Subgroup: Pre-selected Investigator's Choice of Paclitaxel/Docetaxel/Vinflunine

Subgroup Level	Statistic	Enfortumab Vedotin	Chemotherapy	Enfortumab Vedotin vs Chemotherapy Mean Difference (95% CI)
Vinflunine	N, n	73, 52	78, 47	
	Baseline Mean (SD)	25.00 (27.91)	26.24 (30.25)	
	Change from Baseline LS Mean (SE)	1.79 (2.46)	12.06 (2.57)	-10.28 (-17.27, -3.29)
	Treatment P-value			0.00406
	Hedge's g (95% CI)			-0.40 (-0.80, -0.01)
	Interaction P-value [b]			0.02724

Subgroup analyses are conducted if there exists at least 2 levels with  $\geq 10$  patients across treatment arms that have a baseline score and at least one post-baseline score up to Week 24.

N: Number of patients in the subgroup level. n: Number of patients with a baseline and at least one post-baseline score up to Week 24.

Estimates are based on a mixed model which included treatment, baseline PRO, scheduled visit, scheduled visit\*baseline PRO and scheduled visit\*treatment as fixed effects. Scheduled visit was treated as a repeated measure within patients.

Hedge's g statistic has a bias correction applied.

[a] The Overall analysis included an adjustment for Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[b] Subgroup analysis included an adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_MM.SAS

Date/time of run: 02JUL2021 12:13

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC.SLS.MM.S8.FAS: Mixed Model Repeated Measures (MMRM) Analysis: Change from Baseline - EORTC Insomnia Symptom Score (Week 1 to Week 24) (Full Analysis Set)

Subgroup: Primary Site of Tumor

Subgroup Level	Statistic	Enfortumab Vedotin	Chemotherapy	Enfortumab Vedotin vs Chemotherapy Mean Difference (95% CI)
Upper Tract	N, n	98, 75	107, 76	
	Baseline Mean (SD)	26.22 (25.29)	21.93 (25.27)	
	Change from Baseline LS Mean (SE)	1.36 ( 2.00)	4.03 ( 2.00)	-2.67 ( -8.23, 2.89)
	Treatment P-value			0.34612
	Hedge's g (95% CI)			-0.11 (-0.43, 0.21)
Other	N, n	203, 157	200, 120	
	Baseline Mean (SD)	24.42 (27.83)	24.44 (25.83)	
	Change from Baseline LS Mean (SE)	1.24 ( 1.41)	4.05 ( 1.62)	-2.81 ( -7.02, 1.41)
	Treatment P-value			0.19123
	Hedge's g (95% CI)			-0.12 (-0.36, 0.12)
Interaction P-value [b]				0.30528

Subgroup analyses are conducted if there exists at least 2 levels with  $\geq 10$  patients across treatment arms that have a baseline score and at least one post-baseline score up to Week 24.

N: Number of patients in the subgroup level. n: Number of patients with a baseline and at least one post-baseline score up to Week 24.

Estimates are based on a mixed model which included treatment, baseline PRO, scheduled visit, scheduled visit\*baseline PRO and scheduled visit\*treatment as fixed effects. Scheduled visit was treated as a repeated measure within patients.

Hedge's g statistic has a bias correction applied.

[a] The Overall analysis included an adjustment for Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[b] Subgroup analysis included an adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_MM.SAS

Date/time of run: 02JUL2021 12:13

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC.SLS.MM.S9.FAS: Mixed Model Repeated Measures (MMRM) Analysis: Change from Baseline - EORTC Insomnia Symptom Score (Week 1 to Week 24) (Full Analysis Set)

Subgroup: Prior Lines of Systemic Therapy

Subgroup Level	Statistic	Enfortumab Vedotin	Chemotherapy	Enfortumab Vedotin vs Chemotherapy Mean Difference (95% CI)
1-2 lines	N, n	262, 203	270, 169	
	Baseline Mean (SD)	26.44 (27.48)	23.27 (25.41)	
	Change from Baseline LS Mean (SE)	0.48 (1.24)	3.73 (1.36)	-3.25 (-6.87, 0.37)
	Treatment P-value			0.07846
	Hedge's g (95% CI)			-0.14 (-0.34, 0.07)
	Interaction P-value [b]			0.63939

Subgroup analyses are conducted if there exists at least 2 levels with  $\geq 10$  patients across treatment arms that have a baseline score and at least one post-baseline score up to Week 24.

N: Number of patients in the subgroup level. n: Number of patients with a baseline and at least one post-baseline score up to Week 24.

Estimates are based on a mixed model which included treatment, baseline PRO, scheduled visit, scheduled visit\*baseline PRO and scheduled visit\*treatment as fixed effects. Scheduled visit was treated as a repeated measure within patients.

Hedge's g statistic has a bias correction applied.

[a] The Overall analysis included an adjustment for Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[b] Subgroup analysis included an adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_MM.SAS

Date/time of run: 02JUL2021 12:13

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC.SLS.MM.S10.FAS: Mixed Model Repeated Measures (MMRM) Analysis: Change from Baseline - EORTC Insomnia Symptom Score (Week 1 to Week 24) (Full Analysis Set)

Subgroup: Best Response to Prior CPI

Subgroup Level	Statistic	Enfortumab Vedotin	Chemotherapy	Enfortumab Vedotin vs Chemotherapy Mean Difference (95% CI)
Responder	N, n	61, 49	50, 34	
	Baseline Mean (SD)	16.33 (22.69)	28.43 (26.12)	
	Change from Baseline LS Mean (SE)	10.58 ( 2.45)	-4.42 ( 2.99)	15.00 ( 7.39, 22.60)
	Treatment P-value			0.00012
	Hedge's g (95% CI)			0.65 ( 0.21, 1.10)
	Interaction P-value [b]			0.03116

Subgroup analyses are conducted if there exists at least 2 levels with  $\geq 10$  patients across treatment arms that have a baseline score and at least one post-baseline score up to Week 24.

N: Number of patients in the subgroup level. n: Number of patients with a baseline and at least one post-baseline score up to Week 24.

Estimates are based on a mixed model which included treatment, baseline PRO, scheduled visit, scheduled visit\*baseline PRO and scheduled visit\*treatment as fixed effects. Scheduled visit was treated as a repeated measure within patients.

Hedge's g statistic has a bias correction applied.

[a] The Overall analysis included an adjustment for Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[b] Subgroup analysis included an adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_MM.SAS

Date/time of run: 02JUL2021 12:13

Analysis Plan: 15FEB2021

Confidential

### 2.4.3.6 Appetitverlust

Astellas: 7465-CL-0301

Table EORTC.APS.MM.S1.FAS: Mixed Model Repeated Measures (MMRM) Analysis: Change from Baseline - EORTC Appetite Loss Symptom Score (Week 1 to Week 24) (Full Analysis Set)

Subgroup: Age Group 1

Subgroup Level	Statistic	Enfortumab Vedotin	Chemotherapy	Enfortumab Vedotin vs Chemotherapy Mean Difference (95% CI)
<65 years	N, n	108, 85	111, 68	
	Baseline Mean (SD)	24.71 (29.17)	16.67 (21.93)	
	Change from Baseline LS Mean (SE)	3.64 ( 2.08)	8.00 ( 2.34)	-4.35 (-10.51, 1.80)
	Treatment P-value			0.16505
	Hedge's g (95% CI)			-0.17 (-0.49, 0.15)
	Interaction P-value [b]			0.36775

Subgroup analyses are conducted if there exists at least 2 levels with  $\geq 10$  patients across treatment arms that have a baseline score and at least one post-baseline score up to Week 24.

N: Number of patients in the subgroup level. n: Number of patients with a baseline and at least one post-baseline score up to Week 24.

Estimates are based on a mixed model which included treatment, baseline PRO, scheduled visit, scheduled visit\*baseline PRO and scheduled visit\*treatment as fixed effects. Scheduled visit was treated as a repeated measure within patients.

Hedge's g statistic has a bias correction applied.

[a] The Overall analysis included an adjustment for Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[b] Subgroup analysis included an adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_MM.SAS

Date/time of run: 02JUL2021 12:13

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table EORTC.APS.MM.S2.FAS: Mixed Model Repeated Measures (MMRM) Analysis: Change from Baseline - EORTC Appetite Loss Symptom Score (Week 1 to Week 24) (Full Analysis Set)

Subgroup: Age Group 2

Subgroup Level	Statistic	Enfortumab Vedotin	Chemotherapy	Enfortumab Vedotin vs Chemotherapy Mean Difference (95% CI)
<75 years	N, n	249, 195	239, 150	
	Baseline Mean (SD)	21.54 (27.35)	20.22 (25.00)	
	Change from Baseline LS Mean (SE)	8.00 ( 1.39)	6.73 ( 1.60)	1.27 ( -2.90, 5.43)
	Treatment P-value			0.55046
	Hedge's g (95% CI)			0.05 (-0.16, 0.26)
	Interaction P-value [b]			0.87599

Subgroup analyses are conducted if there exists at least 2 levels with  $\geq 10$  patients across treatment arms that have a baseline score and at least one post-baseline score up to Week 24.

N: Number of patients in the subgroup level. n: Number of patients with a baseline and at least one post-baseline score up to Week 24.

Estimates are based on a mixed model which included treatment, baseline PRO, scheduled visit, scheduled visit\*baseline PRO and scheduled visit\*treatment as fixed effects. Scheduled visit was treated as a repeated measure within patients.

Hedge's g statistic has a bias correction applied.

[a] The Overall analysis included an adjustment for Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[b] Subgroup analysis included an adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_MM.SAS

Date/time of run: 02JUL2021 12:13

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC.APS.MM.S3.FAS: Mixed Model Repeated Measures (MMRM) Analysis: Change from Baseline - EORTC Appetite Loss Symptom Score (Week 1 to Week 24) (Full Analysis Set)

Subgroup: Gender

Subgroup Level	Statistic	Enfortumab Vedotin	Chemotherapy	Enfortumab Vedotin vs Chemotherapy Mean Difference (95% CI)
Male	N, n	238, 182	232, 150	
	Baseline Mean (SD)	18.68 (25.37)	20.22 (24.09)	
	Change from Baseline LS Mean (SE)	10.37 ( 1.44)	6.80 ( 1.61)	3.57 ( -0.68, 7.81)
	Treatment P-value			0.09972
	Hedge's g (95% CI)			0.14 (-0.08, 0.35)
	Interaction P-value [b]			0.13554

Subgroup analyses are conducted if there exists at least 2 levels with  $\geq 10$  patients across treatment arms that have a baseline score and at least one post-baseline score up to Week 24.

N: Number of patients in the subgroup level. n: Number of patients with a baseline and at least one post-baseline score up to Week 24.

Estimates are based on a mixed model which included treatment, baseline PRO, scheduled visit, scheduled visit\*baseline PRO and scheduled visit\*treatment as fixed effects. Scheduled visit was treated as a repeated measure within patients.

Hedge's g statistic has a bias correction applied.

[a] The Overall analysis included an adjustment for Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[b] Subgroup analysis included an adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_MM.SAS

Date/time of run: 02JUL2021 12:13

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC.APS.MM.S4.FAS: Mixed Model Repeated Measures (MMRM) Analysis: Change from Baseline - EORTC Appetite Loss Symptom Score (Week 1 to Week 24) (Full Analysis Set)

Subgroup: Region

Subgroup Level	Statistic	Enfortumab Vedotin	Chemotherapy	Enfortumab Vedotin vs Chemotherapy Mean Difference (95% CI)
Western Europe	N, n	126, 90	129, 70	
	Baseline Mean (SD)	18.52 (24.54)	23.81 (29.02)	
	Change from Baseline LS Mean (SE)	6.33 ( 2.04)	11.68 ( 2.36)	-5.35 (-11.49, 0.78)
	Treatment P-value			0.08696
	Hedge's g (95% CI)			-0.20 (-0.51, 0.12)
US	N, n	43, 28	44, 24	
	Baseline Mean (SD)	26.19 (30.57)	22.22 (23.40)	
	Change from Baseline LS Mean (SE)	4.48 ( 3.72)	5.41 ( 3.98)	-0.93 (-11.64, 9.78)
	Treatment P-value			0.86442
	Hedge's g (95% CI)			-0.04 (-0.57, 0.50)

Subgroup analyses are conducted if there exists at least 2 levels with  $\geq 10$  patients across treatment arms that have a baseline score and at least one post-baseline score up to Week 24.

N: Number of patients in the subgroup level. n: Number of patients with a baseline and at least one post-baseline score up to Week 24.

Estimates are based on a mixed model which included treatment, baseline PRO, scheduled visit, scheduled visit\*baseline PRO and scheduled visit\*treatment as fixed effects. Scheduled visit was treated as a repeated measure within patients.

Hedge's g statistic has a bias correction applied.

[a] The Overall analysis included an adjustment for Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[b] Subgroup analysis included an adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_MM.SAS

Date/time of run: 02JUL2021 12:13

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC.APS.MM.S4.FAS: Mixed Model Repeated Measures (MMRM) Analysis: Change from Baseline - EORTC Appetite Loss Symptom Score (Week 1 to Week 24) (Full Analysis Set)

Subgroup: Region

Subgroup Level	Statistic	Enfortumab Vedotin	Chemotherapy	Enfortumab Vedotin vs Chemotherapy Mean Difference (95% CI)
Rest of the World	N, n	132, 114	134, 102	
	Baseline Mean (SD)	23.10 (29.12)	19.93 (22.13)	
	Change from Baseline LS Mean (SE)	11.63 (1.79)	4.66 (1.91)	6.97 (1.83, 12.12)
	Treatment P-value			0.00805
	Hedge's g (95% CI)			0.28 (0.02, 0.55)
	Interaction P-value [b]			0.01069

Subgroup analyses are conducted if there exists at least 2 levels with  $\geq 10$  patients across treatment arms that have a baseline score and at least one post-baseline score up to Week 24.

N: Number of patients in the subgroup level. n: Number of patients with a baseline and at least one post-baseline score up to Week 24.

Estimates are based on a mixed model which included treatment, baseline PRO, scheduled visit, scheduled visit\*baseline PRO and scheduled visit\*treatment as fixed effects. Scheduled visit was treated as a repeated measure within patients.

Hedge's g statistic has a bias correction applied.

[a] The Overall analysis included an adjustment for Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[b] Subgroup analysis included an adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_MM.SAS

Date/time of run: 02JUL2021 12:13

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC.APS.MM.S5.FAS: Mixed Model Repeated Measures (MMRM) Analysis: Change from Baseline - EORTC Appetite Loss Symptom Score (Week 1 to Week 24) (Full Analysis Set)

Subgroup: ECOG PS from IRT Strata

Subgroup Level	Statistic	Enfortumab Vedotin	Chemotherapy	Enfortumab Vedotin vs Chemotherapy Mean Difference (95% CI)
0	N, n	120, 102	124, 92	
	Baseline Mean (SD)	14.05 (21.72)	17.39 (21.81)	
	Change from Baseline LS Mean (SE)	11.10 ( 1.89)	5.94 ( 2.01)	5.16 ( -0.26, 10.58)
	Treatment P-value			0.06217
	Hedge's g (95% CI)			0.22 (-0.06, 0.51)
1	N, n	181, 130	183, 104	
	Baseline Mean (SD)	27.69 (30.26)	25.32 (26.88)	
	Change from Baseline LS Mean (SE)	6.82 ( 1.72)	8.21 ( 1.95)	-1.40 ( -6.49, 3.70)
	Treatment P-value			0.59093
	Hedge's g (95% CI)			-0.05 (-0.31, 0.21)
	Interaction P-value [b]			0.37361

Subgroup analyses are conducted if there exists at least 2 levels with  $\geq 10$  patients across treatment arms that have a baseline score and at least one post-baseline score up to Week 24.

N: Number of patients in the subgroup level. n: Number of patients with a baseline and at least one post-baseline score up to Week 24.

Estimates are based on a mixed model which included treatment, baseline PRO, scheduled visit, scheduled visit\*baseline PRO and scheduled visit\*treatment as fixed effects. Scheduled visit was treated as a repeated measure within patients.

Hedge's g statistic has a bias correction applied.

[a] The Overall analysis included an adjustment for Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[b] Subgroup analysis included an adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_MM.SAS

Date/time of run: 02JUL2021 12:13

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table EORTC.APS.MM.S6.FAS: Mixed Model Repeated Measures (MMRM) Analysis: Change from Baseline - EORTC Appetite Loss Symptom Score (Week 1 to Week 24) (Full Analysis Set)

Subgroup: Liver Metastasis from IRT Strata

Subgroup Level	Statistic	Enfortumab Vedotin	Chemotherapy	Enfortumab Vedotin vs Chemotherapy Mean Difference (95% CI)
Yes	N, n	93, 63	95, 52	
	Baseline Mean (SD)	32.28 (32.22)	28.21 (26.72)	
	Change from Baseline LS Mean (SE)	0.52 (2.45)	6.12 (2.76)	-5.60 (-12.86, 1.65)
	Treatment P-value			0.12990
	Hedge's g (95% CI)			-0.20 (-0.56, 0.17)
	Interaction P-value [b]			0.46051

Subgroup analyses are conducted if there exists at least 2 levels with  $\geq 10$  patients across treatment arms that have a baseline score and at least one post-baseline score up to Week 24.

N: Number of patients in the subgroup level. n: Number of patients with a baseline and at least one post-baseline score up to Week 24.

Estimates are based on a mixed model which included treatment, baseline PRO, scheduled visit, scheduled visit\*baseline PRO and scheduled visit\*treatment as fixed effects. Scheduled visit was treated as a repeated measure within patients.

Hedge's g statistic has a bias correction applied.

[a] The Overall analysis included an adjustment for Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[b] Subgroup analysis included an adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_MM.SAS

Date/time of run: 02JUL2021 12:13

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table EORTC.APS.MM.S7.FAS: Mixed Model Repeated Measures (MMRM) Analysis: Change from Baseline - EORTC Appetite Loss Symptom Score (Week 1 to Week 24) (Full Analysis Set)

Subgroup: Pre-selected Investigator's Choice of Paclitaxel/Docetaxel/Vinflunine

Subgroup Level	Statistic	Enfortumab Vedotin	Chemotherapy	Enfortumab Vedotin vs Chemotherapy Mean Difference (95% CI)
Paclitaxel	N, n	141, 115	112, 72	
	Baseline Mean (SD)	22.03 (28.23)	19.91 (23.51)	
	Change from Baseline LS Mean (SE)	10.70 ( 1.77)	3.19 ( 2.24)	7.51 ( 1.90, 13.11)
	Treatment P-value			0.00881
	Hedge's g (95% CI)			0.30 ( 0.00, 0.59)
Docetaxel	N, n	87, 65	117, 77	
	Baseline Mean (SD)	21.03 (27.37)	20.35 (21.73)	
	Change from Baseline LS Mean (SE)	6.02 ( 2.35)	6.66 ( 2.21)	-0.64 ( -6.99, 5.70)
	Treatment P-value			0.84202
	Hedge's g (95% CI)			-0.03 (-0.36, 0.30)

Subgroup analyses are conducted if there exists at least 2 levels with  $\geq 10$  patients across treatment arms that have a baseline score and at least one post-baseline score up to Week 24.

N: Number of patients in the subgroup level. n: Number of patients with a baseline and at least one post-baseline score up to Week 24.

Estimates are based on a mixed model which included treatment, baseline PRO, scheduled visit, scheduled visit\*baseline PRO and scheduled visit\*treatment as fixed effects. Scheduled visit was treated as a repeated measure within patients.

Hedge's g statistic has a bias correction applied.

[a] The Overall analysis included an adjustment for Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[b] Subgroup analysis included an adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_MM.SAS

Date/time of run: 02JUL2021 12:13

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table EORTC.APS.MM.S7.FAS: Mixed Model Repeated Measures (MMRM) Analysis: Change from Baseline - EORTC Appetite Loss Symptom Score (Week 1 to Week 24) (Full Analysis Set)

Subgroup: Pre-selected Investigator's Choice of Paclitaxel/Docetaxel/Vinflunine

Subgroup Level	Statistic	Enfortumab Vedotin	Chemotherapy	Enfortumab Vedotin vs Chemotherapy Mean Difference (95% CI)
Vinflunine	N, n	73, 52	78, 47	
	Baseline Mean (SD)	21.79 (27.12)	26.24 (31.03)	
	Change from Baseline LS Mean (SE)	8.20 ( 2.69)	14.38 ( 2.86)	-6.18 (-13.90, 1.54)
	Treatment P-value			0.11646
	Hedge's g (95% CI)			-0.21 (-0.60, 0.19)
	Interaction P-value [b]			0.00632

Subgroup analyses are conducted if there exists at least 2 levels with  $\geq 10$  patients across treatment arms that have a baseline score and at least one post-baseline score up to Week 24.

N: Number of patients in the subgroup level. n: Number of patients with a baseline and at least one post-baseline score up to Week 24.

Estimates are based on a mixed model which included treatment, baseline PRO, scheduled visit, scheduled visit\*baseline PRO and scheduled visit\*treatment as fixed effects. Scheduled visit was treated as a repeated measure within patients.

Hedge's g statistic has a bias correction applied.

[a] The Overall analysis included an adjustment for Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[b] Subgroup analysis included an adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_MM.SAS

Date/time of run: 02JUL2021 12:13

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC.APS.MM.S8.FAS: Mixed Model Repeated Measures (MMRM) Analysis: Change from Baseline - EORTC Appetite Loss Symptom Score (Week 1 to Week 24) (Full Analysis Set)

Subgroup: Primary Site of Tumor

Subgroup Level	Statistic	Enfortumab Vedotin	Chemotherapy	Enfortumab Vedotin vs Chemotherapy Mean Difference (95% CI)
Upper Tract	N, n	98, 75	107, 76	
	Baseline Mean (SD)	29.33 (31.93)	19.74 (24.45)	
	Change from Baseline LS Mean (SE)	4.20 ( 2.23)	6.92 ( 2.24)	-2.73 ( -8.93, 3.48)
	Treatment P-value			0.38791
	Hedge's g (95% CI)			-0.11 (-0.42, 0.21)
	Interaction P-value [b]			0.97489

Subgroup analyses are conducted if there exists at least 2 levels with  $\geq 10$  patients across treatment arms that have a baseline score and at least one post-baseline score up to Week 24.

N: Number of patients in the subgroup level. n: Number of patients with a baseline and at least one post-baseline score up to Week 24.

Estimates are based on a mixed model which included treatment, baseline PRO, scheduled visit, scheduled visit\*baseline PRO and scheduled visit\*treatment as fixed effects. Scheduled visit was treated as a repeated measure within patients.

Hedge's g statistic has a bias correction applied.

[a] The Overall analysis included an adjustment for Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[b] Subgroup analysis included an adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_MM.SAS

Date/time of run: 02JUL2021 12:13

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table EORTC.APS.MM.S9.FAS: Mixed Model Repeated Measures (MMRM) Analysis: Change from Baseline - EORTC Appetite Loss Symptom Score (Week 1 to Week 24) (Full Analysis Set)

Subgroup: Prior Lines of Systemic Therapy

Subgroup Level	Statistic	Enfortumab Vedotin	Chemotherapy	Enfortumab Vedotin vs Chemotherapy Mean Difference (95% CI)
1-2 lines	N, n	262, 203	270, 169	
	Baseline Mean (SD)	22.00 (28.10)	20.71 (24.90)	
	Change from Baseline LS Mean (SE)	8.52 ( 1.38)	8.06 ( 1.52)	0.46 ( -3.56, 4.49)
	Treatment P-value			0.82055
	Hedge's g (95% CI)			0.02 (-0.19, 0.22)
	Interaction P-value [b]			0.23334

Subgroup analyses are conducted if there exists at least 2 levels with  $\geq 10$  patients across treatment arms that have a baseline score and at least one post-baseline score up to Week 24.

N: Number of patients in the subgroup level. n: Number of patients with a baseline and at least one post-baseline score up to Week 24.

Estimates are based on a mixed model which included treatment, baseline PRO, scheduled visit, scheduled visit\*baseline PRO and scheduled visit\*treatment as fixed effects. Scheduled visit was treated as a repeated measure within patients.

Hedge's g statistic has a bias correction applied.

[a] The Overall analysis included an adjustment for Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[b] Subgroup analysis included an adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_MM.SAS

Date/time of run: 02JUL2021 12:13

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC.APS.MM.S10.FAS: Mixed Model Repeated Measures (MMRM) Analysis: Change from Baseline - EORTC Appetite Loss

Symptom Score (Week 1 to Week 24) (Full Analysis Set)

Subgroup: Best Response to Prior CPI

Subgroup Level	Statistic	Enfortumab Vedotin	Chemotherapy	Enfortumab Vedotin vs Chemotherapy Mean Difference (95% CI)
Responder	N, n	61, 49	50, 34	
	Baseline Mean (SD)	13.61 (20.32)	24.51 (20.61)	
	Change from Baseline LS Mean (SE)	13.83 ( 2.75)	2.52 ( 3.36)	11.31 ( -2.78, 19.84)
	Treatment P-value			0.00952
	Hedge's g (95% CI)			0.44 ( 0.00, 0.88)
Non-responder	N, n	207, 156	215, 136	
	Baseline Mean (SD)	22.86 (28.54)	21.81 (26.41)	
	Change from Baseline LS Mean (SE)	8.41 ( 1.57)	8.13 ( 1.71)	0.28 ( -4.28, 4.84)
	Treatment P-value			0.90388
	Hedge's g (95% CI)			0.01 (-0.22, 0.24)
Interaction P-value [b]				0.66366

Subgroup analyses are conducted if there exists at least 2 levels with  $\geq 10$  patients across treatment arms that have a baseline score and at least one post-baseline score up to Week 24.

N: Number of patients in the subgroup level. n: Number of patients with a baseline and at least one post-baseline score up to Week 24.

Estimates are based on a mixed model which included treatment, baseline PRO, scheduled visit, scheduled visit\*baseline PRO and scheduled visit\*treatment as fixed effects. Scheduled visit was treated as a repeated measure within patients.

Hedge's g statistic has a bias correction applied.

[a] The Overall analysis included an adjustment for Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[b] Subgroup analysis included an adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_MM.SAS

Date/time of run: 02JUL2021 12:13

Analysis Plan: 15FEB2021

Confidential

### 2.4.3.7 Obstipation

Astellas: 7465-CL-0301

Table EORTC.COS.MM.S1.FAS: Mixed Model Repeated Measures (MMRM) Analysis: Change from Baseline - EORTC Constipation Symptom Score (Week 1 to Week 24) (Full Analysis Set)

Subgroup: Age Group 1

Subgroup Level	Statistic	Enfortumab Vedotin	Chemotherapy	Enfortumab Vedotin vs Chemotherapy Mean Difference (95% CI)
<65 years	N, n	108, 85	111, 68	
	Baseline Mean (SD)	21.96 (28.43)	15.20 (24.05)	
	Change from Baseline LS Mean (SE)	-0.98 (1.78)	0.71 (1.98)	-1.68 (-6.93, 3.56)
	Treatment P-value			0.52851
	Hedge's g (95% CI)			-0.08 (-0.39, 0.24)
>=65 years	N, n	193, 147	196, 128	
	Baseline Mean (SD)	19.95 (25.78)	21.61 (28.55)	
	Change from Baseline LS Mean (SE)	-0.43 (1.37)	1.46 (1.50)	-1.89 (-5.89, 2.11)
	Treatment P-value			0.35316
	Hedge's g (95% CI)			-0.08 (-0.32, 0.15)
Interaction P-value [b]				0.54754

Subgroup analyses are conducted if there exists at least 2 levels with >= 10 patients across treatment arms that have a baseline score and at least one post-baseline score up to Week 24.

N: Number of patients in the subgroup level. n: Number of patients with a baseline and at least one post-baseline score up to Week 24.

Estimates are based on a mixed model which included treatment, baseline PRO, scheduled visit, scheduled visit\*baseline PRO and scheduled visit\*treatment as fixed effects. Scheduled visit was treated as a repeated measure within patients.

Hedge's g statistic has a bias correction applied.

[a] The Overall analysis included an adjustment for Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[b] Subgroup analysis included an adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_MM.SAS

Date/time of run: 02JUL2021 12:13

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table EORTC.COS.MM.S2.FAS: Mixed Model Repeated Measures (MMRM) Analysis: Change from Baseline - EORTC Constipation Symptom Score (Week 1 to Week 24) (Full Analysis Set)

Subgroup: Age Group 2

Subgroup Level	Statistic	Enfortumab Vedotin	Chemotherapy	Enfortumab Vedotin vs Chemotherapy Mean Difference (95% CI)
<75 years	N, n	249, 195	239, 150	
	Baseline Mean (SD)	20.85 (27.25)	19.56 (28.16)	
	Change from Baseline LS Mean (SE)	-0.13 ( 1.20)	0.69 ( 1.37)	-0.82 ( -4.40, 2.76)
	Treatment P-value			0.65277
	Hedge's g (95% CI)			-0.04 (-0.25, 0.18)
	Interaction P-value [b]			0.32877

Subgroup analyses are conducted if there exists at least 2 levels with  $\geq 10$  patients across treatment arms that have a baseline score and at least one post-baseline score up to Week 24.

N: Number of patients in the subgroup level. n: Number of patients with a baseline and at least one post-baseline score up to Week 24.

Estimates are based on a mixed model which included treatment, baseline PRO, scheduled visit, scheduled visit\*baseline PRO and scheduled visit\*treatment as fixed effects. Scheduled visit was treated as a repeated measure within patients.

Hedge's g statistic has a bias correction applied.

[a] The Overall analysis included an adjustment for Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[b] Subgroup analysis included an adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_MM.SAS

Date/time of run: 02JUL2021 12:13

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table EORTC.COS.MM.S3.FAS: Mixed Model Repeated Measures (MMRM) Analysis: Change from Baseline - EORTC Constipation Symptom Score (Week 1 to Week 24) (Full Analysis Set)

Subgroup: Gender

Subgroup Level	Statistic	Enfortumab Vedotin	Chemotherapy	Enfortumab Vedotin vs Chemotherapy Mean Difference (95% CI)
Male	N, n	238, 182	232, 150	
	Baseline Mean (SD)	19.23 (26.27)	20.67 (27.76)	
	Change from Baseline LS Mean (SE)	-0.88 ( 1.24)	1.08 ( 1.38)	-1.96 ( -5.60, 1.68)
	Treatment P-value			0.29045
	Hedge's g (95% CI)			-0.09 (-0.30, 0.13)
	Interaction P-value [b]			0.09503

Subgroup analyses are conducted if there exists at least 2 levels with  $\geq 10$  patients across treatment arms that have a baseline score and at least one post-baseline score up to Week 24.

N: Number of patients in the subgroup level. n: Number of patients with a baseline and at least one post-baseline score up to Week 24.

Estimates are based on a mixed model which included treatment, baseline PRO, scheduled visit, scheduled visit\*baseline PRO and scheduled visit\*treatment as fixed effects. Scheduled visit was treated as a repeated measure within patients.

Hedge's g statistic has a bias correction applied.

[a] The Overall analysis included an adjustment for Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[b] Subgroup analysis included an adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_MM.SAS

Date/time of run: 02JUL2021 12:13

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC.COS.MM.S4.FAS: Mixed Model Repeated Measures (MMRM) Analysis: Change from Baseline - EORTC Constipation Symptom Score (Week 1 to Week 24) (Full Analysis Set)

Subgroup: Region

Subgroup Level	Statistic	Enfortumab Vedotin	Chemotherapy	Enfortumab Vedotin vs Chemotherapy Mean Difference (95% CI)
Western Europe	N, n	126, 90	129, 70	
	Baseline Mean (SD)	18.52 (26.96)	22.38 (29.88)	
	Change from Baseline LS Mean (SE)	1.75 ( 1.72)	7.21 ( 2.00)	-5.46 (-10.63, -0.28)
	Treatment P-value			0.03891
	Hedge's g (95% CI)			-0.22 (-0.53, 0.09)
US	N, n	43, 28	44, 24	
	Baseline Mean (SD)	15.48 (23.10)	11.11 (16.05)	
	Change from Baseline LS Mean (SE)	2.89 ( 3.13)	5.65 ( 3.35)	-2.76 (-11.77, 6.25)
	Treatment P-value			0.54720
	Hedge's g (95% CI)			-0.13 (-0.67, 0.40)

Subgroup analyses are conducted if there exists at least 2 levels with  $\geq 10$  patients across treatment arms that have a baseline score and at least one post-baseline score up to Week 24.

N: Number of patients in the subgroup level. n: Number of patients with a baseline and at least one post-baseline score up to Week 24.

Estimates are based on a mixed model which included treatment, baseline PRO, scheduled visit, scheduled visit\*baseline PRO and scheduled visit\*treatment as fixed effects. Scheduled visit was treated as a repeated measure within patients.

Hedge's g statistic has a bias correction applied.

[a] The Overall analysis included an adjustment for Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[b] Subgroup analysis included an adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_MM.SAS

Date/time of run: 02JUL2021 12:13

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table EORTC.COS.MM.S4.FAS: Mixed Model Repeated Measures (MMRM) Analysis: Change from Baseline - EORTC Constipation Symptom Score (Week 1 to Week 24) (Full Analysis Set)

Subgroup: Region

Subgroup Level	Statistic	Enfortumab Vedotin	Chemotherapy	Enfortumab Vedotin vs Chemotherapy Mean Difference (95% CI)
Rest of the World	N, n	132, 114	134, 102	
	Baseline Mean (SD)	23.68 (27.24)	19.28 (27.12)	
	Change from Baseline LS Mean (SE)	-3.03 ( 1.51)	-3.63 ( 1.61)	0.60 ( -3.75, 4.95)
	Treatment P-value			0.78640
	Hedge's g (95% CI)			0.03 (-0.24, 0.30)
	Interaction P-value [b]			0.03004

Subgroup analyses are conducted if there exists at least 2 levels with  $\geq 10$  patients across treatment arms that have a baseline score and at least one post-baseline score up to Week 24.

N: Number of patients in the subgroup level. n: Number of patients with a baseline and at least one post-baseline score up to Week 24.

Estimates are based on a mixed model which included treatment, baseline PRO, scheduled visit, scheduled visit\*baseline PRO and scheduled visit\*treatment as fixed effects. Scheduled visit was treated as a repeated measure within patients.

Hedge's g statistic has a bias correction applied.

[a] The Overall analysis included an adjustment for Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[b] Subgroup analysis included an adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_MM.SAS

Date/time of run: 02JUL2021 12:13

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table EORTC.COS.MM.S5.FAS: Mixed Model Repeated Measures (MMRM) Analysis: Change from Baseline - EORTC Constipation Symptom Score (Week 1 to Week 24) (Full Analysis Set)

Subgroup: ECOG PS from IRT Strata

Subgroup Level	Statistic	Enfortumab Vedotin	Chemotherapy	Enfortumab Vedotin vs Chemotherapy Mean Difference (95% CI)
0	N, n	120, 102	124, 92	
	Baseline Mean (SD)	17.97 (25.55)	14.13 (22.77)	
	Change from Baseline LS Mean (SE)	-0.41 ( 1.59)	0.47 ( 1.70)	-0.88 ( -5.45, 3.70)
	Treatment P-value			0.70671
	Hedge's g (95% CI)			-0.04 (-0.33, 0.24)
1	N, n	181, 130	183, 104	
	Baseline Mean (SD)	22.82 (27.54)	24.04 (29.91)	
	Change from Baseline LS Mean (SE)	-0.94 ( 1.46)	1.70 ( 1.65)	-2.64 ( -6.97, 1.69)
	Treatment P-value			0.23187
	Hedge's g (95% CI)			-0.11 (-0.36, 0.15)
	Interaction P-value [b]			0.27330

Subgroup analyses are conducted if there exists at least 2 levels with  $\geq 10$  patients across treatment arms that have a baseline score and at least one post-baseline score up to Week 24.

N: Number of patients in the subgroup level. n: Number of patients with a baseline and at least one post-baseline score up to Week 24.

Estimates are based on a mixed model which included treatment, baseline PRO, scheduled visit, scheduled visit\*baseline PRO and scheduled visit\*treatment as fixed effects. Scheduled visit was treated as a repeated measure within patients.

Hedge's g statistic has a bias correction applied.

[a] The Overall analysis included an adjustment for Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[b] Subgroup analysis included an adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_MM.SAS

Date/time of run: 02JUL2021 12:13

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table EORTC.COS.MM.S6.FAS: Mixed Model Repeated Measures (MMRM) Analysis: Change from Baseline - EORTC Constipation Symptom Score (Week 1 to Week 24) (Full Analysis Set)

Subgroup: Liver Metastasis from IRT Strata

Subgroup Level	Statistic	Enfortumab Vedotin	Chemotherapy	Enfortumab Vedotin vs Chemotherapy Mean Difference (95% CI)
Yes	N, n	93, 63	95, 52	
	Baseline Mean (SD)	30.16 (30.94)	20.51 (28.89)	
	Change from Baseline LS Mean (SE)	-10.43 (2.07)	4.78 (2.36)	-15.21 (-21.38, -9.04)
	Treatment P-value			<.00001
	Hedge's g (95% CI)			-0.63 (-1.00, -0.25)
	Interaction P-value [b]			0.01556

Subgroup analyses are conducted if there exists at least 2 levels with  $\geq 10$  patients across treatment arms that have a baseline score and at least one post-baseline score up to Week 24.

N: Number of patients in the subgroup level. n: Number of patients with a baseline and at least one post-baseline score up to Week 24.

Estimates are based on a mixed model which included treatment, baseline PRO, scheduled visit, scheduled visit\*baseline PRO and scheduled visit\*treatment as fixed effects. Scheduled visit was treated as a repeated measure within patients.

Hedge's g statistic has a bias correction applied.

[a] The Overall analysis included an adjustment for Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[b] Subgroup analysis included an adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_MM.SAS

Date/time of run: 02JUL2021 12:13

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table EORTC.COS.MM.S7.FAS: Mixed Model Repeated Measures (MMRM) Analysis: Change from Baseline - EORTC Constipation Symptom Score (Week 1 to Week 24) (Full Analysis Set)

Subgroup: Pre-selected Investigator's Choice of Paclitaxel/Docetaxel/Vinflunine

Subgroup Level	Statistic	Enfortumab Vedotin	Chemotherapy	Enfortumab Vedotin vs Chemotherapy Mean Difference (95% CI)
Paclitaxel	N, n	141, 115	112, 72	
	Baseline Mean (SD)	21.74 (27.59)	16.20 (26.83)	
	Change from Baseline LS Mean (SE)	-0.47 (1.49)	1.63 (1.87)	-2.11 (-6.80, 2.59)
	Treatment P-value			0.37872
	Hedge's g (95% CI)			-0.10 (-0.39, 0.20)
Docetaxel	N, n	87, 65	117, 77	
	Baseline Mean (SD)	20.51 (24.07)	17.75 (24.53)	
	Change from Baseline LS Mean (SE)	-2.48 (1.96)	-3.65 (1.88)	1.17 (-4.16, 6.51)
	Treatment P-value			0.66570
	Hedge's g (95% CI)			0.06 (-0.27, 0.39)

Subgroup analyses are conducted if there exists at least 2 levels with  $\geq 10$  patients across treatment arms that have a baseline score and at least one post-baseline score up to Week 24.

N: Number of patients in the subgroup level. n: Number of patients with a baseline and at least one post-baseline score up to Week 24.

Estimates are based on a mixed model which included treatment, baseline PRO, scheduled visit, scheduled visit\*baseline PRO and scheduled visit\*treatment as fixed effects. Scheduled visit was treated as a repeated measure within patients.

Hedge's g statistic has a bias correction applied.

[a] The Overall analysis included an adjustment for Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[b] Subgroup analysis included an adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_MM.SAS

Date/time of run: 02JUL2021 12:13

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table EORTC.COS.MM.S7.FAS: Mixed Model Repeated Measures (MMRM) Analysis: Change from Baseline - EORTC Constipation Symptom Score (Week 1 to Week 24) (Full Analysis Set)

Subgroup: Pre-selected Investigator's Choice of Paclitaxel/Docetaxel/Vinflunine

Subgroup Level	Statistic	Enfortumab Vedotin	Chemotherapy	Enfortumab Vedotin vs Chemotherapy Mean Difference (95% CI)
Vinflunine	N, n	73, 52	78, 47	
	Baseline Mean (SD)	18.59 (28.33)	26.95 (30.80)	
	Change from Baseline LS Mean (SE)	1.55 ( 2.27)	8.26 ( 2.36)	-6.71 (-13.15, -0.27)
	Treatment P-value			0.04104
	Hedge's g (95% CI)			-0.25 (-0.64, 0.15)
	Interaction P-value [b]			0.00307

Subgroup analyses are conducted if there exists at least 2 levels with  $\geq 10$  patients across treatment arms that have a baseline score and at least one post-baseline score up to Week 24.

N: Number of patients in the subgroup level. n: Number of patients with a baseline and at least one post-baseline score up to Week 24.

Estimates are based on a mixed model which included treatment, baseline PRO, scheduled visit, scheduled visit\*baseline PRO and scheduled visit\*treatment as fixed effects. Scheduled visit was treated as a repeated measure within patients.

Hedge's g statistic has a bias correction applied.

[a] The Overall analysis included an adjustment for Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[b] Subgroup analysis included an adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_MM.SAS

Date/time of run: 02JUL2021 12:13

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table EORTC.COS.MM.S8.FAS: Mixed Model Repeated Measures (MMRM) Analysis: Change from Baseline - EORTC Constipation Symptom Score (Week 1 to Week 24) (Full Analysis Set)

Subgroup: Primary Site of Tumor

Subgroup Level	Statistic	Enfortumab Vedotin	Chemotherapy	Enfortumab Vedotin vs Chemotherapy Mean Difference (95% CI)
Upper Tract	N, n	98, 75	107, 76	
	Baseline Mean (SD)	28.44 (28.84)	17.98 (28.51)	
	Change from Baseline LS Mean (SE)	-5.64 (1.88)	4.18 (1.90)	-9.82 (-15.07, -4.58)
	Treatment P-value			0.00026
	Hedge's g (95% CI)			-0.42 (-0.74, -0.10)
	Interaction P-value [b]			0.14473

Subgroup analyses are conducted if there exists at least 2 levels with  $\geq 10$  patients across treatment arms that have a baseline score and at least one post-baseline score up to Week 24.

N: Number of patients in the subgroup level. n: Number of patients with a baseline and at least one post-baseline score up to Week 24.

Estimates are based on a mixed model which included treatment, baseline PRO, scheduled visit, scheduled visit\*baseline PRO and scheduled visit\*treatment as fixed effects. Scheduled visit was treated as a repeated measure within patients.

Hedge's g statistic has a bias correction applied.

[a] The Overall analysis included an adjustment for Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[b] Subgroup analysis included an adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_MM.SAS

Date/time of run: 02JUL2021 12:13

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table EORTC.COS.MM.S9.FAS: Mixed Model Repeated Measures (MMRM) Analysis: Change from Baseline - EORTC Constipation Symptom Score (Week 1 to Week 24) (Full Analysis Set)

Subgroup: Prior Lines of Systemic Therapy

Subgroup Level	Statistic	Enfortumab Vedotin	Chemotherapy	Enfortumab Vedotin vs Chemotherapy Mean Difference (95% CI)
1-2 lines	N, n	262, 203	270, 169	
	Baseline Mean (SD)	21.35 (26.82)	17.95 (27.22)	
	Change from Baseline LS Mean (SE)	-0.96 (1.19)	2.03 (1.30)	-2.99 (-6.46, 0.47)
	Treatment P-value			0.09003
	Hedge's g (95% CI)			-0.13 (-0.34, 0.07)
	Interaction P-value [b]			0.76220

Subgroup analyses are conducted if there exists at least 2 levels with  $\geq 10$  patients across treatment arms that have a baseline score and at least one post-baseline score up to Week 24.

N: Number of patients in the subgroup level. n: Number of patients with a baseline and at least one post-baseline score up to Week 24.

Estimates are based on a mixed model which included treatment, baseline PRO, scheduled visit, scheduled visit\*baseline PRO and scheduled visit\*treatment as fixed effects. Scheduled visit was treated as a repeated measure within patients.

Hedge's g statistic has a bias correction applied.

[a] The Overall analysis included an adjustment for Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[b] Subgroup analysis included an adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_MM.SAS

Date/time of run: 02JUL2021 12:13

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC.COS.MM.S10.FAS: Mixed Model Repeated Measures (MMRM) Analysis: Change from Baseline - EORTC Constipation Symptom Score (Week 1 to Week 24) (Full Analysis Set)

Subgroup: Best Response to Prior CPI

Subgroup Level	Statistic	Enfortumab Vedotin	Chemotherapy	Enfortumab Vedotin vs Chemotherapy Mean Difference (95% CI)
Responder	N, n	61, 49	50, 34	
	Baseline Mean (SD)	14.97 (21.58)	15.69 (24.94)	
	Change from Baseline LS Mean (SE)	3.09 ( 2.34)	3.82 ( 2.84)	-0.73 ( -7.97, 6.52)
	Treatment P-value			0.84378
	Hedge's g (95% CI)			-0.03 (-0.47, 0.40)
	Interaction P-value [b]			0.82248

Subgroup analyses are conducted if there exists at least 2 levels with  $\geq 10$  patients across treatment arms that have a baseline score and at least one post-baseline score up to Week 24.

N: Number of patients in the subgroup level. n: Number of patients with a baseline and at least one post-baseline score up to Week 24.

Estimates are based on a mixed model which included treatment, baseline PRO, scheduled visit, scheduled visit\*baseline PRO and scheduled visit\*treatment as fixed effects. Scheduled visit was treated as a repeated measure within patients.

Hedge's g statistic has a bias correction applied.

[a] The Overall analysis included an adjustment for Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[b] Subgroup analysis included an adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_MM.SAS

Date/time of run: 02JUL2021 12:13

Analysis Plan: 15FEB2021

Confidential

### 2.4.3.8 Diarröh

Astellas: 7465-CL-0301

Table EORTC.DIS.MM.S1.FAS: Mixed Model Repeated Measures (MMRM) Analysis: Change from Baseline - EORTC Diarrhoea Symptom Score (Week 1 to Week 24) (Full Analysis Set)

Subgroup: Age Group 1

Subgroup Level	Statistic	Enfortumab Vedotin	Chemotherapy	Enfortumab Vedotin vs Chemotherapy Mean Difference (95% CI)
<65 years	N, n	108, 85	111, 68	
	Baseline Mean (SD)	6.67 (14.36)	9.31 (18.97)	
	Change from Baseline LS Mean (SE)	5.83 ( 1.53)	1.84 ( 1.72)	3.98 ( -0.55, 8.51)
	Treatment P-value			0.08461
	Hedge's g (95% CI)			0.21 (-0.11, 0.52)
>=65 years	N, n	193, 147	196, 128	
	Baseline Mean (SD)	6.80 (16.52)	5.21 (15.33)	
	Change from Baseline LS Mean (SE)	6.94 ( 1.18)	4.76 ( 1.29)	2.18 ( -1.26, 5.61)
	Treatment P-value			0.21309
	Hedge's g (95% CI)			0.10 (-0.13, 0.34)
Interaction P-value [b]				0.74606

Subgroup analyses are conducted if there exists at least 2 levels with >= 10 patients across treatment arms that have a baseline score and at least one post-baseline score up to Week 24.

N: Number of patients in the subgroup level. n: Number of patients with a baseline and at least one post-baseline score up to Week 24.

Estimates are based on a mixed model which included treatment, baseline PRO, scheduled visit, scheduled visit\*baseline PRO and scheduled visit\*treatment as fixed effects. Scheduled visit was treated as a repeated measure within patients.

Hedge's g statistic has a bias correction applied.

[a] The Overall analysis included an adjustment for Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[b] Subgroup analysis included an adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_MM.SAS

Date/time of run: 02JUL2021 12:13

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table EORTC.DIS.MM.S2.FAS: Mixed Model Repeated Measures (MMRM) Analysis: Change from Baseline - EORTC Diarrhoea Symptom Score (Week 1 to Week 24) (Full Analysis Set)

Subgroup: Age Group 2

Subgroup Level	Statistic	Enfortumab Vedotin	Chemotherapy	Enfortumab Vedotin vs Chemotherapy Mean Difference (95% CI)
<75 years	N, n	249, 195	239, 150	
	Baseline Mean (SD)	6.32 (14.36)	6.67 (17.27)	
	Change from Baseline LS Mean (SE)	7.24 ( 1.02)	3.59 ( 1.18)	3.65 ( 0.58, 6.72)
	Treatment P-value			0.01974
	Hedge's g (95% CI)			0.18 (-0.03, 0.39)
	Interaction P-value [b]			0.84725

Subgroup analyses are conducted if there exists at least 2 levels with  $\geq 10$  patients across treatment arms that have a baseline score and at least one post-baseline score up to Week 24.

N: Number of patients in the subgroup level. n: Number of patients with a baseline and at least one post-baseline score up to Week 24.

Estimates are based on a mixed model which included treatment, baseline PRO, scheduled visit, scheduled visit\*baseline PRO and scheduled visit\*treatment as fixed effects. Scheduled visit was treated as a repeated measure within patients.

Hedge's g statistic has a bias correction applied.

[a] The Overall analysis included an adjustment for Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[b] Subgroup analysis included an adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_MM.SAS

Date/time of run: 02JUL2021 12:13

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table EORTC.DIS.MM.S3.FAS: Mixed Model Repeated Measures (MMRM) Analysis: Change from Baseline - EORTC Diarrhoea Symptom Score (Week 1 to Week 24) (Full Analysis Set)

Subgroup: Gender

Subgroup Level	Statistic	Enfortumab Vedotin	Chemotherapy	Enfortumab Vedotin vs Chemotherapy Mean Difference (95% CI)
Male	N, n	238, 182	232, 150	
	Baseline Mean (SD)	6.59 (15.84)	5.56 (14.66)	
	Change from Baseline LS Mean (SE)	7.02 ( 1.06)	4.32 ( 1.18)	2.71 ( -0.41, 5.82)
	Treatment P-value			0.08824
	Hedge's g (95% CI)			0.13 (-0.09, 0.35)
	Interaction P-value [b]			0.31774

Subgroup analyses are conducted if there exists at least 2 levels with  $\geq 10$  patients across treatment arms that have a baseline score and at least one post-baseline score up to Week 24.

N: Number of patients in the subgroup level. n: Number of patients with a baseline and at least one post-baseline score up to Week 24.

Estimates are based on a mixed model which included treatment, baseline PRO, scheduled visit, scheduled visit\*baseline PRO and scheduled visit\*treatment as fixed effects. Scheduled visit was treated as a repeated measure within patients.

Hedge's g statistic has a bias correction applied.

[a] The Overall analysis included an adjustment for Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[b] Subgroup analysis included an adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_MM.SAS

Date/time of run: 02JUL2021 12:13

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table EORTC.DIS.MM.S4.FAS: Mixed Model Repeated Measures (MMRM) Analysis: Change from Baseline - EORTC Diarrhoea Symptom Score (Week 1 to Week 24) (Full Analysis Set)

Subgroup: Region

Subgroup Level	Statistic	Enfortumab Vedotin	Chemotherapy	Enfortumab Vedotin vs Chemotherapy Mean Difference (95% CI)
Western Europe	N, n	126, 90	129, 70	
	Baseline Mean (SD)	5.93 (17.00)	6.67 (18.48)	
	Change from Baseline LS Mean (SE)	6.86 ( 1.49)	3.14 ( 1.74)	3.73 ( -0.78, 8.24)
	Treatment P-value			0.10490
	Hedge's g (95% CI)			0.16 (-0.15, 0.48)
US	N, n	43, 28	44, 24	
	Baseline Mean (SD)	10.71 (18.27)	2.78 ( 9.41)	
	Change from Baseline LS Mean (SE)	3.70 ( 2.73)	10.46 ( 2.87)	-6.76 (-14.55, 1.02)
	Treatment P-value			0.08852
	Hedge's g (95% CI)			-0.32 (-0.86, 0.22)

Subgroup analyses are conducted if there exists at least 2 levels with  $\geq 10$  patients across treatment arms that have a baseline score and at least one post-baseline score up to Week 24.

N: Number of patients in the subgroup level. n: Number of patients with a baseline and at least one post-baseline score up to Week 24.

Estimates are based on a mixed model which included treatment, baseline PRO, scheduled visit, scheduled visit\*baseline PRO and scheduled visit\*treatment as fixed effects. Scheduled visit was treated as a repeated measure within patients.

Hedge's g statistic has a bias correction applied.

[a] The Overall analysis included an adjustment for Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[b] Subgroup analysis included an adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_MM.SAS

Date/time of run: 02JUL2021 12:13

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table EORTC.DIS.MM.S4.FAS: Mixed Model Repeated Measures (MMRM) Analysis: Change from Baseline - EORTC Diarrhoea Symptom Score (Week 1 to Week 24) (Full Analysis Set)

Subgroup: Region

Subgroup Level	Statistic	Enfortumab Vedotin	Chemotherapy	Enfortumab Vedotin vs Chemotherapy Mean Difference (95% CI)
Rest of the World	N, n	132, 114	134, 102	
	Baseline Mean (SD)	6.43 (13.94)	7.52 (16.85)	
	Change from Baseline LS Mean (SE)	6.71 ( 1.32)	2.46 ( 1.41)	4.25 ( 0.45, 8.04)
	Treatment P-value			0.02842
	Hedge's g (95% CI)			0.23 (-0.04, 0.50)
	Interaction P-value [b]			0.68880

Subgroup analyses are conducted if there exists at least 2 levels with  $\geq 10$  patients across treatment arms that have a baseline score and at least one post-baseline score up to Week 24.

N: Number of patients in the subgroup level. n: Number of patients with a baseline and at least one post-baseline score up to Week 24.

Estimates are based on a mixed model which included treatment, baseline PRO, scheduled visit, scheduled visit\*baseline PRO and scheduled visit\*treatment as fixed effects. Scheduled visit was treated as a repeated measure within patients.

Hedge's g statistic has a bias correction applied.

[a] The Overall analysis included an adjustment for Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[b] Subgroup analysis included an adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_MM.SAS

Date/time of run: 02JUL2021 12:13

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table EORTC.DIS.MM.S5.FAS: Mixed Model Repeated Measures (MMRM) Analysis: Change from Baseline - EORTC Diarrhoea Symptom Score (Week 1 to Week 24) (Full Analysis Set)

Subgroup: ECOG PS from IRT Strata

Subgroup Level	Statistic	Enfortumab Vedotin	Chemotherapy	Enfortumab Vedotin vs Chemotherapy Mean Difference (95% CI)
0	N, n	120, 102	124, 92	
	Baseline Mean (SD)	5.23 (12.18)	6.52 (17.29)	
	Change from Baseline LS Mean (SE)	5.56 ( 1.37)	1.89 ( 1.47)	3.67 ( -0.29, 7.62)
	Treatment P-value			0.06896
	Hedge's g (95% CI)			0.21 (-0.08, 0.49)
1	N, n	181, 130	183, 104	
	Baseline Mean (SD)	7.95 (18.00)	6.73 (16.34)	
	Change from Baseline LS Mean (SE)	7.27 ( 1.26)	5.36 ( 1.42)	1.91 ( -1.82, 5.64)
	Treatment P-value			0.31405
	Hedge's g (95% CI)			0.09 (-0.17, 0.34)
	Interaction P-value [b]			0.74276

Subgroup analyses are conducted if there exists at least 2 levels with  $\geq 10$  patients across treatment arms that have a baseline score and at least one post-baseline score up to Week 24.

N: Number of patients in the subgroup level. n: Number of patients with a baseline and at least one post-baseline score up to Week 24.

Estimates are based on a mixed model which included treatment, baseline PRO, scheduled visit, scheduled visit\*baseline PRO and scheduled visit\*treatment as fixed effects. Scheduled visit was treated as a repeated measure within patients.

Hedge's g statistic has a bias correction applied.

[a] The Overall analysis included an adjustment for Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[b] Subgroup analysis included an adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_MM.SAS

Date/time of run: 02JUL2021 12:13

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC.DIS.MM.S6.FAS: Mixed Model Repeated Measures (MMRM) Analysis: Change from Baseline - EORTC Diarrhoea Symptom Score (Week 1 to Week 24) (Full Analysis Set)

Subgroup: Liver Metastasis from IRT Strata

Subgroup Level	Statistic	Enfortumab Vedotin	Chemotherapy	Enfortumab Vedotin vs Chemotherapy Mean Difference (95% CI)
Yes	N, n	93, 63	95, 52	
	Baseline Mean (SD)	7.41 (18.40)	6.41 (16.22)	
	Change from Baseline LS Mean (SE)	4.80 ( 1.79)	5.59 ( 2.02)	-0.79 ( -6.10, 4.51)
	Treatment P-value			0.76863
	Hedge's g (95% CI)			-0.04 (-0.40, 0.33)
	Interaction P-value [b]			0.41335

Subgroup analyses are conducted if there exists at least 2 levels with  $\geq 10$  patients across treatment arms that have a baseline score and at least one post-baseline score up to Week 24.

N: Number of patients in the subgroup level. n: Number of patients with a baseline and at least one post-baseline score up to Week 24.

Estimates are based on a mixed model which included treatment, baseline PRO, scheduled visit, scheduled visit\*baseline PRO and scheduled visit\*treatment as fixed effects. Scheduled visit was treated as a repeated measure within patients.

Hedge's g statistic has a bias correction applied.

[a] The Overall analysis included an adjustment for Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[b] Subgroup analysis included an adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_MM.SAS

Date/time of run: 02JUL2021 12:13

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table EORTC.DIS.MM.S7.FAS: Mixed Model Repeated Measures (MMRM) Analysis: Change from Baseline - EORTC Diarrhoea Symptom Score (Week 1 to Week 24) (Full Analysis Set)

Subgroup: Pre-selected Investigator's Choice of Paclitaxel/Docetaxel/Vinflunine

Subgroup Level	Statistic	Enfortumab Vedotin	Chemotherapy	Enfortumab Vedotin vs Chemotherapy Mean Difference (95% CI)
Paclitaxel	N, n	141, 115	112, 72	
	Baseline Mean (SD)	5.51 (14.60)	4.17 (15.76)	
	Change from Baseline LS Mean (SE)	9.21 ( 1.29)	1.82 ( 1.63)	7.40 ( 3.31, 11.48)
	Treatment P-value			0.00042
	Hedge's g (95% CI)			0.39 ( 0.09, 0.68)
Docetaxel	N, n	87, 65	117, 77	
	Baseline Mean (SD)	9.23 (16.15)	9.52 (18.62)	
	Change from Baseline LS Mean (SE)	2.26 ( 1.71)	6.23 ( 1.61)	-3.97 ( -8.59, 0.65)
	Treatment P-value			0.09216
	Hedge's g (95% CI)			-0.20 (-0.53, 0.13)

Subgroup analyses are conducted if there exists at least 2 levels with  $\geq 10$  patients across treatment arms that have a baseline score and at least one post-baseline score up to Week 24.

N: Number of patients in the subgroup level. n: Number of patients with a baseline and at least one post-baseline score up to Week 24.

Estimates are based on a mixed model which included treatment, baseline PRO, scheduled visit, scheduled visit\*baseline PRO and scheduled visit\*treatment as fixed effects. Scheduled visit was treated as a repeated measure within patients.

Hedge's g statistic has a bias correction applied.

[a] The Overall analysis included an adjustment for Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[b] Subgroup analysis included an adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_MM.SAS

Date/time of run: 02JUL2021 12:13

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table EORTC.DIS.MM.S7.FAS: Mixed Model Repeated Measures (MMRM) Analysis: Change from Baseline - EORTC Diarrhoea Symptom Score (Week 1 to Week 24) (Full Analysis Set)

Subgroup: Pre-selected Investigator's Choice of Paclitaxel/Docetaxel/Vinflunine

Subgroup Level	Statistic	Enfortumab Vedotin	Chemotherapy	Enfortumab Vedotin vs Chemotherapy Mean Difference (95% CI)
Vinflunine	N, n	73, 52	78, 47	
	Baseline Mean (SD)	6.41 (17.51)	5.67 (14.44)	
	Change from Baseline LS Mean (SE)	5.72 ( 1.97)	2.48 ( 2.09)	3.24 ( -2.40, 8.88)
	Treatment P-value			0.25982
	Hedge's g (95% CI)			0.14 (-0.25, 0.54)
	Interaction P-value [b]			0.00033

Subgroup analyses are conducted if there exists at least 2 levels with  $\geq 10$  patients across treatment arms that have a baseline score and at least one post-baseline score up to Week 24.

N: Number of patients in the subgroup level. n: Number of patients with a baseline and at least one post-baseline score up to Week 24.

Estimates are based on a mixed model which included treatment, baseline PRO, scheduled visit, scheduled visit\*baseline PRO and scheduled visit\*treatment as fixed effects. Scheduled visit was treated as a repeated measure within patients.

Hedge's g statistic has a bias correction applied.

[a] The Overall analysis included an adjustment for Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[b] Subgroup analysis included an adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_MM.SAS

Date/time of run: 02JUL2021 12:13

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table EORTC.DIS.MM.S8.FAS: Mixed Model Repeated Measures (MMRM) Analysis: Change from Baseline - EORTC Diarrhoea Symptom Score (Week 1 to Week 24) (Full Analysis Set)

Subgroup: Primary Site of Tumor

Subgroup Level	Statistic	Enfortumab Vedotin	Chemotherapy	Enfortumab Vedotin vs Chemotherapy Mean Difference (95% CI)
Upper Tract	N, n	98, 75	107, 76	
	Baseline Mean (SD)	6.22 (13.08)	7.02 (19.10)	
	Change from Baseline LS Mean (SE)	7.34 ( 1.62)	0.92 ( 1.62)	6.42 ( 1.92, 10.92)
	Treatment P-value			0.00529
	Hedge's g (95% CI)			0.32 ( 0.00, 0.64)
	Interaction P-value [b]			0.07055

Subgroup analyses are conducted if there exists at least 2 levels with  $\geq 10$  patients across treatment arms that have a baseline score and at least one post-baseline score up to Week 24.

N: Number of patients in the subgroup level. n: Number of patients with a baseline and at least one post-baseline score up to Week 24.

Estimates are based on a mixed model which included treatment, baseline PRO, scheduled visit, scheduled visit\*baseline PRO and scheduled visit\*treatment as fixed effects. Scheduled visit was treated as a repeated measure within patients.

Hedge's g statistic has a bias correction applied.

[a] The Overall analysis included an adjustment for Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[b] Subgroup analysis included an adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_MM.SAS

Date/time of run: 02JUL2021 12:13

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table EORTC.DIS.MM.S9.FAS: Mixed Model Repeated Measures (MMRM) Analysis: Change from Baseline - EORTC Diarrhoea Symptom Score (Week 1 to Week 24) (Full Analysis Set)

Subgroup: Prior Lines of Systemic Therapy

Subgroup Level	Statistic	Enfortumab Vedotin	Chemotherapy	Enfortumab Vedotin vs Chemotherapy Mean Difference (95% CI)
1-2 lines	N, n	262, 203	270, 169	
	Baseline Mean (SD)	7.06 (16.23)	6.51 (15.97)	
	Change from Baseline LS Mean (SE)	6.42 (1.02)	4.09 (1.12)	2.33 (-0.64, 5.29)
	Treatment P-value			0.12360
	Hedge's g (95% CI)			0.11 (-0.09, 0.32)
>=3 lines	N, n	39, 29	37, 27	
	Baseline Mean (SD)	4.60 (11.70)	7.41 (21.35)	
	Change from Baseline LS Mean (SE)	7.10 (2.49)	0.92 (2.74)	6.18 (-1.10, 13.45)
	Treatment P-value			0.09578
	Hedge's g (95% CI)			0.31 (-0.21, 0.83)
	Interaction P-value [b]			0.80728

Subgroup analyses are conducted if there exists at least 2 levels with  $\geq 10$  patients across treatment arms that have a baseline score and at least one post-baseline score up to Week 24.

N: Number of patients in the subgroup level. n: Number of patients with a baseline and at least one post-baseline score up to Week 24.

Estimates are based on a mixed model which included treatment, baseline PRO, scheduled visit, scheduled visit\*baseline PRO and scheduled visit\*treatment as fixed effects. Scheduled visit was treated as a repeated measure within patients.

Hedge's g statistic has a bias correction applied.

[a] The Overall analysis included an adjustment for Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[b] Subgroup analysis included an adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_MM.SAS

Date/time of run: 02JUL2021 12:13

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC.DIS.MM.S10.FAS: Mixed Model Repeated Measures (MMRM) Analysis: Change from Baseline - EORTC Diarrhoea Symptom Score (Week 1 to Week 24) (Full Analysis Set)

Subgroup: Best Response to Prior CPI

Subgroup Level	Statistic	Enfortumab Vedotin	Chemotherapy	Enfortumab Vedotin vs Chemotherapy Mean Difference (95% CI)
Responder	N, n	61, 49	50, 34	
	Baseline Mean (SD)	3.40 (10.19)	9.80 (20.97)	
	Change from Baseline LS Mean (SE)	7.40 ( 1.91)	-0.83 ( 2.32)	8.23 ( 2.33, 14.13)
	Treatment P-value			0.00642
	Hedge's g (95% CI)			0.39 (-0.05, 0.83)
	Interaction P-value [b]			0.44378

Subgroup analyses are conducted if there exists at least 2 levels with  $\geq 10$  patients across treatment arms that have a baseline score and at least one post-baseline score up to Week 24.

N: Number of patients in the subgroup level. n: Number of patients with a baseline and at least one post-baseline score up to Week 24.

Estimates are based on a mixed model which included treatment, baseline PRO, scheduled visit, scheduled visit\*baseline PRO and scheduled visit\*treatment as fixed effects. Scheduled visit was treated as a repeated measure within patients.

Hedge's g statistic has a bias correction applied.

[a] The Overall analysis included an adjustment for Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[b] Subgroup analysis included an adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_MM.SAS

Date/time of run: 02JUL2021 12:13

Analysis Plan: 15FEB2021

Confidential

### 2.4.3.9 Finanzielle Schwierigkeiten

Astellas: 7465-CL-0301

Table EORTC.FIS.MM.S1.FAS: Mixed Model Repeated Measures (MMRM) Analysis: Change from Baseline - EORTC Financial Difficulties Symptom Score (Week 1 to Week 24) (Full Analysis Set)

Subgroup: Age Group 1

Subgroup Level	Statistic	Enfortumab Vedotin	Chemotherapy	Enfortumab Vedotin vs Chemotherapy Mean Difference (95% CI)
<65 years	N, n	108, 85	111, 68	
	Baseline Mean (SD)	16.08 (22.78)	17.16 (23.39)	
	Change from Baseline LS Mean (SE)	0.70 ( 1.34)	0.45 ( 1.50)	0.25 ( -3.71, 4.20)
	Treatment P-value			0.90150
	Hedge's g (95% CI)			0.01 (-0.30, 0.33)
>=65 years	N, n	193, 147	196, 128	
	Baseline Mean (SD)	9.52 (19.89)	8.85 (18.46)	
	Change from Baseline LS Mean (SE)	0.12 ( 1.03)	2.44 ( 1.11)	-2.32 ( -5.30, 0.66)
	Treatment P-value			0.12628
	Hedge's g (95% CI)			-0.15 (-0.39, 0.08)
Interaction P-value [b]				0.30104

Subgroup analyses are conducted if there exists at least 2 levels with >= 10 patients across treatment arms that have a baseline score and at least one post-baseline score up to Week 24.

N: Number of patients in the subgroup level. n: Number of patients with a baseline and at least one post-baseline score up to Week 24.

Estimates are based on a mixed model which included treatment, baseline PRO, scheduled visit, scheduled visit\*baseline PRO and scheduled visit\*treatment as fixed effects. Scheduled visit was treated as a repeated measure within patients.

Hedge's g statistic has a bias correction applied.

[a] The Overall analysis included an adjustment for Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[b] Subgroup analysis included an adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_MM.SAS

Date/time of run: 02JUL2021 12:13

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table EORTC.FIS.MM.S2.FAS: Mixed Model Repeated Measures (MMRM) Analysis: Change from Baseline - EORTC Financial Difficulties Symptom Score (Week 1 to Week 24) (Full Analysis Set)

Subgroup: Age Group 2

Subgroup Level	Statistic	Enfortumab Vedotin	Chemotherapy	Enfortumab Vedotin vs Chemotherapy Mean Difference (95% CI)
<75 years	N, n	249, 195	239, 150	
	Baseline Mean (SD)	12.82 (22.21)	13.11 (21.81)	
	Change from Baseline LS Mean (SE)	0.31 ( 0.89)	1.49 ( 1.02)	-1.18 ( -3.84, 1.48)
	Treatment P-value			0.38258
	Hedge's g (95% CI)			-0.07 (-0.28, 0.14)
	Interaction P-value [b]			0.84180

Subgroup analyses are conducted if there exists at least 2 levels with  $\geq 10$  patients across treatment arms that have a baseline score and at least one post-baseline score up to Week 24.

N: Number of patients in the subgroup level. n: Number of patients with a baseline and at least one post-baseline score up to Week 24.

Estimates are based on a mixed model which included treatment, baseline PRO, scheduled visit, scheduled visit\*baseline PRO and scheduled visit\*treatment as fixed effects. Scheduled visit was treated as a repeated measure within patients.

Hedge's g statistic has a bias correction applied.

[a] The Overall analysis included an adjustment for Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[b] Subgroup analysis included an adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_MM.SAS

Date/time of run: 02JUL2021 12:13

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table EORTC.FIS.MM.S3.FAS: Mixed Model Repeated Measures (MMRM) Analysis: Change from Baseline - EORTC Financial Difficulties Symptom Score (Week 1 to Week 24) (Full Analysis Set)

Subgroup: Gender

Subgroup Level	Statistic	Enfortumab Vedotin	Chemotherapy	Enfortumab Vedotin vs Chemotherapy Mean Difference (95% CI)
Male	N, n	238, 182	232, 150	
	Baseline Mean (SD)	11.90 (21.28)	11.78 (19.74)	
	Change from Baseline LS Mean (SE)	0.19 ( 0.93)	1.94 ( 1.02)	-1.74 ( -4.46, 0.97)
	Treatment P-value			0.20702
	Hedge's g (95% CI)			-0.10 (-0.32, 0.11)
	Interaction P-value [b]			0.54254

Subgroup analyses are conducted if there exists at least 2 levels with  $\geq 10$  patients across treatment arms that have a baseline score and at least one post-baseline score up to Week 24.

N: Number of patients in the subgroup level. n: Number of patients with a baseline and at least one post-baseline score up to Week 24.

Estimates are based on a mixed model which included treatment, baseline PRO, scheduled visit, scheduled visit\*baseline PRO and scheduled visit\*treatment as fixed effects. Scheduled visit was treated as a repeated measure within patients.

Hedge's g statistic has a bias correction applied.

[a] The Overall analysis included an adjustment for Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[b] Subgroup analysis included an adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_MM.SAS

Date/time of run: 02JUL2021 12:13

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC.FIS.MM.S4.FAS: Mixed Model Repeated Measures (MMRM) Analysis: Change from Baseline - EORTC Financial Difficulties Symptom Score (Week 1 to Week 24) (Full Analysis Set)

Subgroup: Region

Subgroup Level	Statistic	Enfortumab Vedotin	Chemotherapy	Enfortumab Vedotin vs Chemotherapy Mean Difference (95% CI)
Western Europe	N, n	126, 90	129, 70	
	Baseline Mean (SD)	7.41 (16.40)	7.62 (21.36)	
	Change from Baseline LS Mean (SE)	1.20 ( 1.32)	3.29 ( 1.52)	-2.08 ( -6.04, 1.87)
	Treatment P-value			0.30130
	Hedge's g (95% CI)			-0.14 (-0.45, 0.17)
US	N, n	43, 28	44, 24	
	Baseline Mean (SD)	13.10 (26.20)	13.89 (23.91)	
	Change from Baseline LS Mean (SE)	-0.05 ( 2.45)	1.06 ( 2.56)	-1.11 ( -8.08, 5.86)
	Treatment P-value			0.75365
	Hedge's g (95% CI)			-0.06 (-0.60, 0.47)

Subgroup analyses are conducted if there exists at least 2 levels with  $\geq 10$  patients across treatment arms that have a baseline score and at least one post-baseline score up to Week 24.

N: Number of patients in the subgroup level. n: Number of patients with a baseline and at least one post-baseline score up to Week 24.

Estimates are based on a mixed model which included treatment, baseline PRO, scheduled visit, scheduled visit\*baseline PRO and scheduled visit\*treatment as fixed effects. Scheduled visit was treated as a repeated measure within patients.

Hedge's g statistic has a bias correction applied.

[a] The Overall analysis included an adjustment for Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[b] Subgroup analysis included an adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_MM.SAS

Date/time of run: 02JUL2021 12:13

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table EORTC.FIS.MM.S4.FAS: Mixed Model Repeated Measures (MMRM) Analysis: Change from Baseline - EORTC Financial Difficulties Symptom Score (Week 1 to Week 24) (Full Analysis Set)

Subgroup: Region

Subgroup Level	Statistic	Enfortumab Vedotin	Chemotherapy	Enfortumab Vedotin vs Chemotherapy Mean Difference (95% CI)
Rest of the World	N, n	132, 114	134, 102	
	Baseline Mean (SD)	15.20 (22.67)	14.05 (19.02)	
	Change from Baseline LS Mean (SE)	-0.24 ( 1.16)	0.85 ( 1.23)	-1.10 ( -4.43, 2.24)
	Treatment P-value			0.51788
	Hedge's g (95% CI)			-0.06 (-0.33, 0.20)
	Interaction P-value [b]			0.91663

Subgroup analyses are conducted if there exists at least 2 levels with  $\geq 10$  patients across treatment arms that have a baseline score and at least one post-baseline score up to Week 24.

N: Number of patients in the subgroup level. n: Number of patients with a baseline and at least one post-baseline score up to Week 24.

Estimates are based on a mixed model which included treatment, baseline PRO, scheduled visit, scheduled visit\*baseline PRO and scheduled visit\*treatment as fixed effects. Scheduled visit was treated as a repeated measure within patients.

Hedge's g statistic has a bias correction applied.

[a] The Overall analysis included an adjustment for Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[b] Subgroup analysis included an adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_MM.SAS

Date/time of run: 02JUL2021 12:13

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table EORTC.FIS.MM.S5.FAS: Mixed Model Repeated Measures (MMRM) Analysis: Change from Baseline - EORTC Financial Difficulties Symptom Score (Week 1 to Week 24) (Full Analysis Set)

Subgroup: ECOG PS from IRT Strata

Subgroup Level	Statistic	Enfortumab Vedotin	Chemotherapy	Enfortumab Vedotin vs Chemotherapy Mean Difference (95% CI)
0	N, n	120, 102	124, 92	
	Baseline Mean (SD)	9.15 (19.43)	11.96 (20.72)	
	Change from Baseline LS Mean (SE)	0.62 (1.22)	0.97 (1.29)	-0.34 (-3.84, 3.15)
	Treatment P-value			0.84727
	Hedge's g (95% CI)			-0.02 (-0.30, 0.26)
1	N, n	181, 130	183, 104	
	Baseline Mean (SD)	14.10 (22.30)	11.54 (20.65)	
	Change from Baseline LS Mean (SE)	0.02 (1.11)	2.40 (1.25)	-2.38 (-5.66, 0.89)
	Treatment P-value			0.15355
	Hedge's g (95% CI)			-0.14 (-0.40, 0.11)
	Interaction P-value [b]			0.91341

Subgroup analyses are conducted if there exists at least 2 levels with  $\geq 10$  patients across treatment arms that have a baseline score and at least one post-baseline score up to Week 24.

N: Number of patients in the subgroup level. n: Number of patients with a baseline and at least one post-baseline score up to Week 24.

Estimates are based on a mixed model which included treatment, baseline PRO, scheduled visit, scheduled visit\*baseline PRO and scheduled visit\*treatment as fixed effects. Scheduled visit was treated as a repeated measure within patients.

Hedge's g statistic has a bias correction applied.

[a] The Overall analysis included an adjustment for Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[b] Subgroup analysis included an adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_MM.SAS

Date/time of run: 02JUL2021 12:13

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC.FIS.MM.S6.FAS: Mixed Model Repeated Measures (MMRM) Analysis: Change from Baseline - EORTC Financial Difficulties Symptom Score (Week 1 to Week 24) (Full Analysis Set)

Subgroup: Liver Metastasis from IRT Strata

Subgroup Level	Statistic	Enfortumab Vedotin	Chemotherapy	Enfortumab Vedotin vs Chemotherapy Mean Difference (95% CI)
Yes	N, n	93, 63	95, 52	
	Baseline Mean (SD)	11.64 (21.72)	7.69 (15.64)	
	Change from Baseline LS Mean (SE)	0.98 ( 1.58)	2.51 ( 1.75)	-1.54 ( -6.17, 3.10)
	Treatment P-value			0.51557
	Hedge's g (95% CI)			-0.09 (-0.46, 0.27)
	Interaction P-value [b]			0.37846

Subgroup analyses are conducted if there exists at least 2 levels with  $\geq 10$  patients across treatment arms that have a baseline score and at least one post-baseline score up to Week 24.

N: Number of patients in the subgroup level. n: Number of patients with a baseline and at least one post-baseline score up to Week 24.

Estimates are based on a mixed model which included treatment, baseline PRO, scheduled visit, scheduled visit\*baseline PRO and scheduled visit\*treatment as fixed effects. Scheduled visit was treated as a repeated measure within patients.

Hedge's g statistic has a bias correction applied.

[a] The Overall analysis included an adjustment for Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[b] Subgroup analysis included an adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_MM.SAS

Date/time of run: 02JUL2021 12:13

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC.FIS.MM.S7.FAS: Mixed Model Repeated Measures (MMRM) Analysis: Change from Baseline - EORTC Financial Difficulties Symptom Score (Week 1 to Week 24) (Full Analysis Set)

Subgroup: Pre-selected Investigator's Choice of Paclitaxel/Docetaxel/Vinflunine

Subgroup Level	Statistic	Enfortumab Vedotin	Chemotherapy	Enfortumab Vedotin vs Chemotherapy Mean Difference (95% CI)
Paclitaxel	N, n	141, 115	112, 72	
	Baseline Mean (SD)	15.65 (24.31)	12.50 (21.98)	
	Change from Baseline LS Mean (SE)	-0.06 ( 1.16)	1.88 ( 1.46)	-1.95 ( -5.60, 1.71)
	Treatment P-value			0.29619
	Hedge's g (95% CI)			-0.11 (-0.40, 0.18)
Docetaxel	N, n	87, 65	117, 77	
	Baseline Mean (SD)	8.21 (16.70)	14.29 (21.24)	
	Change from Baseline LS Mean (SE)	1.99 ( 1.55)	-0.15 ( 1.44)	2.14 ( -2.01, 6.30)
	Treatment P-value			0.31164
	Hedge's g (95% CI)			0.14 (-0.19, 0.47)

Subgroup analyses are conducted if there exists at least 2 levels with  $\geq 10$  patients across treatment arms that have a baseline score and at least one post-baseline score up to Week 24.

N: Number of patients in the subgroup level. n: Number of patients with a baseline and at least one post-baseline score up to Week 24.

Estimates are based on a mixed model which included treatment, baseline PRO, scheduled visit, scheduled visit\*baseline PRO and scheduled visit\*treatment as fixed effects. Scheduled visit was treated as a repeated measure within patients.

Hedge's g statistic has a bias correction applied.

[a] The Overall analysis included an adjustment for Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[b] Subgroup analysis included an adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_MM.SAS

Date/time of run: 02JUL2021 12:13

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table EORTC.FIS.MM.S7.FAS: Mixed Model Repeated Measures (MMRM) Analysis: Change from Baseline - EORTC Financial Difficulties Symptom Score (Week 1 to Week 24) (Full Analysis Set)

Subgroup: Pre-selected Investigator's Choice of Paclitaxel/Docetaxel/Vinflunine

Subgroup Level	Statistic	Enfortumab Vedotin	Chemotherapy	Enfortumab Vedotin vs Chemotherapy Mean Difference (95% CI)
Vinflunine	N, n	73, 52	78, 47	
	Baseline Mean (SD)	8.33 (17.31)	6.38 (16.50)	
	Change from Baseline LS Mean (SE)	-0.93 (1.77)	4.56 (1.86)	-5.49 (-10.53, -0.45)
	Treatment P-value			0.03283
	Hedge's g (95% CI)			-0.36 (-0.76, 0.03)
	Interaction P-value [b]			0.41680

Subgroup analyses are conducted if there exists at least 2 levels with  $\geq 10$  patients across treatment arms that have a baseline score and at least one post-baseline score up to Week 24.

N: Number of patients in the subgroup level. n: Number of patients with a baseline and at least one post-baseline score up to Week 24.

Estimates are based on a mixed model which included treatment, baseline PRO, scheduled visit, scheduled visit\*baseline PRO and scheduled visit\*treatment as fixed effects. Scheduled visit was treated as a repeated measure within patients.

Hedge's g statistic has a bias correction applied.

[a] The Overall analysis included an adjustment for Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[b] Subgroup analysis included an adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_MM.SAS

Date/time of run: 02JUL2021 12:13

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC.FIS.MM.S8.FAS: Mixed Model Repeated Measures (MMRM) Analysis: Change from Baseline - EORTC Financial Difficulties Symptom Score (Week 1 to Week 24) (Full Analysis Set)

Subgroup: Primary Site of Tumor

Subgroup Level	Statistic	Enfortumab Vedotin	Chemotherapy	Enfortumab Vedotin vs Chemotherapy Mean Difference (95% CI)
Upper Tract	N, n	98, 75	107, 76	
	Baseline Mean (SD)	16.89 (25.33)	9.65 (20.23)	
	Change from Baseline LS Mean (SE)	-1.34 ( 1.43)	0.25 ( 1.42)	-1.59 ( -5.56, 2.38)
	Treatment P-value			0.43222
	Hedge's g (95% CI)			-0.10 (-0.42, 0.21)
	Interaction P-value [b]			0.18818

Subgroup analyses are conducted if there exists at least 2 levels with  $\geq 10$  patients across treatment arms that have a baseline score and at least one post-baseline score up to Week 24.

N: Number of patients in the subgroup level. n: Number of patients with a baseline and at least one post-baseline score up to Week 24.

Estimates are based on a mixed model which included treatment, baseline PRO, scheduled visit, scheduled visit\*baseline PRO and scheduled visit\*treatment as fixed effects. Scheduled visit was treated as a repeated measure within patients.

Hedge's g statistic has a bias correction applied.

[a] The Overall analysis included an adjustment for Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[b] Subgroup analysis included an adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_MM.SAS

Date/time of run: 02JUL2021 12:13

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table EORTC.FIS.MM.S9.FAS: Mixed Model Repeated Measures (MMRM) Analysis: Change from Baseline - EORTC Financial Difficulties Symptom Score (Week 1 to Week 24) (Full Analysis Set)

Subgroup: Prior Lines of Systemic Therapy

Subgroup Level	Statistic	Enfortumab Vedotin	Chemotherapy	Enfortumab Vedotin vs Chemotherapy Mean Difference (95% CI)
1-2 lines	N, n	262, 203	270, 169	
	Baseline Mean (SD)	12.32 (21.66)	11.24 (19.88)	
	Change from Baseline LS Mean (SE)	0.07 ( 0.88)	1.33 ( 0.96)	-1.26 ( -3.82, 1.31)
	Treatment P-value			0.33518
	Hedge's g (95% CI)			-0.08 (-0.28, 0.12)
	Interaction P-value [b]			0.49893

Subgroup analyses are conducted if there exists at least 2 levels with  $\geq 10$  patients across treatment arms that have a baseline score and at least one post-baseline score up to Week 24.

N: Number of patients in the subgroup level. n: Number of patients with a baseline and at least one post-baseline score up to Week 24.

Estimates are based on a mixed model which included treatment, baseline PRO, scheduled visit, scheduled visit\*baseline PRO and scheduled visit\*treatment as fixed effects. Scheduled visit was treated as a repeated measure within patients.

Hedge's g statistic has a bias correction applied.

[a] The Overall analysis included an adjustment for Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[b] Subgroup analysis included an adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_MM.SAS

Date/time of run: 02JUL2021 12:13

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC.FIS.MM.S10.FAS: Mixed Model Repeated Measures (MMRM) Analysis: Change from Baseline - EORTC Financial Difficulties Symptom Score (Week 1 to Week 24) (Full Analysis Set)

Subgroup: Best Response to Prior CPI

Subgroup Level	Statistic	Enfortumab Vedotin	Chemotherapy	Enfortumab Vedotin vs Chemotherapy Mean Difference (95% CI)
Responder	N, n	61, 49	50, 34	
	Baseline Mean (SD)	11.56 (18.70)	9.80 (19.30)	
	Change from Baseline LS Mean (SE)	1.24 ( 1.80)	5.96 ( 2.19)	-4.72 (-10.29, 0.85)
	Treatment P-value			0.09646
	Hedge's g (95% CI)			-0.28 (-0.72, 0.15)
	Interaction P-value [b]			0.26940

Subgroup analyses are conducted if there exists at least 2 levels with  $\geq 10$  patients across treatment arms that have a baseline score and at least one post-baseline score up to Week 24.

N: Number of patients in the subgroup level. n: Number of patients with a baseline and at least one post-baseline score up to Week 24.

Estimates are based on a mixed model which included treatment, baseline PRO, scheduled visit, scheduled visit\*baseline PRO and scheduled visit\*treatment as fixed effects. Scheduled visit was treated as a repeated measure within patients.

Hedge's g statistic has a bias correction applied.

[a] The Overall analysis included an adjustment for Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[b] Subgroup analysis included an adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_MM.SAS

Date/time of run: 02JUL2021 12:13

Analysis Plan: 15FEB2021

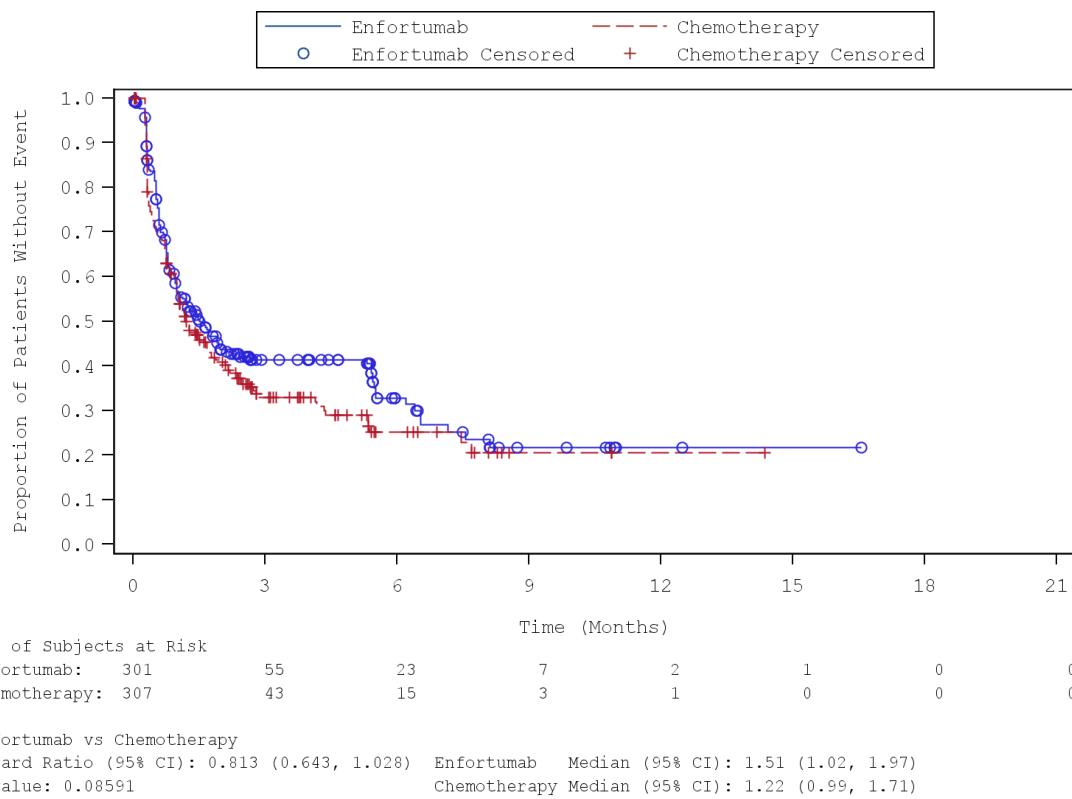
Confidential

## **2.5 Kaplan-Meier Kurven zur Symptomatik anhand des EORTC QLQ-C30 – Sensitivitätsanalyse (Responderschwelle $\geq 15$ Punkte)**

Astellas: 7465-CL-0301

Figure EORTC15.FS.KM.FAS: EORTC Fatigue Symptom Score: Time to Deterioration of at least 15 points (Months) (Full Analysis Set)

Subgroup: Overall, Level: NA

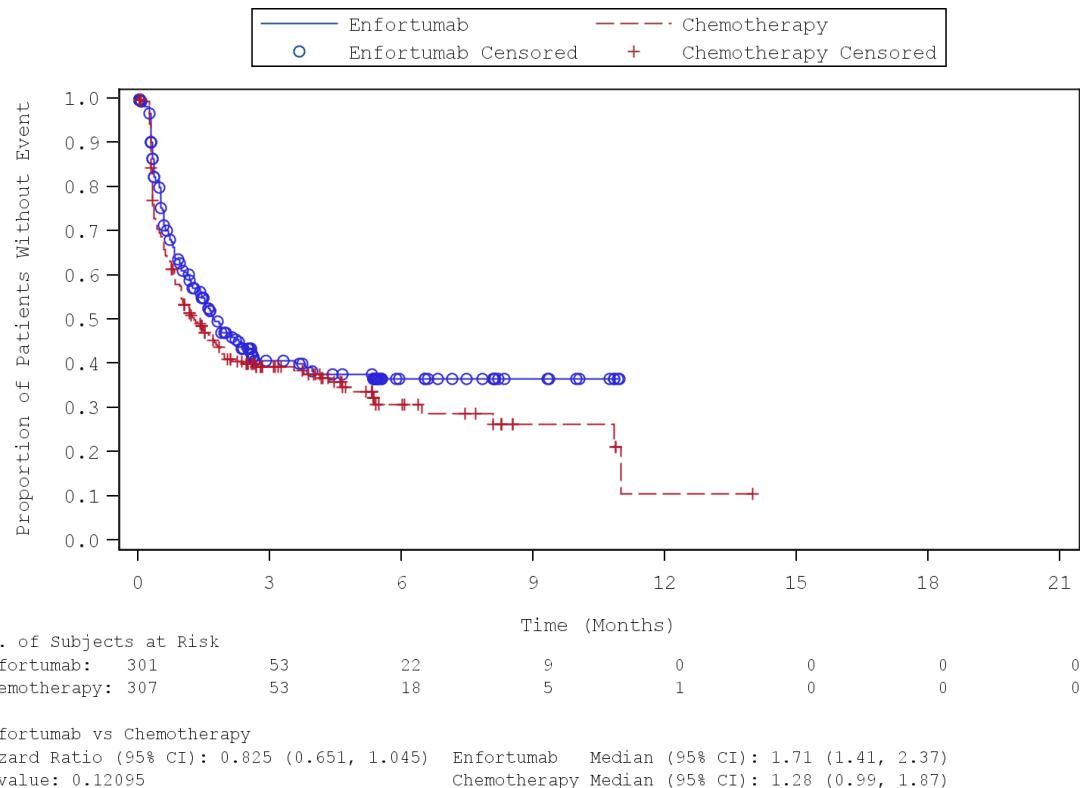


NA: Not Available. NC: Not Calculable.  
Reference Table: Tab\_EORTC15\_KM\_FAS

Astellas: 7465-CL-0301

Figure EORTC15.NV.KM.FAS: EORTC Nausea and Vomiting Symptom Score: Time to Deterioration of at least 15 points (Months) (Full Analysis Set)

Subgroup: Overall, Level: NA



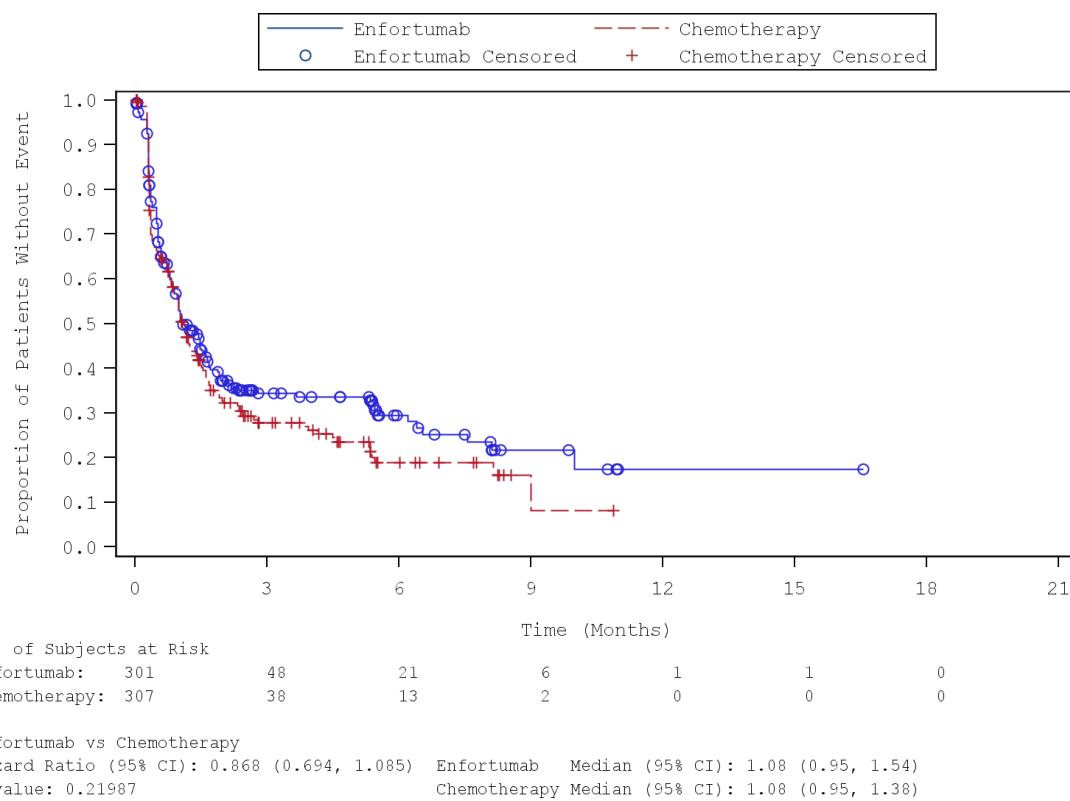
NA: Not Available. NC: Not Calculable.

Reference Table: Tab\_EORTC15\_KM\_FAS

Astellas: 7465-CL-0301

Figure EORTC15.PS.KM.FAS: EORTC Pain Symptom Score: Time to Deterioration of at least 15 points (Months) (Full Analysis Set)

Subgroup: Overall, Level: NA



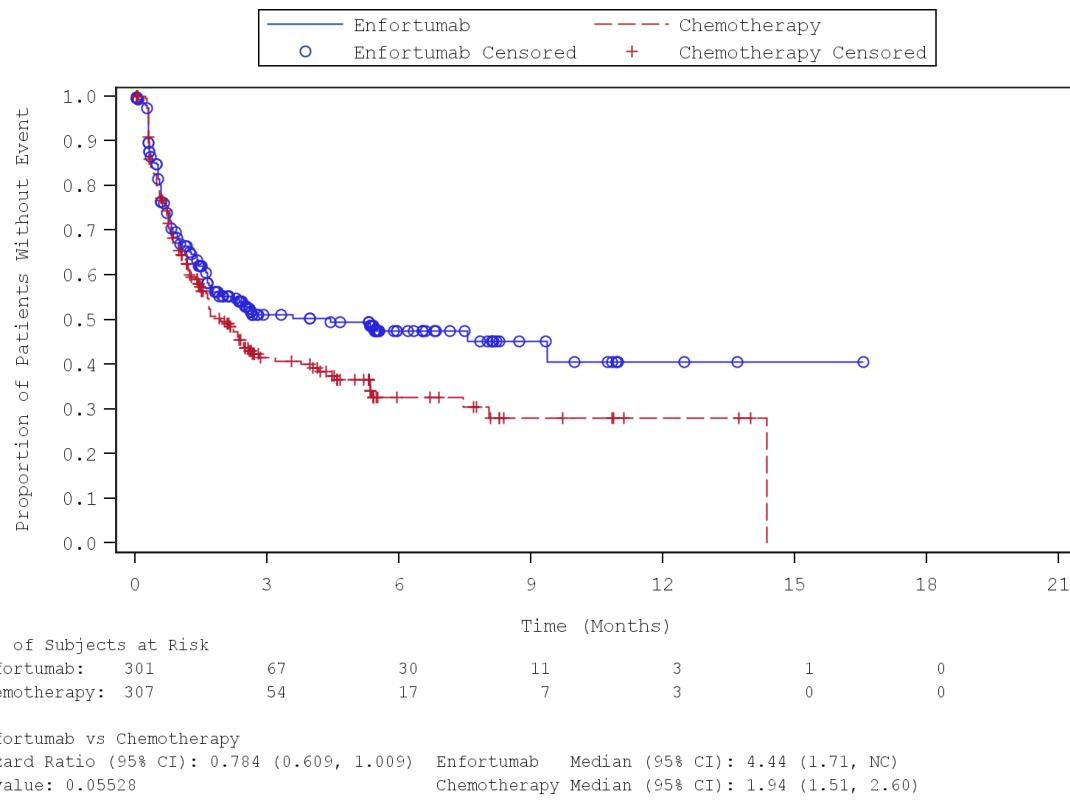
NA: Not Available. NC: Not Calculable.

Reference Table: Tab\_EORTC15\_KM\_FAS

Astellas: 7465-CL-0301

Figure EORTC15.DS.KM.FAS: EORTC Dyspnoea Symptom Score: Time to Deterioration of at least 15 points (Months) (Full Analysis Set)

Subgroup: Overall, Level: NA



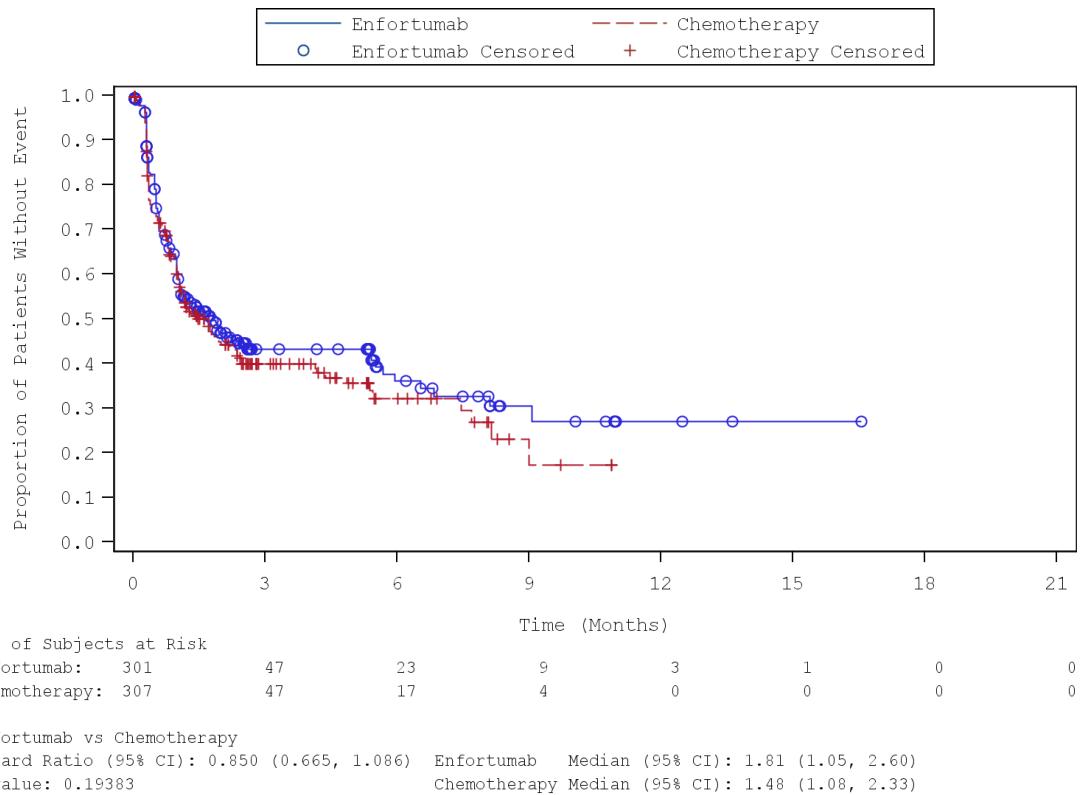
NA: Not Available. NC: Not Calculable.

Reference Table: Tab\_EORTC15\_KM\_FAS

Astellas: 7465-CL-0301

Figure EORTC15.SL.KM.FAS: EORTC Insomnia Symptom Score: Time to Deterioration of at least 15 points (Months) (Full Analysis Set)

Subgroup: Overall, Level: NA



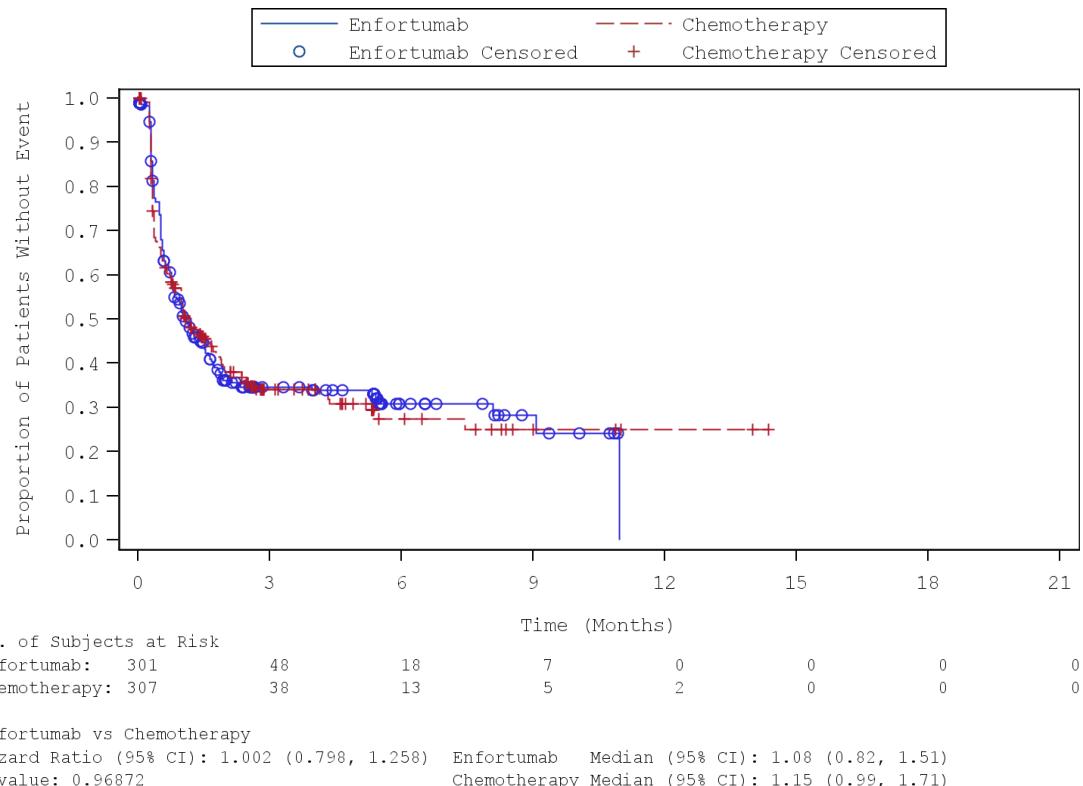
NA: Not Available. NC: Not Calculable.

### Reference Table: Tab\_EORTC15\_KM\_FAS

Astellas: 7465-CL-0301

Figure EORTC15.AP.KM.FAS: EORTC Appetite Loss Symptom Score: Time to Deterioration of at least 15 points (Months) (Full Analysis Set)

Subgroup: Overall, Level: NA



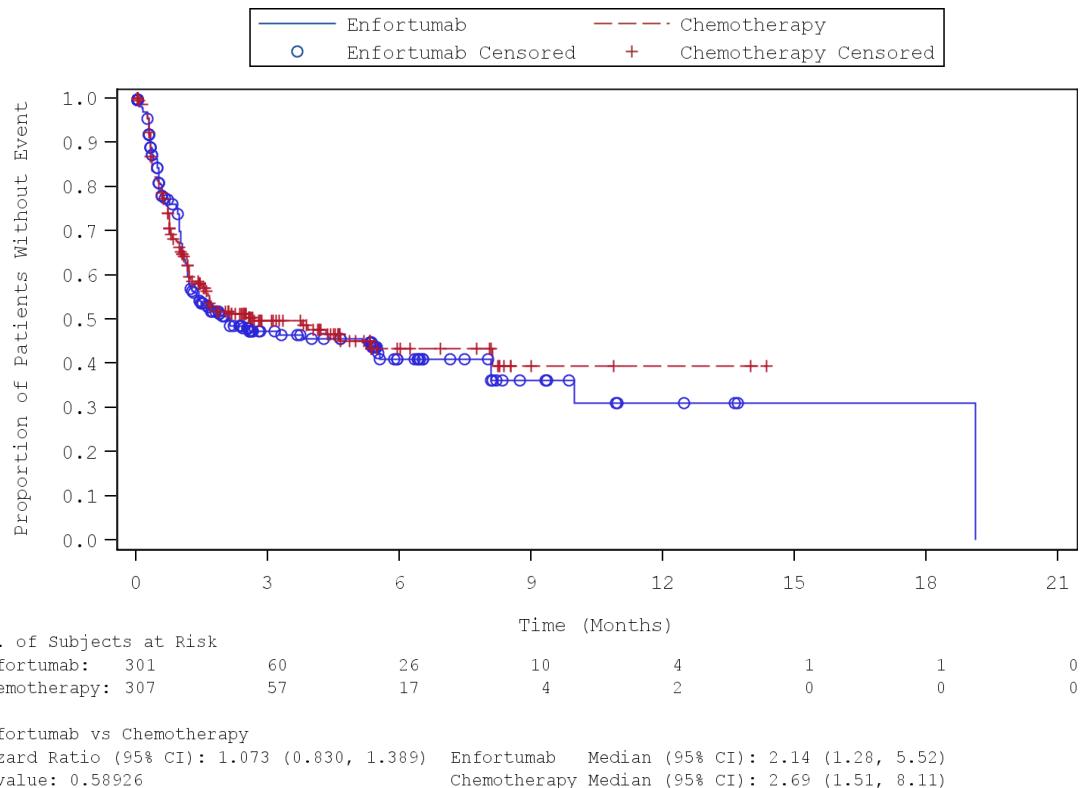
NA: Not Available. NC: Not Calculable.

Reference Table: Tab\_EORTC15\_KM\_FAS

Astellas: 7465-CL-0301

Figure EORTC15.CO.KM.FAS: EORTC Constipation Symptom Score: Time to Deterioration of at least 15 points (Months) (Full Analysis Set)

Subgroup: Overall, Level: NA



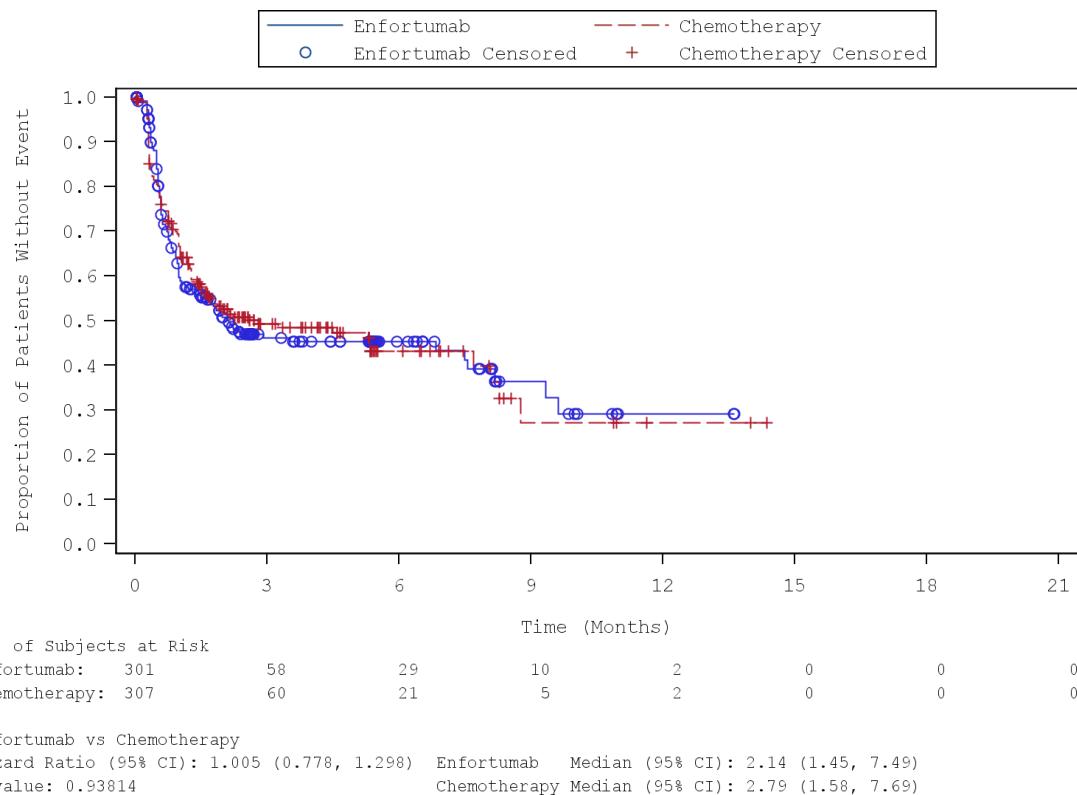
NA: Not Available. NC: Not Calculable.

Reference Table: Tab\_EORTC15\_KM\_FAS

Astellas: 7465-CL-0301

Figure EORTC15.DI.KM.FAS: EORTC Diarrhoea Symptom Score: Time to Deterioration of at least 15 points (Months) (Full Analysis Set)

Subgroup: Overall, Level: NA



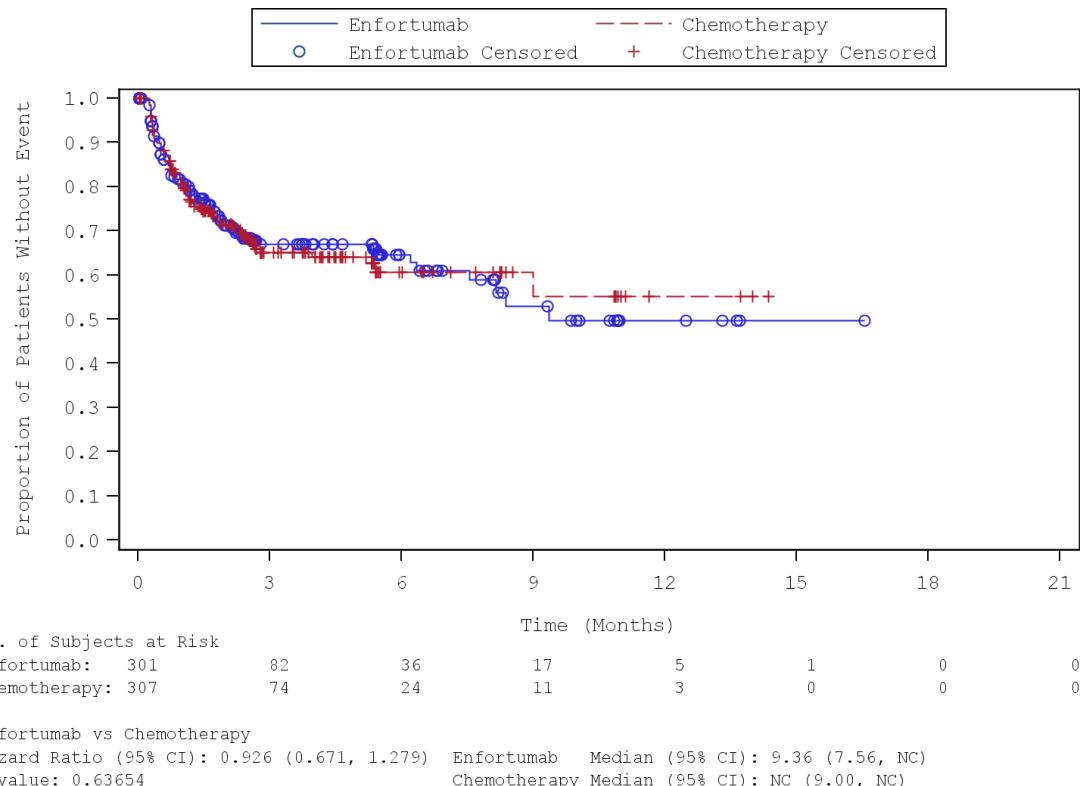
NA: Not Available. NC: Not Calculable.

Reference Table: Tab EORTC15 KM FAS

Astellas: 7465-CL-0301

Figure EORTC15.FI.KM.FAS: EORTC Financial Difficulties Symptom Score: Time to Deterioration of at least 15 points (Months) (Full Analysis Set)

Subgroup: Overall, Level: NA



NA: Not Available. NC: Not Calculable.

Reference Table: Tab\_EORTC15\_KM\_FAS

## 2.6 Subgruppenanalysen zum Gesundheitszustand gemäß EQ-5D VAS

### 2.6.1 Primäranalyse (MID ≥ 7 mm)

Astellas: 7465-CL-0301

Table EQ5D7.VAS.KM.S1.FAS: EQ-5D VAS Score: Time to Deterioration of at least 7 points (Months) (Full Analysis Set)

Subgroup: Age Group 1, Level: <65 years

Time Point	Statistics	Enfortumab Vedotin (N=108)	Chemotherapy (N=111)
Overall	No. of Events (%)	65 ( 60.2)	59 ( 53.2)
	Median Survival Est. (95% CI)	1.18 ( 0.72, 1.91)	1.05 ( 0.76, 1.71)
	Hazard Ratio (95% CI)		0.975 ( 0.685, 1.387)
	Treatment P-value [a]		0.82154
	Interaction P-value [b]		0.44773
6 Months	Patients at Risk, Survival Est. (95% CI)	6, 0.22 ( 0.12, 0.33)	4, 0.17 ( 0.09, 0.29)
12 Months	Patients at Risk, Survival Est. (95% CI)	1, 0.09 ( 0.02, 0.22)	0

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table EQ5D7.VAS.KM.S1.FAS: EQ-5D VAS Score: Time to Deterioration of at least 7 points (Months) (Full Analysis Set)

Subgroup: Age Group 1, Level: &gt;=65 years

Time Point	Statistics	Enfortumab Vedotin (N=193)	Chemotherapy (N=196)
Overall	No. of Events (%)	119 ( 61.7)	117 ( 59.7)
	Median Survival Est. (95% CI)	0.99 ( 0.76, 1.22)	0.95 ( 0.72, 1.08)
	Hazard Ratio (95% CI)		0.823 ( 0.637, 1.064)
	Treatment P-value [a]		0.14698
	Interaction P-value [b]		0.44773
6 Months	Patients at Risk, Survival Est. (95% CI)	11, 0.18 ( 0.11, 0.25)	5, 0.11 ( 0.06, 0.19)
12 Months	Patients at Risk, Survival Est. (95% CI)	1, 0.16 ( 0.09, 0.24)	0

Subgroup analyses are conducted if there exist at least 2 levels with >= 10 patients across treatment arms and >=10 events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table EQ5D7.VAS.KM.S2.FAS: EQ-5D VAS Score: Time to Deterioration of at least 7 points (Months) (Full Analysis Set)

Subgroup: Age Group 2, Level: &lt;75 years

Time Point	Statistics	Enfortumab Vedotin (N=249)	Chemotherapy (N=239)
Overall	No. of Events (%)	149 ( 59.8)	127 ( 53.1)
	Median Survival Est. (95% CI)	1.02 ( 0.82, 1.45)	0.99 ( 0.76, 1.25)
	Hazard Ratio (95% CI)		0.869 ( 0.685, 1.102)
	Treatment P-value [a]		0.23008
	Interaction P-value [b]		0.54586
6 Months	Patients at Risk, Survival Est. (95% CI)	15, 0.21 ( 0.14, 0.28)	7, 0.18 ( 0.12, 0.25)
12 Months	Patients at Risk, Survival Est. (95% CI)	1, 0.12 ( 0.06, 0.21)	0

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table EQ5D7.VAS.KM.S2.FAS: EQ-5D VAS Score: Time to Deterioration of at least 7 points (Months) (Full Analysis Set)

Subgroup: Age Group 2, Level: &gt;=75 years

Time Point	Statistics	Enfortumab Vedotin (N=52)	Chemotherapy (N=68)
Overall	No. of Events (%)	35 ( 67.3)	49 ( 72.1)
	Median Survival Est. (95% CI)	0.79 ( 0.53, 1.05)	0.99 ( 0.76, 1.22)
	Hazard Ratio (95% CI)		1.012 ( 0.656, 1.562)
	Treatment P-value [a]		0.92143
	Interaction P-value [b]		0.54586
6 Months	Patients at Risk, Survival Est. (95% CI)	2, 0.10 ( 0.03, 0.24)	2, 0.05 ( 0.01, 0.14)
12 Months	Patients at Risk, Survival Est. (95% CI)	1, 0.10 ( 0.03, 0.24)	0

Subgroup analyses are conducted if there exist at least 2 levels with >= 10 patients across treatment arms and >=10 events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table EQ5D7.VAS.KM.S3.FAS: EQ-5D VAS Score: Time to Deterioration of at least 7 points (Months) (Full Analysis Set)

Subgroup: Gender, Level: Male

Time Point	Statistics	Enfortumab Vedotin (N=238)	Chemotherapy (N=232)
Overall	No. of Events (%)	144 ( 60.5)	132 ( 56.9)
	Median Survival Est. (95% CI)	1.02 ( 0.79, 1.25)	0.99 ( 0.72, 1.18)
	Hazard Ratio (95% CI)		0.855 ( 0.675, 1.083)
	Treatment P-value [a]		0.18467
	Interaction P-value [b]		0.67939
6 Months	Patients at Risk, Survival Est. (95% CI)	15, 0.19 ( 0.13, 0.27)	7, 0.14 ( 0.08, 0.21)
12 Months	Patients at Risk, Survival Est. (95% CI)	2, 0.14 ( 0.07, 0.22)	0

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EQ5D7.VAS.KM.S3.FAS: EQ-5D VAS Score: Time to Deterioration of at least 7 points (Months) (Full Analysis Set)

Subgroup: Gender, Level: Female

Time Point	Statistics	Enfortumab Vedotin (N=63)	Chemotherapy (N=75)
Overall	No. of Events (%)	40 ( 63.5)	44 ( 58.7)
	Median Survival Est. (95% CI)	1.02 ( 0.59, 1.48)	0.99 ( 0.79, 1.28)
	Hazard Ratio (95% CI)		0.948 ( 0.617, 1.455)
	Treatment P-value [a]		0.76920
	Interaction P-value [b]		0.67939
6 Months	Patients at Risk, Survival Est. (95% CI)	2, 0.18 ( 0.08, 0.31)	2, 0.16 ( 0.07, 0.27)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table EQ5D7.VAS.KM.S4.FAS: EQ-5D VAS Score: Time to Deterioration of at least 7 points (Months) (Full Analysis Set)

Subgroup: Region, Level: Western Europe

Time Point	Statistics	Enfortumab Vedotin (N=126)	Chemotherapy (N=129)
Overall	No. of Events (%)	66 ( 52.4)	58 ( 45.0)
	Median Survival Est. (95% CI)	1.18 ( 0.79, 1.94)	0.82 ( 0.56, 1.28)
	Hazard Ratio (95% CI)		0.760 ( 0.533, 1.082)
	Treatment P-value [a]		0.17483
	Interaction P-value [b]		0.37305
6 Months	Patients at Risk, Survival Est. (95% CI)	9, 0.23 ( 0.14, 0.34)	5, 0.18 ( 0.09, 0.28)
12 Months	Patients at Risk, Survival Est. (95% CI)	1, 0.15 ( 0.06, 0.28)	0

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table EQ5D7.VAS.KM.S4.FAS: EQ-5D VAS Score: Time to Deterioration of at least 7 points (Months) (Full Analysis Set)

Subgroup: Region, Level: US

Time Point	Statistics	Enfortumab Vedotin (N=43)	Chemotherapy (N=44)
Overall	No. of Events (%)	17 ( 39.5)	22 ( 50.0)
	Median Survival Est. (95% CI)	1.38 ( 0.59, NC)	1.02 ( 0.69, 2.46)
	Hazard Ratio (95% CI)		0.712 ( 0.377, 1.344)
	Treatment P-value [a]		0.43451
	Interaction P-value [b]		0.37305
6 Months	Patients at Risk, Survival Est. (95% CI)	4, 0.36 ( 0.17, 0.56)	1, 0.16 ( 0.04, 0.36)
12 Months	Patients at Risk, Survival Est. (95% CI)	1, 0.36 ( 0.17, 0.56)	0

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EQ5D7.VAS.KM.S4.FAS: EQ-5D VAS Score: Time to Deterioration of at least 7 points (Months) (Full Analysis Set)

Subgroup: Region, Level: Rest of the World

Time Point	Statistics	Enfortumab Vedotin (N=132)	Chemotherapy (N=134)
Overall	No. of Events (%)	101 ( 76.5)	96 ( 71.6)
	Median Survival Est. (95% CI)	0.99 ( 0.59, 1.22)	1.02 ( 0.76, 1.25)
	Hazard Ratio (95% CI)		1.006 ( 0.761, 1.331)
	Treatment P-value [a]		0.94527
	Interaction P-value [b]		0.37305
6 Months	Patients at Risk, Survival Est. (95% CI)	4, 0.12 ( 0.06, 0.20)	3, 0.11 ( 0.05, 0.19)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EQ5D7.VAS.KM.S5.FAS: EQ-5D VAS Score: Time to Deterioration of at least 7 points (Months) (Full Analysis Set)

Subgroup: ECOG PS from IRT Strata, Level: 0

Time Point	Statistics	Enfortumab Vedotin (N=120)	Chemotherapy (N=124)
Overall	No. of Events (%)	85 ( 70.8)	75 ( 60.5)
	Median Survival Est. (95% CI)	1.02 ( 0.62, 1.41)	1.02 ( 0.76, 1.28)
	Hazard Ratio (95% CI)		1.035 ( 0.758, 1.412)
	Treatment P-value [a]		0.92758
	Interaction P-value [b]		0.15464
6 Months	Patients at Risk, Survival Est. (95% CI)	8, 0.15 ( 0.08, 0.24)	3, 0.20 ( 0.12, 0.30)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EQ5D7.VAS.KM.S5.FAS: EQ-5D VAS Score: Time to Deterioration of at least 7 points (Months) (Full Analysis Set)

Subgroup: ECOG PS from IRT Strata, Level: 1

Time Point	Statistics	Enfortumab Vedotin (N=181)	Chemotherapy (N=183)
Overall	No. of Events (%)	99 ( 54.7)	101 ( 55.2)
	Median Survival Est. (95% CI)	1.02 ( 0.76, 1.38)	0.95 ( 0.72, 1.18)
	Hazard Ratio (95% CI)		0.764 ( 0.579, 1.009)
	Treatment P-value [a]		0.06077
	Interaction P-value [b]		0.15464
6 Months	Patients at Risk, Survival Est. (95% CI)	9, 0.22 ( 0.14, 0.32)	6, 0.10 ( 0.05, 0.17)
12 Months	Patients at Risk, Survival Est. (95% CI)	2, 0.19 ( 0.11, 0.29)	0

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table EQ5D7.VAS.KM.S6.FAS: EQ-5D VAS Score: Time to Deterioration of at least 7 points (Months) (Full Analysis Set)

Subgroup: Liver Metastasis from IRT Strata, Level: Yes

Time Point	Statistics	Enfortumab Vedotin (N=93)	Chemotherapy (N=95)
Overall	No. of Events (%)	53 ( 57.0)	46 ( 48.4)
	Median Survival Est. (95% CI)	0.76 ( 0.56, 1.38)	0.99 ( 0.56, 1.28)
	Hazard Ratio (95% CI)		0.877 ( 0.590, 1.304)
	Treatment P-value [a]		0.58324
	Interaction P-value [b]		0.97850
6 Months	Patients at Risk, Survival Est. (95% CI)	6, 0.22 ( 0.12, 0.34)	1, 0.17 ( 0.08, 0.29)
12 Months	Patients at Risk, Survival Est. (95% CI)	1, 0.12 ( 0.03, 0.27)	0

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EQ5D7.VAS.KM.S6.FAS: EQ-5D VAS Score: Time to Deterioration of at least 7 points (Months) (Full Analysis Set)

Subgroup: Liver Metastasis from IRT Strata, Level: No

Time Point	Statistics	Enfortumab Vedotin (N=208)	Chemotherapy (N=212)
Overall	No. of Events (%)	131 ( 63.0)	130 ( 61.3)
	Median Survival Est. (95% CI)	1.02 ( 0.85, 1.41)	0.99 ( 0.76, 1.18)
	Hazard Ratio (95% CI)		0.872 ( 0.684, 1.111)
	Treatment P-value [a]		0.25391
	Interaction P-value [b]		0.97850
6 Months	Patients at Risk, Survival Est. (95% CI)	11, 0.18 ( 0.11, 0.25)	8, 0.13 ( 0.07, 0.20)
12 Months	Patients at Risk, Survival Est. (95% CI)	1, 0.13 ( 0.06, 0.22)	0

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EQ5D7.VAS.KM.S7.FAS: EQ-5D VAS Score: Time to Deterioration of at least 7 points (Months) (Full Analysis Set)

Subgroup: Pre-selected Investigator's Choice of Paclitaxel/Docetaxel/Vinflunine, Level: Paclitaxel

Time Point	Statistics	Enfortumab Vedotin (N=141)	Chemotherapy (N=112)
Overall	No. of Events (%)	91 ( 64.5)	64 ( 57.1)
	Median Survival Est. (95% CI)	1.02 ( 0.62, 1.28)	1.02 ( 0.76, 1.51)
	Hazard Ratio (95% CI)		0.974 ( 0.707, 1.341)
	Treatment P-value [a]		0.87479
	Interaction P-value [b]		0.61713
6 Months	Patients at Risk, Survival Est. (95% CI)	4, 0.13 ( 0.06, 0.24)	2, 0.16 ( 0.08, 0.27)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table EQ5D7.VAS.KM.S7.FAS: EQ-5D VAS Score: Time to Deterioration of at least 7 points (Months) (Full Analysis Set)

Subgroup: Pre-selected Investigator's Choice of Paclitaxel/Docetaxel/Vinflunine, Level: Docetaxel

Time Point	Statistics	Enfortumab Vedotin (N=87)	Chemotherapy (N=117)
Overall	No. of Events (%)	49 ( 56.3)	69 ( 59.0)
	Median Survival Est. (95% CI)	0.82 ( 0.59, 1.38)	0.99 ( 0.72, 1.08)
	Hazard Ratio (95% CI)		0.879 ( 0.609, 1.269)
	Treatment P-value [a]		0.48263
	Interaction P-value [b]		0.61713
6 Months	Patients at Risk, Survival Est. (95% CI)	5, 0.20 ( 0.10, 0.32)	3, 0.11 ( 0.05, 0.22)
12 Months	Patients at Risk, Survival Est. (95% CI)	1, 0.16 ( 0.07, 0.29)	0

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table EQ5D7.VAS.KM.S7.FAS: EQ-5D VAS Score: Time to Deterioration of at least 7 points (Months) (Full Analysis Set)

Subgroup: Pre-selected Investigator's Choice of Paclitaxel/Docetaxel/Vinflunine, Level: Vinflunine

Time Point	Statistics	Enfortumab Vedotin (N=73)	Chemotherapy (N=78)
Overall	No. of Events (%)	44 ( 60.3)	43 ( 55.1)
	Median Survival Est. (95% CI)	1.03 ( 0.72, 2.00)	0.99 ( 0.53, 1.61)
	Hazard Ratio (95% CI)		0.747 ( 0.490, 1.139)
	Treatment P-value [a]		0.19880
	Interaction P-value [b]		0.61713
6 Months	Patients at Risk, Survival Est. (95% CI)	8, 0.26 ( 0.15, 0.39)	4, 0.13 ( 0.05, 0.25)
12 Months	Patients at Risk, Survival Est. (95% CI)	1, 0.15 ( 0.04, 0.32)	0

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EQ5D7.VAS.KM.S8.FAS: EQ-5D VAS Score: Time to Deterioration of at least 7 points (Months) (Full Analysis Set)

Subgroup: Primary Site of Tumor, Level: Upper Tract

Time Point	Statistics	Enfortumab Vedotin (N=98)	Chemotherapy (N=107)
Overall	No. of Events (%)	60 ( 61.2)	71 ( 66.4)
	Median Survival Est. (95% CI)	0.95 ( 0.59, 1.22)	0.82 ( 0.56, 1.05)
	Hazard Ratio (95% CI)		0.854 ( 0.605, 1.204)
	Treatment P-value [a]		0.36261
	Interaction P-value [b]		0.81154
6 Months	Patients at Risk, Survival Est. (95% CI)	7, 0.23 ( 0.14, 0.33)	5, 0.15 ( 0.08, 0.25)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table EQ5D7.VAS.KM.S8.FAS: EQ-5D VAS Score: Time to Deterioration of at least 7 points (Months) (Full Analysis Set)

Subgroup: Primary Site of Tumor, Level: Other

Time Point	Statistics	Enfortumab Vedotin (N=203)	Chemotherapy (N=200)
Overall	No. of Events (%)	124 ( 61.1)	105 ( 52.5)
	Median Survival Est. (95% CI)	1.02 ( 0.79, 1.51)	1.02 ( 0.82, 1.45)
	Hazard Ratio (95% CI)		0.900 ( 0.693, 1.168)
	Treatment P-value [a]		0.40278
	Interaction P-value [b]		0.81154
6 Months	Patients at Risk, Survival Est. (95% CI)	10, 0.17 ( 0.10, 0.25)	4, 0.12 ( 0.06, 0.20)
12 Months	Patients at Risk, Survival Est. (95% CI)	2, 0.15 ( 0.09, 0.23)	0

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table EQ5D7.VAS.KM.S9.FAS: EQ-5D VAS Score: Time to Deterioration of at least 7 points (Months) (Full Analysis Set)

Subgroup: Prior Lines of Systemic Therapy, Level: 1-2 lines

Time Point	Statistics	Enfortumab Vedotin (N=262)	Chemotherapy (N=270)
Overall	No. of Events (%)	161 ( 61.5)	151 ( 55.9)
	Median Survival Est. (95% CI)	1.02 ( 0.79, 1.25)	0.99 ( 0.76, 1.12)
	Hazard Ratio (95% CI)		0.862 ( 0.690, 1.077)
	Treatment P-value [a]		0.18778
	Interaction P-value [b]		0.74320
6 Months	Patients at Risk, Survival Est. (95% CI)	16, 0.19 ( 0.13, 0.26)	8, 0.14 ( 0.09, 0.21)
12 Months	Patients at Risk, Survival Est. (95% CI)	2, 0.13 ( 0.07, 0.21)	0

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EQ5D7.VAS.KM.S9.FAS: EQ-5D VAS Score: Time to Deterioration of at least 7 points (Months) (Full Analysis Set)

Subgroup: Prior Lines of Systemic Therapy, Level: &gt;=3 lines

Time Point	Statistics	Enfortumab Vedotin (N=39)	Chemotherapy (N=37)
Overall	No. of Events (%)	23 ( 59.0)	25 ( 67.6)
	Median Survival Est. (95% CI)	1.02 ( 0.53, 2.63)	1.05 ( 0.39, 2.33)
	Hazard Ratio (95% CI)		0.954 ( 0.541, 1.682)
	Treatment P-value [a]		0.81592
	Interaction P-value [b]		0.74320
6 Months	Patients at Risk, Survival Est. (95% CI)	1, 0.14 ( 0.01, 0.40)	1, 0.09 ( 0.01, 0.30)

Subgroup analyses are conducted if there exist at least 2 levels with >= 10 patients across treatment arms and >=10 events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EQ5D7.VAS.KM.S10.FAS: EQ-5D VAS Score: Time to Deterioration of at least 7 points (Months) (Full Analysis Set)

Subgroup: Best Response to Prior CPI, Level: Responder

Time Point	Statistics	Enfortumab Vedotin (N=61)	Chemotherapy (N=50)
Overall	No. of Events (%)	43 ( 70.5)	31 ( 62.0)
	Median Survival Est. (95% CI)	1.02 ( 0.59, 1.22)	0.99 ( 0.53, 1.91)
	Hazard Ratio (95% CI)		1.079 ( 0.679, 1.714)
	Treatment P-value [a]		0.66427
	Interaction P-value [b]		0.31772
6 Months	Patients at Risk, Survival Est. (95% CI)	1, 0.14 ( 0.06, 0.26)	3, 0.14 ( 0.05, 0.30)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EQ5D7.VAS.KM.S10.FAS: EQ-5D VAS Score: Time to Deterioration of at least 7 points (Months) (Full Analysis Set)

Subgroup: Best Response to Prior CPI, Level: Non-responder

Time Point	Statistics	Enfortumab Vedotin (N=207)	Chemotherapy (N=215)
Overall	No. of Events (%)	120 ( 58.0)	124 ( 57.7)
	Median Survival Est. (95% CI)	0.99 ( 0.72, 1.45)	0.99 ( 0.72, 1.18)
	Hazard Ratio (95% CI)		0.824 ( 0.640, 1.061)
	Treatment P-value [a]		0.12923
	Interaction P-value [b]		0.31772
6 Months	Patients at Risk, Survival Est. (95% CI)	14, 0.22 ( 0.15, 0.30)	6, 0.13 ( 0.07, 0.20)
12 Months	Patients at Risk, Survival Est. (95% CI)	2, 0.14 ( 0.06, 0.24)	0

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## 2.6.2 Primäranalyse (MID ≥ 10 mm)

Astellas: 7465-CL-0301

Table EQ5D10.VAS.KM.S1.FAS: EQ-5D VAS Score: Time to Deterioration of at least 10 points (Months) (Full Analysis Set)

Subgroup: Age Group 1, Level: <65 years

Time Point	Statistics	Enfortumab Vedotin (N=108)	Chemotherapy (N=111)
Overall	No. of Events (%)	56 ( 51.9)	56 ( 50.5)
	Median Survival Est. (95% CI)	1.58 ( 0.95, 2.17)	1.71 ( 0.99, 2.27)
	Hazard Ratio (95% CI)		0.889 ( 0.614, 1.288)
	Treatment P-value [a]		0.53937
	Interaction P-value [b]		0.57581
6 Months	Patients at Risk, Survival Est. (95% CI)	7, 0.28 ( 0.16, 0.40)	6, 0.23 ( 0.13, 0.35)
12 Months	Patients at Risk, Survival Est. (95% CI)	1, 0.23 ( 0.12, 0.37)	0

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EQ5D10.VAS.KM.S1.FAS: EQ-5D VAS Score: Time to Deterioration of at least 10 points (Months) (Full Analysis Set)

Subgroup: Age Group 1, Level: &gt;=65 years

Time Point	Statistics	Enfortumab Vedotin (N=193)	Chemotherapy (N=196)
Overall	No. of Events (%)	108 ( 56.0)	112 ( 57.1)
	Median Survival Est. (95% CI)	1.02 ( 0.89, 1.51)	1.02 ( 0.95, 1.38)
	Hazard Ratio (95% CI)		0.781 ( 0.599, 1.018)
	Treatment P-value [a]		0.06824
	Interaction P-value [b]		0.57581
6 Months	Patients at Risk, Survival Est. (95% CI)	12, 0.24 ( 0.16, 0.33)	5, 0.12 ( 0.06, 0.20)
12 Months	Patients at Risk, Survival Est. (95% CI)	1, 0.19 ( 0.11, 0.29)	0

Subgroup analyses are conducted if there exist at least 2 levels with >= 10 patients across treatment arms and >=10 events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EQ5D10.VAS.KM.S2.FAS: EQ-5D VAS Score: Time to Deterioration of at least 10 points (Months) (Full Analysis Set)

Subgroup: Age Group 2, Level: &lt;75 years

Time Point	Statistics	Enfortumab Vedotin (N=249)	Chemotherapy (N=239)
Overall	No. of Events (%)	133 ( 53.4)	120 ( 50.2)
	Median Survival Est. (95% CI)	1.45 ( 1.02, 1.94)	1.25 ( 0.99, 1.77)
	Hazard Ratio (95% CI)		0.827 ( 0.646, 1.059)
	Treatment P-value [a]		0.12908
	Interaction P-value [b]		0.71864
6 Months	Patients at Risk, Survival Est. (95% CI)	17, 0.27 ( 0.20, 0.35)	9, 0.21 ( 0.14, 0.30)
12 Months	Patients at Risk, Survival Est. (95% CI)	1, 0.21 ( 0.14, 0.30)	0

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EQ5D10.VAS.KM.S2.FAS: EQ-5D VAS Score: Time to Deterioration of at least 10 points (Months) (Full Analysis Set)

Subgroup: Age Group 2, Level: &gt;=75 years

Time Point	Statistics	Enfortumab Vedotin (N=52)	Chemotherapy (N=68)
Overall	No. of Events (%)	31 ( 59.6)	48 ( 70.6)
	Median Survival Est. (95% CI)	0.89 ( 0.53, 1.25)	1.08 ( 0.82, 1.28)
	Hazard Ratio (95% CI)		0.909 ( 0.579, 1.429)
	Treatment P-value [a]		0.72011
	Interaction P-value [b]		0.71864
6 Months	Patients at Risk, Survival Est. (95% CI)	2, 0.17 ( 0.05, 0.35)	2, 0.05 ( 0.01, 0.14)
12 Months	Patients at Risk, Survival Est. (95% CI)	1, 0.17 ( 0.05, 0.35)	0

Subgroup analyses are conducted if there exist at least 2 levels with >= 10 patients across treatment arms and >=10 events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table EQ5D10.VAS.KM.S3.FAS: EQ-5D VAS Score: Time to Deterioration of at least 10 points (Months) (Full Analysis Set)

Subgroup: Gender, Level: Male

Time Point	Statistics	Enfortumab Vedotin (N=238)	Chemotherapy (N=232)
Overall	No. of Events (%)	130 ( 54.6)	127 ( 54.7)
	Median Survival Est. (95% CI)	1.22 ( 0.95, 1.64)	1.18 ( 0.95, 1.71)
	Hazard Ratio (95% CI)		0.807 ( 0.632, 1.031)
	Treatment P-value [a]		0.07791
	Interaction P-value [b]		0.83623
6 Months	Patients at Risk, Survival Est. (95% CI)	17, 0.25 ( 0.18, 0.34)	8, 0.16 ( 0.09, 0.23)
12 Months	Patients at Risk, Survival Est. (95% CI)	2, 0.20 ( 0.13, 0.29)	0

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EQ5D10.VAS.KM.S3.FAS: EQ-5D VAS Score: Time to Deterioration of at least 10 points (Months) (Full Analysis Set)

Subgroup: Gender, Level: Female

Time Point	Statistics	Enfortumab Vedotin (N=63)	Chemotherapy (N=75)
Overall	No. of Events (%)	34 ( 54.0)	41 ( 54.7)
	Median Survival Est. (95% CI)	1.48 ( 0.72, 2.30)	1.08 ( 0.82, 1.74)
	Hazard Ratio (95% CI)		0.852 ( 0.541, 1.344)
	Treatment P-value [a]		0.50969
	Interaction P-value [b]		0.83623
6 Months	Patients at Risk, Survival Est. (95% CI)	2, 0.25 ( 0.11, 0.41)	3, 0.20 ( 0.10, 0.32)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EQ5D10.VAS.KM.S4.FAS: EQ-5D VAS Score: Time to Deterioration of at least 10 points (Months) (Full Analysis Set)

Subgroup: Region, Level: Western Europe

Time Point	Statistics	Enfortumab Vedotin (N=126)	Chemotherapy (N=129)
Overall	No. of Events (%)	62 ( 49.2)	58 ( 45.0)
	Median Survival Est. (95% CI)	1.22 ( 0.82, 2.00)	0.85 ( 0.69, 1.28)
	Hazard Ratio (95% CI)		0.723 ( 0.505, 1.034)
	Treatment P-value [a]		0.11237
	Interaction P-value [b]		0.67816
6 Months	Patients at Risk, Survival Est. (95% CI)	9, 0.25 ( 0.14, 0.37)	5, 0.17 ( 0.09, 0.28)
12 Months	Patients at Risk, Survival Est. (95% CI)	1, 0.21 ( 0.11, 0.34)	0

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EQ5D10.VAS.KM.S4.FAS: EQ-5D VAS Score: Time to Deterioration of at least 10 points (Months) (Full Analysis Set)

Subgroup: Region, Level: US

Time Point	Statistics	Enfortumab Vedotin (N=43)	Chemotherapy (N=44)
Overall	No. of Events (%)	16 ( 37.2)	16 ( 36.4)
	Median Survival Est. (95% CI)	1.68 ( 0.62, NC)	2.46 ( 0.99, NC)
	Hazard Ratio (95% CI)		0.987 ( 0.493, 1.975)
	Treatment P-value [a]		0.92553
	Interaction P-value [b]		0.67816
6 Months	Patients at Risk, Survival Est. (95% CI)	4, 0.36 ( 0.16, 0.56)	2, 0.41 ( 0.23, 0.59)
12 Months	Patients at Risk, Survival Est. (95% CI)	1, 0.36 ( 0.16, 0.56)	0

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EQ5D10.VAS.KM.S4.FAS: EQ-5D VAS Score: Time to Deterioration of at least 10 points (Months) (Full Analysis Set)

Subgroup: Region, Level: Rest of the World

Time Point	Statistics	Enfortumab Vedotin (N=132)	Chemotherapy (N=134)
Overall	No. of Events (%)	86 ( 65.2)	94 ( 70.1)
	Median Survival Est. (95% CI)	1.18 ( 0.89, 1.54)	1.25 ( 0.99, 1.71)
	Hazard Ratio (95% CI)		0.844 ( 0.630, 1.131)
	Treatment P-value [a]		0.22468
	Interaction P-value [b]		0.67816
6 Months	Patients at Risk, Survival Est. (95% CI)	6, 0.24 ( 0.16, 0.34)	4, 0.11 ( 0.05, 0.20)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EQ5D10.VAS.KM.S5.FAS: EQ-5D VAS Score: Time to Deterioration of at least 10 points (Months) (Full Analysis Set)

Subgroup: ECOG PS from IRT Strata, Level: 0

Time Point	Statistics	Enfortumab Vedotin (N=120)	Chemotherapy (N=124)
Overall	No. of Events (%)	72 ( 60.0)	71 ( 57.3)
	Median Survival Est. (95% CI)	1.41 ( 0.95, 1.81)	1.25 ( 0.99, 1.91)
	Hazard Ratio (95% CI)		0.911 ( 0.656, 1.266)
	Treatment P-value [a]		0.54614
	Interaction P-value [b]		0.38354
6 Months	Patients at Risk, Survival Est. (95% CI)	10, 0.24 ( 0.15, 0.35)	4, 0.25 ( 0.16, 0.35)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EQ5D10.VAS.KM.S5.FAS: EQ-5D VAS Score: Time to Deterioration of at least 10 points (Months) (Full Analysis Set)

Subgroup: ECOG PS from IRT Strata, Level: 1

Time Point	Statistics	Enfortumab Vedotin (N=181)	Chemotherapy (N=183)
Overall	No. of Events (%)	92 ( 50.8)	97 ( 53.0)
	Median Survival Est. (95% CI)	1.18 ( 0.92, 1.94)	1.02 ( 0.82, 1.71)
	Hazard Ratio (95% CI)		0.751 ( 0.565, 0.999)
	Treatment P-value [a]		0.04782
	Interaction P-value [b]		0.38354
6 Months	Patients at Risk, Survival Est. (95% CI)	9, 0.26 ( 0.17, 0.36)	7, 0.11 ( 0.05, 0.19)
12 Months	Patients at Risk, Survival Est. (95% CI)	2, 0.22 ( 0.13, 0.34)	0

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table EQ5D10.VAS.KM.S6.FAS: EQ-5D VAS Score: Time to Deterioration of at least 10 points (Months) (Full Analysis Set)

Subgroup: Liver Metastasis from IRT Strata, Level: Yes

Time Point	Statistics	Enfortumab Vedotin (N=93)	Chemotherapy (N=95)
Overall	No. of Events (%)	47 ( 50.5)	45 ( 47.4)
	Median Survival Est. (95% CI)	1.02 ( 0.59, 2.23)	1.02 ( 0.82, 1.68)
	Hazard Ratio (95% CI)		0.797 ( 0.529, 1.202)
	Treatment P-value [a]		0.35637
	Interaction P-value [b]		0.88911
6 Months	Patients at Risk, Survival Est. (95% CI)	7, 0.27 ( 0.15, 0.41)	1, 0.16 ( 0.07, 0.28)
12 Months	Patients at Risk, Survival Est. (95% CI)	1, 0.23 ( 0.11, 0.37)	0

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EQ5D10.VAS.KM.S6.FAS: EQ-5D VAS Score: Time to Deterioration of at least 10 points (Months) (Full Analysis Set)

Subgroup: Liver Metastasis from IRT Strata, Level: No

Time Point	Statistics	Enfortumab Vedotin (N=208)	Chemotherapy (N=212)
Overall	No. of Events (%)	117 ( 56.3)	123 ( 58.0)
	Median Survival Est. (95% CI)	1.45 ( 1.02, 1.81)	1.18 ( 0.99, 1.81)
	Hazard Ratio (95% CI)		0.825 ( 0.640, 1.063)
	Treatment P-value [a]		0.12550
	Interaction P-value [b]		0.88911
6 Months	Patients at Risk, Survival Est. (95% CI)	12, 0.24 ( 0.16, 0.33)	10, 0.16 ( 0.10, 0.24)
12 Months	Patients at Risk, Survival Est. (95% CI)	1, 0.20 ( 0.12, 0.29)	0

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EQ5D10.VAS.KM.S7.FAS: EQ-5D VAS Score: Time to Deterioration of at least 10 points (Months) (Full Analysis Set)

Subgroup: Pre-selected Investigator's Choice of Paclitaxel/Docetaxel/Vinflunine, Level: Paclitaxel

Time Point	Statistics	Enfortumab Vedotin (N=141)	Chemotherapy (N=112)
Overall	No. of Events (%)	79 ( 56.0)	62 ( 55.4)
	Median Survival Est. (95% CI)	1.22 ( 0.95, 1.94)	1.28 ( 0.82, 1.91)
	Hazard Ratio (95% CI)		0.878 ( 0.630, 1.225)
	Treatment P-value [a]		0.44916
	Interaction P-value [b]		0.75065
6 Months	Patients at Risk, Survival Est. (95% CI)	5, 0.22 ( 0.12, 0.35)	3, 0.15 ( 0.06, 0.28)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EQ5D10.VAS.KM.S7.FAS: EQ-5D VAS Score: Time to Deterioration of at least 10 points (Months) (Full Analysis Set)

Subgroup: Pre-selected Investigator's Choice of Paclitaxel/Docetaxel/Vinflunine, Level: Docetaxel

Time Point	Statistics	Enfortumab Vedotin (N=87)	Chemotherapy (N=117)
Overall	No. of Events (%)	44 ( 50.6)	63 ( 53.8)
	Median Survival Est. (95% CI)	1.45 ( 0.82, 2.07)	1.18 ( 0.95, 2.14)
	Hazard Ratio (95% CI)		0.823 ( 0.560, 1.210)
	Treatment P-value [a]		0.29758
	Interaction P-value [b]		0.75065
6 Months	Patients at Risk, Survival Est. (95% CI)	6, 0.25 ( 0.14, 0.39)	4, 0.18 ( 0.09, 0.30)
12 Months	Patients at Risk, Survival Est. (95% CI)	1, 0.21 ( 0.10, 0.35)	0

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table EQ5D10.VAS.KM.S7.FAS: EQ-5D VAS Score: Time to Deterioration of at least 10 points (Months) (Full Analysis Set)

Subgroup: Pre-selected Investigator's Choice of Paclitaxel/Docetaxel/Vinflunine, Level: Vinflunine

Time Point	Statistics	Enfortumab Vedotin (N=73)	Chemotherapy (N=78)
Overall	No. of Events (%)	41 ( 56.2)	43 ( 55.1)
	Median Survival Est. (95% CI)	1.12 ( 0.72, 2.14)	1.05 ( 0.56, 1.71)
	Hazard Ratio (95% CI)		0.713 ( 0.464, 1.094)
	Treatment P-value [a]		0.15382
	Interaction P-value [b]		0.75065
6 Months	Patients at Risk, Survival Est. (95% CI)	8, 0.28 ( 0.16, 0.42)	4, 0.12 ( 0.04, 0.25)
12 Months	Patients at Risk, Survival Est. (95% CI)	1, 0.24 ( 0.11, 0.38)	0

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table EQ5D10.VAS.KM.S8.FAS: EQ-5D VAS Score: Time to Deterioration of at least 10 points (Months) (Full Analysis Set)

Subgroup: Primary Site of Tumor, Level: Upper Tract

Time Point	Statistics	Enfortumab Vedotin (N=98)	Chemotherapy (N=107)
Overall	No. of Events (%)	54 ( 55.1)	68 ( 63.6)
	Median Survival Est. (95% CI)	1.02 ( 0.72, 1.45)	0.99 ( 0.82, 1.28)
	Hazard Ratio (95% CI)		0.809 ( 0.566, 1.157)
	Treatment P-value [a]		0.28914
	Interaction P-value [b]		0.87519
6 Months	Patients at Risk, Survival Est. (95% CI)	7, 0.28 ( 0.18, 0.39)	5, 0.17 ( 0.09, 0.27)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EQ5D10.VAS.KM.S8.FAS: EQ-5D VAS Score: Time to Deterioration of at least 10 points (Months) (Full Analysis Set)

Subgroup: Primary Site of Tumor, Level: Other

Time Point	Statistics	Enfortumab Vedotin (N=203)	Chemotherapy (N=200)
Overall	No. of Events (%)	110 ( 54.2)	100 ( 50.0)
	Median Survival Est. (95% CI)	1.51 ( 0.99, 2.10)	1.45 ( 0.99, 1.91)
	Hazard Ratio (95% CI)		0.839 ( 0.639, 1.100)
	Treatment P-value [a]		0.17261
	Interaction P-value [b]		0.87519
6 Months	Patients at Risk, Survival Est. (95% CI)	12, 0.24 ( 0.15, 0.33)	6, 0.15 ( 0.08, 0.24)
12 Months	Patients at Risk, Survival Est. (95% CI)	2, 0.19 ( 0.11, 0.29)	0

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EQ5D10.VAS.KM.S9.FAS: EQ-5D VAS Score: Time to Deterioration of at least 10 points (Months) (Full Analysis Set)

Subgroup: Prior Lines of Systemic Therapy, Level: 1-2 lines

Time Point	Statistics	Enfortumab Vedotin (N=262)	Chemotherapy (N=270)
Overall	No. of Events (%)	145 ( 55.3)	145 ( 53.7)
	Median Survival Est. (95% CI)	1.22 ( 0.95, 1.68)	1.18 ( 0.99, 1.61)
	Hazard Ratio (95% CI)		0.820 ( 0.651, 1.033)
	Treatment P-value [a]		0.09174
	Interaction P-value [b]		0.95160
6 Months	Patients at Risk, Survival Est. (95% CI)	18, 0.25 ( 0.18, 0.32)	10, 0.16 ( 0.10, 0.23)
12 Months	Patients at Risk, Survival Est. (95% CI)	2, 0.22 ( 0.15, 0.29)	0

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EQ5D10.VAS.KM.S9.FAS: EQ-5D VAS Score: Time to Deterioration of at least 10 points (Months) (Full Analysis Set)

Subgroup: Prior Lines of Systemic Therapy, Level: &gt;=3 lines

Time Point	Statistics	Enfortumab Vedotin (N=39)	Chemotherapy (N=37)
Overall	No. of Events (%)	19 ( 48.7)	23 ( 62.2)
	Median Survival Est. (95% CI)	1.45 ( 0.99, NC)	1.25 ( 0.72, 2.69)
	Hazard Ratio (95% CI)		0.804 ( 0.437, 1.476)
	Treatment P-value [a]		0.43012
	Interaction P-value [b]		0.95160
6 Months	Patients at Risk, Survival Est. (95% CI)	1, 0.22 ( 0.02, 0.56)	1, 0.12 ( 0.01, 0.37)

Subgroup analyses are conducted if there exist at least 2 levels with >= 10 patients across treatment arms and >=10 events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EQ5D10.VAS.KM.S10.FAS: EQ-5D VAS Score: Time to Deterioration of at least 10 points (Months) (Full Analysis Set)

Subgroup: Best Response to Prior CPI, Level: Responder

Time Point	Statistics	Enfortumab Vedotin (N=61)	Chemotherapy (N=50)
Overall	No. of Events (%)	38 ( 62.3)	31 ( 62.0)
	Median Survival Est. (95% CI)	1.18 ( 0.79, 1.64)	1.25 ( 0.95, 1.94)
	Hazard Ratio (95% CI)		0.924 ( 0.575, 1.486)
	Treatment P-value [a]		0.84317
	Interaction P-value [b]		0.57131
6 Months	Patients at Risk, Survival Est. (95% CI)	1, 0.20 ( 0.08, 0.36)	4, 0.18 ( 0.07, 0.34)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EQ5D10.VAS.KM.S10.FAS: EQ-5D VAS Score: Time to Deterioration of at least 10 points (Months) (Full Analysis Set)

Subgroup: Best Response to Prior CPI, Level: Non-responder

Time Point	Statistics	Enfortumab Vedotin (N=207)	Chemotherapy (N=215)
Overall	No. of Events (%)	109 ( 52.7)	117 ( 54.4)
	Median Survival Est. (95% CI)	1.28 ( 0.89, 1.71)	1.18 ( 0.95, 1.68)
	Hazard Ratio (95% CI)		0.790 ( 0.608, 1.027)
	Treatment P-value [a]		0.07614
	Interaction P-value [b]		0.57131
6 Months	Patients at Risk, Survival Est. (95% CI)	16, 0.27 ( 0.19, 0.36)	6, 0.14 ( 0.08, 0.23)
12 Months	Patients at Risk, Survival Est. (95% CI)	2, 0.23 ( 0.15, 0.33)	0

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

### 2.6.3 Sensitivitätsanalyse (Responderschwelle ≥ 15 Punkte)

Astellas: 7465-CL-0301

Table EQ5D15.VAS.KM.S1.FAS: EQ-5D VAS Score: Time to Deterioration of at least 15 points (Months) (Full Analysis Set)

Subgroup: Age Group 1, Level: <65 years

Time Point	Statistics	Enfortumab Vedotin (N=108)	Chemotherapy (N=111)
Overall	No. of Events (%)	45 ( 41.7)	46 ( 41.4)
	Median Survival Est. (95% CI)	5.19 ( 1.54, 8.38)	2.46 ( 1.48, 5.59)
	Hazard Ratio (95% CI)		0.829 ( 0.550, 1.251)
	Treatment P-value [a]		0.36346
	Interaction P-value [b]		0.87136
6 Months	Patients at Risk, Survival Est. (95% CI)	12, 0.45 ( 0.32, 0.57)	7, 0.37 ( 0.24, 0.50)
12 Months	Patients at Risk, Survival Est. (95% CI)	1, 0.29 ( 0.13, 0.46)	0

Subgroup analyses are conducted if there exist at least 2 levels with >= 10 patients across treatment arms and >=10 events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EQ5D15.VAS.KM.S1.FAS: EQ-5D VAS Score: Time to Deterioration of at least 15 points (Months) (Full Analysis Set)

Subgroup: Age Group 1, Level: &gt;=65 years

Time Point	Statistics	Enfortumab Vedotin (N=193)	Chemotherapy (N=196)
Overall	No. of Events (%)	87 ( 45.1)	90 ( 45.9)
	Median Survival Est. (95% CI)	2.23 ( 1.41, 5.49)	1.71 ( 1.25, 2.37)
	Hazard Ratio (95% CI)		0.795 ( 0.592, 1.069)
	Treatment P-value [a]		0.14343
	Interaction P-value [b]		0.87136
6 Months	Patients at Risk, Survival Est. (95% CI)	18, 0.37 ( 0.27, 0.46)	9, 0.28 ( 0.19, 0.38)
12 Months	Patients at Risk, Survival Est. (95% CI)	1, 0.20 ( 0.06, 0.40)	1, 0.20 ( 0.10, 0.33)

Subgroup analyses are conducted if there exist at least 2 levels with >= 10 patients across treatment arms and >=10 events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EQ5D15.VAS.KM.S2.FAS: EQ-5D VAS Score: Time to Deterioration of at least 15 points (Months) (Full Analysis Set)

Subgroup: Age Group 2, Level: &lt;75 years

Time Point	Statistics	Enfortumab Vedotin (N=249)	Chemotherapy (N=239)
Overall	No. of Events (%)	107 ( 43.0)	96 ( 40.2)
	Median Survival Est. (95% CI)	2.83 ( 1.68, 6.54)	2.14 ( 1.61, 3.75)
	Hazard Ratio (95% CI)		0.833 ( 0.632, 1.099)
	Treatment P-value [a]		0.18818
	Interaction P-value [b]		0.94798
6 Months	Patients at Risk, Survival Est. (95% CI)	26, 0.42 ( 0.33, 0.50)	12, 0.36 ( 0.27, 0.45)
12 Months	Patients at Risk, Survival Est. (95% CI)	1, 0.25 ( 0.11, 0.41)	0

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table EQ5D15.VAS.KM.S2.FAS: EQ-5D VAS Score: Time to Deterioration of at least 15 points (Months) (Full Analysis Set)

Subgroup: Age Group 2, Level: &gt;=75 years

Time Point	Statistics	Enfortumab Vedotin (N=52)	Chemotherapy (N=68)
Overall	No. of Events (%)	25 ( 48.1)	40 ( 58.8)
	Median Survival Est. (95% CI)	1.74 ( 0.79, 5.88)	1.18 ( 0.99, 2.56)
	Hazard Ratio (95% CI)		0.818 ( 0.496, 1.348)
	Treatment P-value [a]		0.44131
	Interaction P-value [b]		0.94798
6 Months	Patients at Risk, Survival Est. (95% CI)	4, 0.30 ( 0.13, 0.49)	4, 0.18 ( 0.07, 0.31)
12 Months	Patients at Risk, Survival Est. (95% CI)	1, 0.20 ( 0.05, 0.43)	1, 0.13 ( 0.04, 0.27)

Subgroup analyses are conducted if there exist at least 2 levels with >= 10 patients across treatment arms and >=10 events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EQ5D15.VAS.KM.S3.FAS: EQ-5D VAS Score: Time to Deterioration of at least 15 points (Months) (Full Analysis Set)

Subgroup: Gender, Level: Male

Time Point	Statistics	Enfortumab Vedotin (N=238)	Chemotherapy (N=232)
Overall	No. of Events (%)	107 ( 45.0)	107 ( 46.1)
	Median Survival Est. (95% CI)	2.14 ( 1.58, 5.68)	1.74 ( 1.38, 2.37)
	Hazard Ratio (95% CI)		0.770 ( 0.589, 1.008)
	Treatment P-value [a]		0.04701
	Interaction P-value [b]		0.58923
6 Months	Patients at Risk, Survival Est. (95% CI)	24, 0.39 ( 0.30, 0.48)	11, 0.29 ( 0.20, 0.38)
12 Months	Patients at Risk, Survival Est. (95% CI)	2, 0.21 ( 0.09, 0.35)	0

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table EQ5D15.VAS.KM.S3.FAS: EQ-5D VAS Score: Time to Deterioration of at least 15 points (Months) (Full Analysis Set)

Subgroup: Gender, Level: Female

Time Point	Statistics	Enfortumab Vedotin (N=63)	Chemotherapy (N=75)
Overall	No. of Events (%)	25 ( 39.7)	29 ( 38.7)
	Median Survival Est. (95% CI)	5.36 ( 1.02, NC)	2.46 ( 1.15, NC)
	Hazard Ratio (95% CI)		0.908 ( 0.532, 1.552)
	Treatment P-value [a]		0.77236
	Interaction P-value [b]		0.58923
6 Months	Patients at Risk, Survival Est. (95% CI)	6, 0.43 ( 0.26, 0.59)	5, 0.37 ( 0.22, 0.52)
12 Months	Patients at Risk, Survival Est. (95% CI)	0	1, 0.37 ( 0.22, 0.52)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EQ5D15.VAS.KM.S4.FAS: EQ-5D VAS Score: Time to Deterioration of at least 15 points (Months) (Full Analysis Set)

Subgroup: Region, Level: Western Europe

Time Point	Statistics	Enfortumab Vedotin (N=126)	Chemotherapy (N=129)
Overall	No. of Events (%)	49 ( 38.9)	48 ( 37.2)
	Median Survival Est. (95% CI)	5.36 ( 1.68, 6.83)	1.48 ( 0.99, 2.00)
	Hazard Ratio (95% CI)		0.710 ( 0.477, 1.058)
	Treatment P-value [a]		0.12322
	Interaction P-value [b]		0.51435
6 Months	Patients at Risk, Survival Est. (95% CI)	10, 0.37 ( 0.23, 0.50)	7, 0.33 ( 0.22, 0.45)
12 Months	Patients at Risk, Survival Est. (95% CI)	1, 0.32 ( 0.17, 0.47)	1, 0.26 ( 0.13, 0.42)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EQ5D15.VAS.KM.S4.FAS: EQ-5D VAS Score: Time to Deterioration of at least 15 points (Months) (Full Analysis Set)

Subgroup: Region, Level: US

Time Point	Statistics	Enfortumab Vedotin (N=43)	Chemotherapy (N=44)
Overall	No. of Events (%)	14 ( 32.6)	12 ( 27.3)
	Median Survival Est. (95% CI)	5.45 ( 1.58, NC)	2.69 ( 2.23, NC)
	Hazard Ratio (95% CI)		1.183 ( 0.546, 2.559)
	Treatment P-value [a]		0.59207
	Interaction P-value [b]		0.51435
6 Months	Patients at Risk, Survival Est. (95% CI)	4, 0.39 ( 0.17, 0.61)	2, 0.50 ( 0.28, 0.68)
12 Months	Patients at Risk, Survival Est. (95% CI)	1, 0.39 ( 0.17, 0.61)	0

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EQ5D15.VAS.KM.S4.FAS: EQ-5D VAS Score: Time to Deterioration of at least 15 points (Months) (Full Analysis Set)

Subgroup: Region, Level: Rest of the World

Time Point	Statistics	Enfortumab Vedotin (N=132)	Chemotherapy (N=134)
Overall	No. of Events (%)	69 ( 52.3)	76 ( 56.7)
	Median Survival Est. (95% CI)	1.97 ( 1.22, 6.54)	2.14 ( 1.38, 2.79)
	Hazard Ratio (95% CI)		0.806 ( 0.581, 1.117)
	Treatment P-value [a]		0.13590
	Interaction P-value [b]		0.51435
6 Months	Patients at Risk, Survival Est. (95% CI)	16, 0.42 ( 0.32, 0.52)	7, 0.26 ( 0.17, 0.37)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EQ5D15.VAS.KM.S5.FAS: EQ-5D VAS Score: Time to Deterioration of at least 15 points (Months) (Full Analysis Set)

Subgroup: ECOG PS from IRT Strata, Level: 0

Time Point	Statistics	Enfortumab Vedotin (N=120)	Chemotherapy (N=124)
Overall	No. of Events (%)	57 ( 47.5)	51 ( 41.1)
	Median Survival Est. (95% CI)	2.14 ( 1.41, 5.68)	3.06 ( 1.68, 7.69)
	Hazard Ratio (95% CI)		1.065 ( 0.729, 1.555)
	Treatment P-value [a]		0.82322
	Interaction P-value [b]		0.05135
6 Months	Patients at Risk, Survival Est. (95% CI)	14, 0.38 ( 0.26, 0.50)	8, 0.47 ( 0.36, 0.58)
12 Months	Patients at Risk, Survival Est. (95% CI)	0	1, 0.16 ( 0.03, 0.38)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table EQ5D15.VAS.KM.S5.FAS: EQ-5D VAS Score: Time to Deterioration of at least 15 points (Months) (Full Analysis Set)

Subgroup: ECOG PS from IRT Strata, Level: 1

Time Point	Statistics	Enfortumab Vedotin (N=181)	Chemotherapy (N=183)
Overall	No. of Events (%)	75 ( 41.4)	85 ( 46.4)
	Median Survival Est. (95% CI)	2.56 ( 1.68, 6.83)	1.61 ( 1.15, 2.10)
	Hazard Ratio (95% CI)		0.655 ( 0.480, 0.893)
	Treatment P-value [a]		0.00726
	Interaction P-value [b]		0.05135
6 Months	Patients at Risk, Survival Est. (95% CI)	16, 0.41 ( 0.31, 0.51)	8, 0.19 ( 0.11, 0.29)
12 Months	Patients at Risk, Survival Est. (95% CI)	2, 0.26 ( 0.14, 0.40)	0

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table EQ5D15.VAS.KM.S6.FAS: EQ-5D VAS Score: Time to Deterioration of at least 15 points (Months) (Full Analysis Set)

Subgroup: Liver Metastasis from IRT Strata, Level: Yes

Time Point	Statistics	Enfortumab Vedotin (N=93)	Chemotherapy (N=95)
Overall	No. of Events (%)	38 ( 40.9)	39 ( 41.1)
	Median Survival Est. (95% CI)	1.97 ( 0.99, NC)	1.61 ( 0.99, 2.23)
	Hazard Ratio (95% CI)		0.725 ( 0.463, 1.135)
	Treatment P-value [a]		0.21191
	Interaction P-value [b]		0.59248
6 Months	Patients at Risk, Survival Est. (95% CI)	11, 0.41 ( 0.28, 0.54)	3, 0.28 ( 0.16, 0.42)
12 Months	Patients at Risk, Survival Est. (95% CI)	1, 0.36 ( 0.21, 0.51)	1, 0.19 ( 0.05, 0.38)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table EQ5D15.VAS.KM.S6.FAS: EQ-5D VAS Score: Time to Deterioration of at least 15 points (Months) (Full Analysis Set)

Subgroup: Liver Metastasis from IRT Strata, Level: No

Time Point	Statistics	Enfortumab Vedotin (N=208)	Chemotherapy (N=212)
Overall	No. of Events (%)	94 ( 45.2)	97 ( 45.8)
	Median Survival Est. (95% CI)	2.83 ( 1.74, 5.88)	2.14 ( 1.51, 3.75)
	Hazard Ratio (95% CI)		0.838 ( 0.631, 1.113)
	Treatment P-value [a]		0.19465
	Interaction P-value [b]		0.59248
6 Months	Patients at Risk, Survival Est. (95% CI)	19, 0.39 ( 0.29, 0.48)	13, 0.32 ( 0.23, 0.41)
12 Months	Patients at Risk, Survival Est. (95% CI)	1, 0.20 ( 0.08, 0.36)	0

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EQ5D15.VAS.KM.S7.FAS: EQ-5D VAS Score: Time to Deterioration of at least 15 points (Months) (Full Analysis Set)

Subgroup: Pre-selected Investigator's Choice of Paclitaxel/Docetaxel/Vinflunine, Level: Paclitaxel

Time Point	Statistics	Enfortumab Vedotin (N=141)	Chemotherapy (N=112)
Overall	No. of Events (%)	60 ( 42.6)	50 ( 44.6)
	Median Survival Est. (95% CI)	5.36 ( 1.54, 9.36)	2.14 ( 1.18, 3.75)
	Hazard Ratio (95% CI)		0.776 ( 0.533, 1.130)
	Treatment P-value [a]		0.19397
	Interaction P-value [b]		0.91603
6 Months	Patients at Risk, Survival Est. (95% CI)	14, 0.45 ( 0.33, 0.56)	4, 0.30 ( 0.17, 0.44)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table EQ5D15.VAS.KM.S7.FAS: EQ-5D VAS Score: Time to Deterioration of at least 15 points (Months) (Full Analysis Set)

Subgroup: Pre-selected Investigator's Choice of Paclitaxel/Docetaxel/Vinflunine, Level: Docetaxel

Time Point	Statistics	Enfortumab Vedotin (N=87)	Chemotherapy (N=117)
Overall	No. of Events (%)	37 ( 42.5)	51 ( 43.6)
	Median Survival Est. (95% CI)	2.07 ( 1.22, 5.49)	2.46 ( 1.25, 4.60)
	Hazard Ratio (95% CI)		0.873 ( 0.571, 1.334)
	Treatment P-value [a]		0.53685
	Interaction P-value [b]		0.91603
6 Months	Patients at Risk, Survival Est. (95% CI)	8, 0.35 ( 0.22, 0.50)	6, 0.29 ( 0.17, 0.43)
12 Months	Patients at Risk, Survival Est. (95% CI)	1, 0.31 ( 0.17, 0.46)	0

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table EQ5D15.VAS.KM.S7.FAS: EQ-5D VAS Score: Time to Deterioration of at least 15 points (Months) (Full Analysis Set)

Subgroup: Pre-selected Investigator's Choice of Paclitaxel/Docetaxel/Vinflunine, Level: Vinflunine

Time Point	Statistics	Enfortumab Vedotin (N=73)	Chemotherapy (N=78)
Overall	No. of Events (%)	35 ( 47.9)	35 ( 44.9)
	Median Survival Est. (95% CI)	2.14 ( 0.92, 6.83)	1.61 ( 0.99, 2.14)
	Hazard Ratio (95% CI)		0.797 ( 0.498, 1.273)
	Treatment P-value [a]		0.37710
	Interaction P-value [b]		0.91603
6 Months	Patients at Risk, Survival Est. (95% CI)	8, 0.36 ( 0.22, 0.51)	6, 0.31 ( 0.18, 0.45)
12 Months	Patients at Risk, Survival Est. (95% CI)	1, 0.30 ( 0.15, 0.47)	1, 0.23 ( 0.09, 0.41)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EQ5D15.VAS.KM.S8.FAS: EQ-5D VAS Score: Time to Deterioration of at least 15 points (Months) (Full Analysis Set)

Subgroup: Primary Site of Tumor, Level: Upper Tract

Time Point	Statistics	Enfortumab Vedotin (N=98)	Chemotherapy (N=107)
Overall	No. of Events (%)	47 ( 48.0)	56 ( 52.3)
	Median Survival Est. (95% CI)	1.45 ( 0.99, 2.56)	1.68 ( 1.02, 2.37)
	Hazard Ratio (95% CI)		0.883 ( 0.599, 1.302)
	Treatment P-value [a]		0.60480
	Interaction P-value [b]		0.64757
6 Months	Patients at Risk, Survival Est. (95% CI)	10, 0.39 ( 0.27, 0.50)	5, 0.26 ( 0.15, 0.38)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EQ5D15.VAS.KM.S8.FAS: EQ-5D VAS Score: Time to Deterioration of at least 15 points (Months) (Full Analysis Set)

Subgroup: Primary Site of Tumor, Level: Other

Time Point	Statistics	Enfortumab Vedotin (N=203)	Chemotherapy (N=200)
Overall	No. of Events (%)	85 ( 41.9)	80 ( 40.0)
	Median Survival Est. (95% CI)	5.36 ( 1.94, 6.83)	2.14 ( 1.58, 3.91)
	Hazard Ratio (95% CI)		0.787 ( 0.579, 1.069)
	Treatment P-value [a]		0.10965
	Interaction P-value [b]		0.64757
6 Months	Patients at Risk, Survival Est. (95% CI)	20, 0.40 ( 0.30, 0.50)	11, 0.34 ( 0.24, 0.44)
12 Months	Patients at Risk, Survival Est. (95% CI)	2, 0.25 ( 0.12, 0.40)	1, 0.18 ( 0.08, 0.32)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EQ5D15.VAS.KM.S9.FAS: EQ-5D VAS Score: Time to Deterioration of at least 15 points (Months) (Full Analysis Set)

Subgroup: Prior Lines of Systemic Therapy, Level: 1-2 lines

Time Point	Statistics	Enfortumab Vedotin (N=262)	Chemotherapy (N=270)
Overall	No. of Events (%)	114 ( 43.5)	119 ( 44.1)
	Median Survival Est. (95% CI)	2.53 ( 1.74, 5.88)	1.81 ( 1.45, 2.37)
	Hazard Ratio (95% CI)		0.770 ( 0.595, 0.997)
	Treatment P-value [a]		0.04902
	Interaction P-value [b]		0.31732
6 Months	Patients at Risk, Survival Est. (95% CI)	29, 0.41 ( 0.33, 0.49)	13, 0.29 ( 0.21, 0.38)
12 Months	Patients at Risk, Survival Est. (95% CI)	2, 0.25 ( 0.13, 0.40)	1, 0.18 ( 0.09, 0.29)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EQ5D15.VAS.KM.S9.FAS: EQ-5D VAS Score: Time to Deterioration of at least 15 points (Months) (Full Analysis Set)

Subgroup: Prior Lines of Systemic Therapy, Level: &gt;=3 lines

Time Point	Statistics	Enfortumab Vedotin (N=39)	Chemotherapy (N=37)
Overall	No. of Events (%)	18 ( 46.2)	17 ( 45.9)
	Median Survival Est. (95% CI)	4.44 ( 1.02, NC)	2.69 ( 0.95, NC)
	Hazard Ratio (95% CI)		1.107 ( 0.570, 2.150)
	Treatment P-value [a]		0.83318
	Interaction P-value [b]		0.31732
6 Months	Patients at Risk, Survival Est. (95% CI)	1, 0.21 ( 0.02, 0.55)	3, 0.37 ( 0.14, 0.61)

Subgroup analyses are conducted if there exist at least 2 levels with >= 10 patients across treatment arms and >=10 events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EQ5D15.VAS.KM.S10.FAS: EQ-5D VAS Score: Time to Deterioration of at least 15 points (Months) (Full Analysis Set)

Subgroup: Best Response to Prior CPI, Level: Responder

Time Point	Statistics	Enfortumab Vedotin (N=61)	Chemotherapy (N=50)
Overall	No. of Events (%)	31 ( 50.8)	27 ( 54.0)
	Median Survival Est. (95% CI)	1.94 ( 1.02, 7.16)	1.74 ( 0.99, 5.59)
	Hazard Ratio (95% CI)		0.771 ( 0.460, 1.292)
	Treatment P-value [a]		0.34365
	Interaction P-value [b]		0.81938
6 Months	Patients at Risk, Survival Est. (95% CI)	4, 0.37 ( 0.22, 0.53)	5, 0.29 ( 0.14, 0.47)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table EQ5D15.VAS.KM.S10.FAS: EQ-5D VAS Score: Time to Deterioration of at least 15 points (Months) (Full Analysis Set)

Subgroup: Best Response to Prior CPI, Level: Non-responder

Time Point	Statistics	Enfortumab Vedotin (N=207)	Chemotherapy (N=215)
Overall	No. of Events (%)	88 ( 42.5)	92 ( 42.8)
	Median Survival Est. (95% CI)	4.44 ( 1.58, 6.83)	2.14 ( 1.45, 2.79)
	Hazard Ratio (95% CI)		0.826 ( 0.616, 1.108)
	Treatment P-value [a]		0.20060
	Interaction P-value [b]		0.81938
6 Months	Patients at Risk, Survival Est. (95% CI)	23, 0.41 ( 0.32, 0.50)	10, 0.31 ( 0.22, 0.41)
12 Months	Patients at Risk, Survival Est. (95% CI)	2, 0.23 ( 0.10, 0.41)	1, 0.24 ( 0.14, 0.36)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## 2.6.4 MMRM-Modell

Astellas: 7465-CL-0301

Table EQ5D.VAS.MM.S1.FAS: Mixed Model Repeated Measures (MMRM) Analysis: Change from Baseline - EQ-5D VAS Score (Week 1 to Week 24) (Full Analysis Set)

Subgroup: Age Group 1

Subgroup Level	Statistic	Enfortumab Vedotin	Chemotherapy	Enfortumab Vedotin vs Chemotherapy Mean Difference (95% CI)
<65 years	N, n	108, 82	111, 68	
	Baseline Mean (SD)	67.09 (18.07)	73.24 (19.73)	
	Change from Baseline LS Mean (SE)	-1.11 ( 1.22)	-2.02 ( 1.33)	0.91 ( -2.63, 4.46)
	Treatment P-value			0.61223
	Hedge's g (95% CI)			0.07 (-0.25, 0.39)
>=65 years	N, n	193, 146	196, 124	
	Baseline Mean (SD)	68.90 (17.88)	69.27 (17.28)	
	Change from Baseline LS Mean (SE)	-3.48 ( 0.92)	-6.26 ( 1.01)	2.78 ( 0.10, 5.46)
	Treatment P-value			0.04184
	Hedge's g (95% CI)			0.19 (-0.05, 0.43)
	Interaction P-value [b]			0.17358

Subgroup analyses are conducted if there exists at least 2 levels with  $\geq 10$  patients across treatment arms that have a baseline score and at least one post-baseline score up to Week 24.

N: Number of patients in the subgroup level. n: Number of patients with a baseline and at least one post-baseline score up to Week 24.

Estimates are based on a mixed model which included treatment, baseline PRO, scheduled visit, scheduled visit\*baseline PRO and scheduled visit\*treatment as fixed effects. Scheduled visit was treated as a repeated measure within patients. Hedge's g statistic has a bias correction applied.

[a] The Overall analysis included an adjustment for Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[b] Subgroup analysis included an adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_MM.SAS

Date/time of run: 02JUL2021 12:13

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table EQ5D.VAS.MM.S2.FAS: Mixed Model Repeated Measures (MMRM) Analysis: Change from Baseline - EQ-5D VAS Score (Week 1 to Week 24) (Full Analysis Set)

Subgroup: Age Group 2

Subgroup Level	Statistic	Enfortumab Vedotin	Chemotherapy	Enfortumab Vedotin vs Chemotherapy Mean Difference (95% CI)
<75 years	N, n	249, 191	239, 146	
	Baseline Mean (SD)	67.87 (18.54)	70.62 (19.14)	
	Change from Baseline LS Mean (SE)	-2.21 ( 0.80)	-3.53 ( 0.92)	1.32 ( -1.08, 3.72)
	Treatment P-value			0.27942
	Hedge's g (95% CI)			0.09 (-0.12, 0.31)
	Interaction P-value [b]			0.24334

Subgroup analyses are conducted if there exists at least 2 levels with  $\geq 10$  patients across treatment arms that have a baseline score and at least one post-baseline score up to Week 24.

N: Number of patients in the subgroup level. n: Number of patients with a baseline and at least one post-baseline score up to Week 24.

Estimates are based on a mixed model which included treatment, baseline PRO, scheduled visit, scheduled visit\*baseline PRO and scheduled visit\*treatment as fixed effects. Scheduled visit was treated as a repeated measure within patients.

Hedge's g statistic has a bias correction applied.

[a] The Overall analysis included an adjustment for Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[b] Subgroup analysis included an adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_MM.SAS

Date/time of run: 02JUL2021 12:13

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EQ5D.VAS.MM.S3.FAS: Mixed Model Repeated Measures (MMRM) Analysis: Change from Baseline - EQ-5D VAS Score (Week 1 to Week 24) (Full Analysis Set)

Subgroup: Gender

Subgroup Level	Statistic	Enfortumab Vedotin	Chemotherapy	Enfortumab Vedotin vs Chemotherapy Mean Difference (95% CI)
Male	N, n	238, 180	232, 147	
	Baseline Mean (SD)	68.71 (17.24)	70.79 (17.22)	
	Change from Baseline LS Mean (SE)	-2.43 ( 0.84)	-4.58 ( 0.93)	2.15 ( -0.31, 4.61)
	Treatment P-value			0.08621
	Hedge's g (95% CI)			0.15 (-0.07, 0.37)
	Interaction P-value [b]			0.74853

Subgroup analyses are conducted if there exists at least 2 levels with  $\geq 10$  patients across treatment arms that have a baseline score and at least one post-baseline score up to Week 24.

N: Number of patients in the subgroup level. n: Number of patients with a baseline and at least one post-baseline score up to Week 24.

Estimates are based on a mixed model which included treatment, baseline PRO, scheduled visit, scheduled visit\*baseline PRO and scheduled visit\*treatment as fixed effects. Scheduled visit was treated as a repeated measure within patients.

Hedge's g statistic has a bias correction applied.

[a] The Overall analysis included an adjustment for Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[b] Subgroup analysis included an adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_MM.SAS

Date/time of run: 02JUL2021 12:13

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EQ5D.VAS.MM.S4.FAS: Mixed Model Repeated Measures (MMRM) Analysis: Change from Baseline - EQ-5D VAS Score (Week 1 to Week 24) (Full Analysis Set)

Subgroup: Region

Subgroup Level	Statistic	Enfortumab Vedotin	Chemotherapy	Enfortumab Vedotin vs Chemotherapy Mean Difference (95% CI)
Western Europe	N, n	126, 85	129, 65	
	Baseline Mean (SD)	67.08 (18.66)	66.89 (20.92)	
	Change from Baseline LS Mean (SE)	-2.00 ( 1.21)	-6.66 ( 1.40)	4.66 ( 1.03, 8.30)
	Treatment P-value			0.01212
	Hedge's g (95% CI)			0.30 (-0.02, 0.62)
US	N, n	43, 28	44, 25	
	Baseline Mean (SD)	74.29 (20.23)	74.56 (15.52)	
	Change from Baseline LS Mean (SE)	-3.29 ( 2.16)	-1.65 ( 2.26)	-1.63 ( -7.77, 4.50)
	Treatment P-value			0.60103
	Hedge's g (95% CI)			-0.15 (-0.68, 0.39)

Subgroup analyses are conducted if there exists at least 2 levels with  $\geq 10$  patients across treatment arms that have a baseline score and at least one post-baseline score up to Week 24.

N: Number of patients in the subgroup level. n: Number of patients with a baseline and at least one post-baseline score up to Week 24.

Estimates are based on a mixed model which included treatment, baseline PRO, scheduled visit, scheduled visit\*baseline PRO and scheduled visit\*treatment as fixed effects. Scheduled visit was treated as a repeated measure within patients.

Hedge's g statistic has a bias correction applied.

[a] The Overall analysis included an adjustment for Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[b] Subgroup analysis included an adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_MM.SAS

Date/time of run: 02JUL2021 12:13

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table EQ5D.VAS.MM.S4.FAS: Mixed Model Repeated Measures (MMRM) Analysis: Change from Baseline - EQ-5D VAS Score (Week 1 to Week 24) (Full Analysis Set)

Subgroup: Region

Subgroup Level	Statistic	Enfortumab Vedotin	Chemotherapy	Enfortumab Vedotin vs Chemotherapy Mean Difference (95% CI)
Rest of the World	N, n	132, 115	134, 102	
	Baseline Mean (SD)	67.63 (16.62)	72.14 (16.70)	
	Change from Baseline LS Mean (SE)	-3.03 ( 1.03)	-4.29 ( 1.10)	1.26 ( -1.70, 4.23)
	Treatment P-value			0.40231
	Hedge's g (95% CI)			0.09 (-0.18, 0.35)
	Interaction P-value [b]			0.22358

Subgroup analyses are conducted if there exists at least 2 levels with  $\geq 10$  patients across treatment arms that have a baseline score and at least one post-baseline score up to Week 24.

N: Number of patients in the subgroup level. n: Number of patients with a baseline and at least one post-baseline score up to Week 24.

Estimates are based on a mixed model which included treatment, baseline PRO, scheduled visit, scheduled visit\*baseline PRO and scheduled visit\*treatment as fixed effects. Scheduled visit was treated as a repeated measure within patients.

Hedge's g statistic has a bias correction applied.

[a] The Overall analysis included an adjustment for Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[b] Subgroup analysis included an adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_MM.SAS

Date/time of run: 02JUL2021 12:13

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EQ5D.VAS.MM.S5.FAS: Mixed Model Repeated Measures (MMRM) Analysis: Change from Baseline - EQ-5D VAS Score (Week 1 to Week 24) (Full Analysis Set)

Subgroup: ECOG PS from IRT Strata

Subgroup Level	Statistic	Enfortumab Vedotin	Chemotherapy	Enfortumab Vedotin vs Chemotherapy Mean Difference (95% CI)
0	N, n	120, 98	124, 89	
	Baseline Mean (SD)	73.10 (16.36)	75.17 (17.10)	
	Change from Baseline LS Mean (SE)	-4.73 ( 1.10)	-3.36 ( 1.16)	-1.38 ( -4.51, 1.76)
	Treatment P-value			0.38767
	Hedge's g (95% CI)			-0.10 (-0.39, 0.18)
1	N, n	181, 130	183, 103	
	Baseline Mean (SD)	64.58 (18.24)	66.80 (18.37)	
	Change from Baseline LS Mean (SE)	-0.85 ( 0.99)	-5.92 ( 1.11)	5.07 ( 2.15, 7.99)
	Treatment P-value			0.00070
	Hedge's g (95% CI)			0.34 ( 0.08, 0.60)
	Interaction P-value [b]			0.00447

Subgroup analyses are conducted if there exists at least 2 levels with  $\geq 10$  patients across treatment arms that have a baseline score and at least one post-baseline score up to Week 24.

N: Number of patients in the subgroup level. n: Number of patients with a baseline and at least one post-baseline score up to Week 24.

Estimates are based on a mixed model which included treatment, baseline PRO, scheduled visit, scheduled visit\*baseline PRO and scheduled visit\*treatment as fixed effects. Scheduled visit was treated as a repeated measure within patients.

Hedge's g statistic has a bias correction applied.

[a] The Overall analysis included an adjustment for Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[b] Subgroup analysis included an adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_MM.SAS

Date/time of run: 02JUL2021 12:13

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EQ5D.VAS.MM.S6.FAS: Mixed Model Repeated Measures (MMRM) Analysis: Change from Baseline - EQ-5D VAS Score (Week 1 to Week 24) (Full Analysis Set)

Subgroup: Liver Metastasis from IRT Strata

Subgroup Level	Statistic	Enfortumab Vedotin	Chemotherapy	Enfortumab Vedotin vs Chemotherapy Mean Difference (95% CI)
Yes	N, n	93, 62	95, 51	
	Baseline Mean (SD)	63.44 (18.77)	69.04 (18.44)	
	Change from Baseline LS Mean (SE)	-0.78 ( 1.42)	-5.77 ( 1.60)	4.99 ( 0.78, 9.20)
	Treatment P-value			0.02025
	Hedge's g (95% CI)			0.30 (-0.07, 0.67)
	Interaction P-value [b]			0.57000

Subgroup analyses are conducted if there exists at least 2 levels with  $\geq 10$  patients across treatment arms that have a baseline score and at least one post-baseline score up to Week 24.

N: Number of patients in the subgroup level. n: Number of patients with a baseline and at least one post-baseline score up to Week 24.

Estimates are based on a mixed model which included treatment, baseline PRO, scheduled visit, scheduled visit\*baseline PRO and scheduled visit\*treatment as fixed effects. Scheduled visit was treated as a repeated measure within patients.

Hedge's g statistic has a bias correction applied.

[a] The Overall analysis included an adjustment for Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[b] Subgroup analysis included an adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_MM.SAS

Date/time of run: 02JUL2021 12:13

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EQ5D.VAS.MM.S7.FAS: Mixed Model Repeated Measures (MMRM) Analysis: Change from Baseline - EQ-5D VAS Score (Week 1 to Week 24) (Full Analysis Set)

Subgroup: Pre-selected Investigator's Choice of Paclitaxel/Docetaxel/Vinflunine

Subgroup Level	Statistic	Enfortumab Vedotin	Chemotherapy	Enfortumab Vedotin vs Chemotherapy Mean Difference (95% CI)
Paclitaxel	N, n	141, 117	112, 73	
	Baseline Mean (SD)	65.99 (18.82)	75.60 (14.86)	
	Change from Baseline LS Mean (SE)	-1.88 ( 1.03)	-6.04 ( 1.30)	4.17 ( 0.91, 7.43)
	Treatment P-value			0.01238
	Hedge's g (95% CI)			0.28 (-0.01, 0.57)
Docetaxel	N, n	87, 59	117, 72	
	Baseline Mean (SD)	72.34 (16.09)	70.94 (17.05)	
	Change from Baseline LS Mean (SE)	-4.20 ( 1.45)	-3.72 ( 1.34)	-0.47 ( -4.35, 3.40)
	Treatment P-value			0.81054
	Hedge's g (95% CI)			-0.04 (-0.38, 0.31)

Subgroup analyses are conducted if there exists at least 2 levels with  $\geq 10$  patients across treatment arms that have a baseline score and at least one post-baseline score up to Week 24.

N: Number of patients in the subgroup level. n: Number of patients with a baseline and at least one post-baseline score up to Week 24.

Estimates are based on a mixed model which included treatment, baseline PRO, scheduled visit, scheduled visit\*baseline PRO and scheduled visit\*treatment as fixed effects. Scheduled visit was treated as a repeated measure within patients.

Hedge's g statistic has a bias correction applied.

[a] The Overall analysis included an adjustment for Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[b] Subgroup analysis included an adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_MM.SAS

Date/time of run: 02JUL2021 12:13

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table EQ5D.VAS.MM.S7.FAS: Mixed Model Repeated Measures (MMRM) Analysis: Change from Baseline - EQ-5D VAS Score (Week 1 to Week 24) (Full Analysis Set)

Subgroup: Pre-selected Investigator's Choice of Paclitaxel/Docetaxel/Vinflunine

Subgroup Level	Statistic	Enfortumab Vedotin	Chemotherapy	Enfortumab Vedotin vs Chemotherapy Mean Difference (95% CI)
Vinflunine	N, n	73, 52	78, 47	
	Baseline Mean (SD)	68.67 (17.29)	62.62 (21.93)	
	Change from Baseline LS Mean (SE)	-2.47 ( 1.59)	-4.03 ( 1.66)	1.56 ( -2.94, 6.07)
	Treatment P-value			0.49609
	Hedge's g (95% CI)			0.10 (-0.29, 0.49)
	Interaction P-value [b]			0.76649

Subgroup analyses are conducted if there exists at least 2 levels with  $\geq 10$  patients across treatment arms that have a baseline score and at least one post-baseline score up to Week 24.

N: Number of patients in the subgroup level. n: Number of patients with a baseline and at least one post-baseline score up to Week 24.

Estimates are based on a mixed model which included treatment, baseline PRO, scheduled visit, scheduled visit\*baseline PRO and scheduled visit\*treatment as fixed effects. Scheduled visit was treated as a repeated measure within patients.

Hedge's g statistic has a bias correction applied.

[a] The Overall analysis included an adjustment for Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[b] Subgroup analysis included an adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_MM.SAS

Date/time of run: 02JUL2021 12:13

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EQ5D.VAS.MM.S8.FAS: Mixed Model Repeated Measures (MMRM) Analysis: Change from Baseline - EQ-5D VAS Score (Week 1 to Week 24) (Full Analysis Set)

Subgroup: Primary Site of Tumor

Subgroup Level	Statistic	Enfortumab Vedotin	Chemotherapy	Enfortumab Vedotin vs Chemotherapy Mean Difference (95% CI)
Upper Tract	N, n	98, 75	107, 75	
	Baseline Mean (SD)	64.73 (18.78)	71.56 (15.74)	
	Change from Baseline LS Mean (SE)	-1.72 ( 1.28)	-4.90 ( 1.29)	3.17 ( -0.39, 6.74)
	Treatment P-value			0.08108
	Hedge's g (95% CI)			0.20 (-0.11, 0.52)
	Interaction P-value [b]			0.91227

Subgroup analyses are conducted if there exists at least 2 levels with  $\geq 10$  patients across treatment arms that have a baseline score and at least one post-baseline score up to Week 24.

N: Number of patients in the subgroup level. n: Number of patients with a baseline and at least one post-baseline score up to Week 24.

Estimates are based on a mixed model which included treatment, baseline PRO, scheduled visit, scheduled visit\*baseline PRO and scheduled visit\*treatment as fixed effects. Scheduled visit was treated as a repeated measure within patients.

Hedge's g statistic has a bias correction applied.

[a] The Overall analysis included an adjustment for Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[b] Subgroup analysis included an adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_MM.SAS

Date/time of run: 02JUL2021 12:13

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EQ5D.VAS.MM.S9.FAS: Mixed Model Repeated Measures (MMRM) Analysis: Change from Baseline - EQ-5D VAS Score (Week 1 to Week 24) (Full Analysis Set)

Subgroup: Prior Lines of Systemic Therapy

Subgroup Level	Statistic	Enfortumab Vedotin	Chemotherapy	Enfortumab Vedotin vs Chemotherapy Mean Difference (95% CI)
1-2 lines	N, n	262, 199	270, 166	
	Baseline Mean (SD)	67.68 (17.97)	70.64 (18.51)	
	Change from Baseline LS Mean (SE)	-2.62 ( 0.80)	-5.14 ( 0.87)	2.52 ( 0.19, 4.85)
	Treatment P-value			0.03397
	Hedge's g (95% CI)			0.17 (-0.03, 0.38)
>=3 lines	N, n	39, 29	37, 26	
	Baseline Mean (SD)	72.14 (17.41)	70.88 (16.65)	
	Change from Baseline LS Mean (SE)	-2.61 ( 2.00)	-2.05 ( 2.22)	-0.55 ( -6.43, 5.32)
	Treatment P-value			0.85284
	Hedge's g (95% CI)			-0.04 (-0.57, 0.48)
Interaction P-value [b]				0.47746

Subgroup analyses are conducted if there exists at least 2 levels with >= 10 patients across treatment arms that have a baseline score and at least one post-baseline score up to Week 24.

N: Number of patients in the subgroup level. n: Number of patients with a baseline and at least one post-baseline score up to Week 24.

Estimates are based on a mixed model which included treatment, baseline PRO, scheduled visit, scheduled visit\*baseline PRO and scheduled visit\*treatment as fixed effects. Scheduled visit was treated as a repeated measure within patients.

Hedge's g statistic has a bias correction applied.

[a] The Overall analysis included an adjustment for Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[b] Subgroup analysis included an adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_MM.SAS

Date/time of run: 02JUL2021 12:13

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EQ5D.VAS.MM.S10.FAS: Mixed Model Repeated Measures (MMRM) Analysis: Change from Baseline - EQ-5D VAS Score (Week 1 to Week 24) (Full Analysis Set)

Subgroup: Best Response to Prior CPI

Subgroup Level	Statistic	Enfortumab Vedotin	Chemotherapy	Enfortumab Vedotin vs Chemotherapy Mean Difference (95% CI)
Responder	N, n	61, 49	50, 31	
	Baseline Mean (SD)	71.33 (15.41)	71.35 (17.75)	
	Change from Baseline LS Mean (SE)	-5.06 ( 1.60)	-6.50 ( 2.00)	1.45 ( -3.59, 6.48)
	Treatment P-value			0.57284
	Hedge's g (95% CI)			0.11 (-0.34, 0.55)
	Interaction P-value [b]			0.96182

Subgroup analyses are conducted if there exists at least 2 levels with  $\geq 10$  patients across treatment arms that have a baseline score and at least one post-baseline score up to Week 24.

N: Number of patients in the subgroup level. n: Number of patients with a baseline and at least one post-baseline score up to Week 24.

Estimates are based on a mixed model which included treatment, baseline PRO, scheduled visit, scheduled visit\*baseline PRO and scheduled visit\*treatment as fixed effects. Scheduled visit was treated as a repeated measure within patients.

Hedge's g statistic has a bias correction applied.

[a] The Overall analysis included an adjustment for Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[b] Subgroup analysis included an adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_MM.SAS

Date/time of run: 02JUL2021 12:13

Analysis Plan: 15FEB2021

Confidential

### 3 Gesundheitsbezogene Lebensqualität

#### 3.1 Subgruppenanalysen zur gesundheitsbezogenen Lebensqualität gemäß EORTC QLQ-C30

##### 3.1.1 Primäranalyse (MID ≥ 10 Punkte)

###### 3.1.1.1 Globaler Gesundheitsstatus

Astellas: 7465-CL-0301

Table EORTC10.QL.KM.S1.FAS: EORTC Global Health Status: Time to Deterioration of at least 10 points (Months) (Full Analysis Set)

Subgroup: Age Group 1, Level: <65 years

Time Point	Statistics	Enfortumab Vedotin (N=108)	Chemotherapy (N=111)
Overall	No. of Events (%)	58 ( 53.7)	43 ( 38.7)
	Median Survival Est. (95% CI)	1.45 ( 0.82, 2.17)	2.17 ( 0.99, 5.36)
	Hazard Ratio (95% CI)		1.163 ( 0.784, 1.726)
	Treatment P-value [a]		0.46600
	Interaction P-value [b]		0.02056
6 Months	Patients at Risk, Survival Est. (95% CI)	7, 0.35 ( 0.24, 0.45)	5, 0.31 ( 0.16, 0.47)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC10.QL.KM.S1.FAS: EORTC Global Health Status: Time to Deterioration of at least 10 points (Months) (Full Analysis Set)

Subgroup: Age Group 1, Level: &gt;=65 years

Time Point	Statistics	Enfortumab Vedotin (N=193)	Chemotherapy (N=196)
Overall	No. of Events (%)	104 ( 53.9)	113 ( 57.7)
	Median Survival Est. (95% CI)	1.41 ( 1.02, 1.94)	0.95 ( 0.62, 1.12)
	Hazard Ratio (95% CI)		0.662 ( 0.507, 0.865)
	Treatment P-value [a]		0.00259
	Interaction P-value [b]		0.02056
6 Months	Patients at Risk, Survival Est. (95% CI)	13, 0.24 ( 0.16, 0.33)	6, 0.17 ( 0.11, 0.25)
12 Months	Patients at Risk, Survival Est. (95% CI)	3, 0.18 ( 0.10, 0.29)	1, 0.12 ( 0.04, 0.24)
18 Months	Patients at Risk, Survival Est. (95% CI)	1, 0.18 ( 0.10, 0.29)	0

Subgroup analyses are conducted if there exist at least 2 levels with >= 10 patients across treatment arms and >=10 events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC10.QL.KM.S2.FAS: EORTC Global Health Status: Time to Deterioration of at least 10 points (Months) (Full Analysis Set)

Subgroup: Age Group 2, Level: &lt;75 years

Time Point	Statistics	Enfortumab Vedotin (N=249)	Chemotherapy (N=239)
Overall	No. of Events (%)	134 ( 53.8)	115 ( 48.1)
	Median Survival Est. (95% CI)	1.51 ( 1.05, 2.14)	1.02 ( 0.79, 1.68)
	Hazard Ratio (95% CI)		0.805 ( 0.627, 1.033)
	Treatment P-value [a]		0.08586
	Interaction P-value [b]		0.85297
6 Months	Patients at Risk, Survival Est. (95% CI)	18, 0.28 ( 0.20, 0.36)	8, 0.22 ( 0.14, 0.32)
12 Months	Patients at Risk, Survival Est. (95% CI)	3, 0.18 ( 0.10, 0.28)	0
18 Months	Patients at Risk, Survival Est. (95% CI)	1, 0.18 ( 0.10, 0.28)	0

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC10.QL.KM.S2.FAS: EORTC Global Health Status: Time to Deterioration of at least 10 points (Months) (Full Analysis Set)

Subgroup: Age Group 2, Level: &gt;=75 years

Time Point	Statistics	Enfortumab Vedotin (N=52)	Chemotherapy (N=68)
Overall	No. of Events (%)	28 ( 53.8)	41 ( 60.3)
	Median Survival Est. (95% CI)	1.02 ( 0.56, 1.54)	0.99 ( 0.56, 1.22)
	Hazard Ratio (95% CI)		0.847 ( 0.524, 1.370)
	Treatment P-value [a]		0.49670
	Interaction P-value [b]		0.85297
6 Months	Patients at Risk, Survival Est. (95% CI)	2, 0.20 ( 0.06, 0.41)	3, 0.20 ( 0.10, 0.32)
12 Months	Patients at Risk, Survival Est. (95% CI)	0	1, 0.20 ( 0.10, 0.32)

Subgroup analyses are conducted if there exist at least 2 levels with >= 10 patients across treatment arms and >=10 events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC10.QL.KM.S3.FAS: EORTC Global Health Status: Time to Deterioration of at least 10 points (Months) (Full Analysis Set)

Subgroup: Gender, Level: Male

Time Point	Statistics	Enfortumab Vedotin (N=238)	Chemotherapy (N=232)
Overall	No. of Events (%)	130 ( 54.6)	115 ( 49.6)
	Median Survival Est. (95% CI)	1.22 ( 0.95, 1.81)	0.99 ( 0.76, 1.28)
	Hazard Ratio (95% CI)		0.833 ( 0.648, 1.071)
	Treatment P-value [a]		0.17759
	Interaction P-value [b]		0.47947
6 Months	Patients at Risk, Survival Est. (95% CI)	17, 0.27 ( 0.20, 0.35)	8, 0.24 ( 0.16, 0.33)
12 Months	Patients at Risk, Survival Est. (95% CI)	3, 0.17 ( 0.09, 0.27)	1, 0.14 ( 0.04, 0.30)
18 Months	Patients at Risk, Survival Est. (95% CI)	1, 0.17 ( 0.09, 0.27)	0

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC10.QL.KM.S3.FAS: EORTC Global Health Status: Time to Deterioration of at least 10 points (Months) (Full Analysis Set)

Subgroup: Gender, Level: Female

Time Point	Statistics	Enfortumab Vedotin (N=63)	Chemotherapy (N=75)
Overall	No. of Events (%)	32 ( 50.8)	41 ( 54.7)
	Median Survival Est. (95% CI)	2.17 ( 1.02, 5.52)	0.99 ( 0.76, 1.77)
	Hazard Ratio (95% CI)		0.689 ( 0.434, 1.095)
	Treatment P-value [a]		0.07094
	Interaction P-value [b]		0.47947
6 Months	Patients at Risk, Survival Est. (95% CI)	3, 0.22 ( 0.08, 0.41)	3, 0.15 ( 0.05, 0.29)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC10.QL.KM.S4.FAS: EORTC Global Health Status: Time to Deterioration of at least 10 points (Months) (Full Analysis Set)

Subgroup: Region, Level: Western Europe

Time Point	Statistics	Enfortumab Vedotin (N=126)	Chemotherapy (N=129)
Overall	No. of Events (%)	55 ( 43.7)	56 ( 43.4)
	Median Survival Est. (95% CI)	1.81 ( 0.95, 5.36)	0.79 ( 0.36, 1.15)
	Hazard Ratio (95% CI)		0.658 ( 0.454, 0.956)
	Treatment P-value [a]		0.02969
	Interaction P-value [b]		0.31412
6 Months	Patients at Risk, Survival Est. (95% CI)	6, 0.34 ( 0.21, 0.47)	5, 0.27 ( 0.17, 0.38)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC10.QL.KM.S4.FAS: EORTC Global Health Status: Time to Deterioration of at least 10 points (Months) (Full Analysis Set)

Subgroup: Region, Level: US

Time Point	Statistics	Enfortumab Vedotin (N=43)	Chemotherapy (N=44)
Overall	No. of Events (%)	19 ( 44.2)	18 ( 40.9)
	Median Survival Est. (95% CI)	1.38 ( 0.53, 5.49)	2.17 ( 0.82, 2.69)
	Hazard Ratio (95% CI)		1.147 ( 0.601, 2.186)
	Treatment P-value [a]		0.57073
	Interaction P-value [b]		0.31412
6 Months	Patients at Risk, Survival Est. (95% CI)	3, 0.26 ( 0.09, 0.47)	2, 0.27 ( 0.11, 0.46)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC10.QL.KM.S4.FAS: EORTC Global Health Status: Time to Deterioration of at least 10 points (Months) (Full Analysis Set)

Subgroup: Region, Level: Rest of the World

Time Point	Statistics	Enfortumab Vedotin (N=132)	Chemotherapy (N=134)
Overall	No. of Events (%)	88 ( 66.7)	82 ( 61.2)
	Median Survival Est. (95% CI)	1.31 ( 0.99, 1.87)	0.99 ( 0.76, 1.38)
	Hazard Ratio (95% CI)		0.834 ( 0.617, 1.128)
	Treatment P-value [a]		0.18119
	Interaction P-value [b]		0.31412
6 Months	Patients at Risk, Survival Est. (95% CI)	11, 0.22 ( 0.14, 0.32)	4, 0.17 ( 0.08, 0.29)
12 Months	Patients at Risk, Survival Est. (95% CI)	3, 0.11 ( 0.04, 0.21)	1, 0.06 ( 0.01, 0.22)
18 Months	Patients at Risk, Survival Est. (95% CI)	1, 0.11 ( 0.04, 0.21)	0

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC10.QL.KM.S5.FAS: EORTC Global Health Status: Time to Deterioration of at least 10 points (Months) (Full Analysis Set)

Subgroup: ECOG PS from IRT Strata, Level: 0

Time Point	Statistics	Enfortumab Vedotin (N=120)	Chemotherapy (N=124)
Overall	No. of Events (%)	73 ( 60.8)	71 ( 57.3)
	Median Survival Est. (95% CI)	1.41 ( 0.99, 1.97)	1.02 ( 0.82, 1.68)
	Hazard Ratio (95% CI)		0.815 ( 0.587, 1.131)
	Treatment P-value [a]		0.18450
	Interaction P-value [b]		0.87901
6 Months	Patients at Risk, Survival Est. (95% CI)	10, 0.28 ( 0.19, 0.39)	2, 0.19 ( 0.08, 0.33)
12 Months	Patients at Risk, Survival Est. (95% CI)	2, 0.13 ( 0.04, 0.27)	0
18 Months	Patients at Risk, Survival Est. (95% CI)	1, 0.13 ( 0.04, 0.27)	0

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC10.QL.KM.S5.FAS: EORTC Global Health Status: Time to Deterioration of at least 10 points (Months) (Full Analysis Set)

Subgroup: ECOG PS from IRT Strata, Level: 1

Time Point	Statistics	Enfortumab Vedotin (N=181)	Chemotherapy (N=183)
Overall	No. of Events (%)	89 ( 49.2)	85 ( 46.4)
	Median Survival Est. (95% CI)	1.38 ( 0.85, 2.30)	0.99 ( 0.56, 1.25)
	Hazard Ratio (95% CI)		0.787 ( 0.585, 1.060)
	Treatment P-value [a]		0.12576
	Interaction P-value [b]		0.87901
6 Months	Patients at Risk, Survival Est. (95% CI)	10, 0.25 ( 0.16, 0.35)	9, 0.24 ( 0.15, 0.33)
12 Months	Patients at Risk, Survival Est. (95% CI)	1, 0.20 ( 0.10, 0.31)	1, 0.21 ( 0.13, 0.31)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC10.QL.KM.S6.FAS: EORTC Global Health Status: Time to Deterioration of at least 10 points (Months) (Full Analysis Set)

Subgroup: Liver Metastasis from IRT Strata, Level: Yes

Time Point	Statistics	Enfortumab Vedotin (N=93)	Chemotherapy (N=95)
Overall	No. of Events (%)	43 ( 46.2)	43 ( 45.3)
	Median Survival Est. (95% CI)	1.74 ( 0.95, 6.34)	1.12 ( 0.56, 1.38)
	Hazard Ratio (95% CI)		0.653 ( 0.427, 0.998)
	Treatment P-value [a]		0.03853
	Interaction P-value [b]		0.27079
6 Months	Patients at Risk, Survival Est. (95% CI)	8, 0.36 ( 0.22, 0.50)	1, 0.19 ( 0.09, 0.32)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC10.QL.KM.S6.FAS: EORTC Global Health Status: Time to Deterioration of at least 10 points (Months) (Full Analysis Set)

Subgroup: Liver Metastasis from IRT Strata, Level: No

Time Point	Statistics	Enfortumab Vedotin (N=208)	Chemotherapy (N=212)
Overall	No. of Events (%)	119 ( 57.2)	113 ( 53.3)
	Median Survival Est. (95% CI)	1.41 ( 0.99, 1.87)	0.99 ( 0.76, 1.41)
	Hazard Ratio (95% CI)		0.862 ( 0.666, 1.116)
	Treatment P-value [a]		0.28181
	Interaction P-value [b]		0.27079
6 Months	Patients at Risk, Survival Est. (95% CI)	12, 0.23 ( 0.15, 0.32)	10, 0.24 ( 0.16, 0.33)
12 Months	Patients at Risk, Survival Est. (95% CI)	3, 0.18 ( 0.10, 0.28)	1, 0.16 ( 0.07, 0.29)
18 Months	Patients at Risk, Survival Est. (95% CI)	1, 0.18 ( 0.10, 0.28)	0

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC10.QL.KM.S7.FAS: EORTC Global Health Status: Time to Deterioration of at least 10 points (Months) (Full Analysis Set)

Subgroup: Pre-selected Investigator's Choice of Paclitaxel/Docetaxel/Vinflunine, Level: Paclitaxel

Time Point	Statistics	Enfortumab Vedotin (N=141)	Chemotherapy (N=112)
Overall	No. of Events (%)	80 ( 56.7)	56 ( 50.0)
	Median Survival Est. (95% CI)	1.25 ( 0.79, 2.10)	1.05 ( 0.53, 1.91)
	Hazard Ratio (95% CI)		0.858 ( 0.609, 1.207)
	Treatment P-value [a]		0.37033
	Interaction P-value [b]		0.84632
6 Months	Patients at Risk, Survival Est. (95% CI)	9, 0.24 ( 0.14, 0.34)	5, 0.24 ( 0.13, 0.37)
12 Months	Patients at Risk, Survival Est. (95% CI)	2, 0.18 ( 0.09, 0.29)	0

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC10.QL.KM.S7.FAS: EORTC Global Health Status: Time to Deterioration of at least 10 points (Months) (Full Analysis Set)

Subgroup: Pre-selected Investigator's Choice of Paclitaxel/Docetaxel/Vinflunine, Level: Docetaxel

Time Point	Statistics	Enfortumab Vedotin (N=87)	Chemotherapy (N=117)
Overall	No. of Events (%)	48 ( 55.2)	63 ( 53.8)
	Median Survival Est. (95% CI)	1.41 ( 0.82, 2.37)	0.99 ( 0.76, 1.38)
	Hazard Ratio (95% CI)		0.739 ( 0.507, 1.077)
	Treatment P-value [a]		0.11252
	Interaction P-value [b]		0.84632
6 Months	Patients at Risk, Survival Est. (95% CI)	8, 0.29 ( 0.17, 0.42)	2, 0.17 ( 0.07, 0.30)
12 Months	Patients at Risk, Survival Est. (95% CI)	1, 0.16 ( 0.06, 0.32)	1, 0.17 ( 0.07, 0.30)
18 Months	Patients at Risk, Survival Est. (95% CI)	1, 0.16 ( 0.06, 0.32)	0

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC10.QL.KM.S7.FAS: EORTC Global Health Status: Time to Deterioration of at least 10 points (Months) (Full Analysis Set)

Subgroup: Pre-selected Investigator's Choice of Paclitaxel/Docetaxel/Vinflunine, Level: Vinflunine

Time Point	Statistics	Enfortumab Vedotin (N=73)	Chemotherapy (N=78)
Overall	No. of Events (%)	34 ( 46.6)	37 ( 47.4)
	Median Survival Est. (95% CI)	1.74 ( 0.95, 5.95)	0.99 ( 0.56, 1.77)
	Hazard Ratio (95% CI)		0.790 ( 0.496, 1.258)
	Treatment P-value [a]		0.27775
	Interaction P-value [b]		0.84632
6 Months	Patients at Risk, Survival Est. (95% CI)	3, 0.29 ( 0.12, 0.49)	4, 0.27 ( 0.15, 0.41)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC10.QL.KM.S8.FAS: EORTC Global Health Status: Time to Deterioration of at least 10 points (Months) (Full Analysis Set)

Subgroup: Primary Site of Tumor, Level: Upper Tract

Time Point	Statistics	Enfortumab Vedotin (N=98)	Chemotherapy (N=107)
Overall	No. of Events (%)	54 ( 55.1)	67 ( 62.6)
	Median Survival Est. (95% CI)	1.22 ( 0.72, 1.54)	0.79 ( 0.39, 0.99)
	Hazard Ratio (95% CI)		0.683 ( 0.477, 0.979)
	Treatment P-value [a]		0.04663
	Interaction P-value [b]		0.25278
6 Months	Patients at Risk, Survival Est. (95% CI)	8, 0.30 ( 0.19, 0.41)	3, 0.18 ( 0.09, 0.28)
12 Months	Patients at Risk, Survival Est. (95% CI)	1, 0.08 ( 0.01, 0.27)	0

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC10.QL.KM.S8.FAS: EORTC Global Health Status: Time to Deterioration of at least 10 points (Months) (Full Analysis Set)

Subgroup: Primary Site of Tumor, Level: Other

Time Point	Statistics	Enfortumab Vedotin (N=203)	Chemotherapy (N=200)
Overall	No. of Events (%)	108 ( 53.2)	89 ( 44.5)
	Median Survival Est. (95% CI)	1.74 ( 1.02, 2.14)	1.22 ( 0.99, 1.97)
	Hazard Ratio (95% CI)		0.891 ( 0.673, 1.180)
	Treatment P-value [a]		0.42164
	Interaction P-value [b]		0.25278
6 Months	Patients at Risk, Survival Est. (95% CI)	12, 0.24 ( 0.16, 0.34)	8, 0.26 ( 0.17, 0.36)
12 Months	Patients at Risk, Survival Est. (95% CI)	2, 0.18 ( 0.10, 0.30)	1, 0.23 ( 0.13, 0.34)
18 Months	Patients at Risk, Survival Est. (95% CI)	1, 0.18 ( 0.10, 0.30)	0

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC10.QL.KM.S9.FAS: EORTC Global Health Status: Time to Deterioration of at least 10 points (Months) (Full Analysis Set)

Subgroup: Prior Lines of Systemic Therapy, Level: 1-2 lines

Time Point	Statistics	Enfortumab Vedotin (N=262)	Chemotherapy (N=270)
Overall	No. of Events (%)	141 ( 53.8)	139 ( 51.5)
	Median Survival Est. (95% CI)	1.38 ( 1.02, 1.91)	0.99 ( 0.76, 1.18)
	Hazard Ratio (95% CI)		0.774 ( 0.612, 0.979)
	Treatment P-value [a]		0.02942
	Interaction P-value [b]		0.46118
6 Months	Patients at Risk, Survival Est. (95% CI)	17, 0.25 ( 0.18, 0.33)	9, 0.20 ( 0.14, 0.28)
12 Months	Patients at Risk, Survival Est. (95% CI)	2, 0.16 ( 0.08, 0.26)	0

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC10.QL.KM.S9.FAS: EORTC Global Health Status: Time to Deterioration of at least 10 points (Months) (Full Analysis Set)

Subgroup: Prior Lines of Systemic Therapy, Level: &gt;=3 lines

Time Point	Statistics	Enfortumab Vedotin (N=39)	Chemotherapy (N=37)
Overall	No. of Events (%)	21 ( 53.8)	17 ( 45.9)
	Median Survival Est. (95% CI)	1.71 ( 0.76, 6.34)	2.17 ( 0.33, NC)
	Hazard Ratio (95% CI)		1.000 ( 0.527, 1.896)
	Treatment P-value [a]		0.96675
	Interaction P-value [b]		0.46118
6 Months	Patients at Risk, Survival Est. (95% CI)	3, 0.35 ( 0.16, 0.56)	2, 0.35 ( 0.15, 0.56)
12 Months	Patients at Risk, Survival Est. (95% CI)	1, 0.12 ( 0.01, 0.38)	1, 0.35 ( 0.15, 0.56)
18 Months	Patients at Risk, Survival Est. (95% CI)	1, 0.12 ( 0.01, 0.38)	0

Subgroup analyses are conducted if there exist at least 2 levels with >= 10 patients across treatment arms and >=10 events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC10.QL.KM.S10.FAS: EORTC Global Health Status: Time to Deterioration of at least 10 points (Months) (Full Analysis Set)

Subgroup: Best Response to Prior CPI, Level: Responder

Time Point	Statistics	Enfortumab Vedotin (N=61)	Chemotherapy (N=50)
Overall	No. of Events (%)	38 ( 62.3)	29 ( 58.0)
	Median Survival Est. (95% CI)	1.18 ( 0.59, 1.71)	0.99 ( 0.62, 2.46)
	Hazard Ratio (95% CI)		0.907 ( 0.559, 1.471)
	Treatment P-value [a]		0.62508
	Interaction P-value [b]		0.57979
6 Months	Patients at Risk, Survival Est. (95% CI)	3, 0.20 ( 0.07, 0.39)	3, 0.20 ( 0.07, 0.39)
12 Months	Patients at Risk, Survival Est. (95% CI)	1, 0.10 ( 0.01, 0.32)	0

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC10.QL.KM.S10.FAS: EORTC Global Health Status: Time to Deterioration of at least 10 points (Months) (Full Analysis Set)

Subgroup: Best Response to Prior CPI, Level: Non-responder

Time Point	Statistics	Enfortumab Vedotin (N=207)	Chemotherapy (N=215)
Overall	No. of Events (%)	105 ( 50.7)	107 ( 49.8)
	Median Survival Est. (95% CI)	1.45 ( 0.95, 2.10)	1.02 ( 0.66, 1.25)
	Hazard Ratio (95% CI)		0.775 ( 0.592, 1.016)
	Treatment P-value [a]		0.07244
	Interaction P-value [b]		0.57979
6 Months	Patients at Risk, Survival Est. (95% CI)	14, 0.31 ( 0.22, 0.39)	6, 0.23 ( 0.15, 0.31)
12 Months	Patients at Risk, Survival Est. (95% CI)	2, 0.20 ( 0.11, 0.31)	1, 0.23 ( 0.15, 0.31)
18 Months	Patients at Risk, Survival Est. (95% CI)	1, 0.20 ( 0.11, 0.31)	0

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

### 3.1.1.2 Körperliche Funktion

Astellas: 7465-CL-0301

Table EORTC10.PF.KM.S1.FAS: EORTC Physical Functioning Score: Time to Deterioration of at least 10 points (Months) (Full Analysis Set)

Subgroup: Age Group 1, Level: <65 years

Time Point	Statistics	Enfortumab Vedotin (N=108)	Chemotherapy (N=111)
Overall	No. of Events (%)	52 ( 48.1)	49 ( 44.1)
	Median Survival Est. (95% CI)	2.14 ( 1.02, 6.54)	2.00 ( 1.22, 2.83)
	Hazard Ratio (95% CI)		0.870 ( 0.589, 1.286)
	Treatment P-value [a]		0.42262
	Interaction P-value [b]		0.62912
6 Months	Patients at Risk, Survival Est. (95% CI)	12, 0.42 ( 0.29, 0.55)	5, 0.26 ( 0.15, 0.39)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC10.PF.KM.S1.FAS: EORTC Physical Functioning Score: Time to Deterioration of at least 10 points (Months) (Full Analysis Set)

Subgroup: Age Group 1, Level: &gt;=65 years

Time Point	Statistics	Enfortumab Vedotin (N=193)	Chemotherapy (N=196)
Overall	No. of Events (%)	101 ( 52.3)	102 ( 52.0)
	Median Survival Est. (95% CI)	1.74 ( 1.22, 2.43)	1.18 ( 0.99, 1.54)
	Hazard Ratio (95% CI)		0.773 ( 0.586, 1.020)
	Treatment P-value [a]		0.07873
	Interaction P-value [b]		0.62912
6 Months	Patients at Risk, Survival Est. (95% CI)	18, 0.33 ( 0.24, 0.41)	9, 0.20 ( 0.13, 0.29)
12 Months	Patients at Risk, Survival Est. (95% CI)	2, 0.16 ( 0.05, 0.33)	2, 0.17 ( 0.09, 0.27)

Subgroup analyses are conducted if there exist at least 2 levels with >= 10 patients across treatment arms and >=10 events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC10.PF.KM.S2.FAS: EORTC Physical Functioning Score: Time to Deterioration of at least 10 points (Months) (Full Analysis Set)

Subgroup: Age Group 2, Level: &lt;75 years

Time Point	Statistics	Enfortumab Vedotin (N=249)	Chemotherapy (N=239)
Overall	No. of Events (%)	129 ( 51.8)	116 ( 48.5)
	Median Survival Est. (95% CI)	1.91 ( 1.28, 2.79)	1.51 ( 1.02, 1.94)
	Hazard Ratio (95% CI)		0.796 ( 0.619, 1.025)
	Treatment P-value [a]		0.05148
	Interaction P-value [b]		0.84641
6 Months	Patients at Risk, Survival Est. (95% CI)	26, 0.36 ( 0.29, 0.44)	10, 0.21 ( 0.13, 0.29)
12 Months	Patients at Risk, Survival Est. (95% CI)	1, 0.09 ( 0.01, 0.27)	0

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC10.PF.KM.S2.FAS: EORTC Physical Functioning Score: Time to Deterioration of at least 10 points (Months) (Full Analysis Set)

Subgroup: Age Group 2, Level: &gt;=75 years

Time Point	Statistics	Enfortumab Vedotin (N=52)	Chemotherapy (N=68)
Overall	No. of Events (%)	24 ( 46.2)	35 ( 51.5)
	Median Survival Est. (95% CI)	1.54 ( 0.53, NC)	1.18 ( 0.89, 1.68)
	Hazard Ratio (95% CI)		0.844 ( 0.498, 1.428)
	Treatment P-value [a]		0.59198
	Interaction P-value [b]		0.84641
6 Months	Patients at Risk, Survival Est. (95% CI)	4, 0.35 ( 0.19, 0.52)	4, 0.27 ( 0.15, 0.41)
12 Months	Patients at Risk, Survival Est. (95% CI)	1, 0.35 ( 0.19, 0.52)	2, 0.27 ( 0.15, 0.41)

Subgroup analyses are conducted if there exist at least 2 levels with >= 10 patients across treatment arms and >=10 events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC10.PF.KM.S3.FAS: EORTC Physical Functioning Score: Time to Deterioration of at least 10 points (Months) (Full Analysis Set)

Subgroup: Gender, Level: Male

Time Point	Statistics	Enfortumab Vedotin (N=238)	Chemotherapy (N=232)
Overall	No. of Events (%)	128 ( 53.8)	115 ( 49.6)
	Median Survival Est. (95% CI)	1.64 ( 1.02, 2.23)	1.48 ( 1.02, 1.71)
	Hazard Ratio (95% CI)		0.838 ( 0.650, 1.080)
	Treatment P-value [a]		0.16118
	Interaction P-value [b]		0.40113
6 Months	Patients at Risk, Survival Est. (95% CI)	24, 0.34 ( 0.27, 0.42)	9, 0.21 ( 0.14, 0.30)
12 Months	Patients at Risk, Survival Est. (95% CI)	2, 0.12 ( 0.04, 0.26)	1, 0.12 ( 0.05, 0.23)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC10.PF.KM.S3.FAS: EORTC Physical Functioning Score: Time to Deterioration of at least 10 points (Months) (Full Analysis Set)

Subgroup: Gender, Level: Female

Time Point	Statistics	Enfortumab Vedotin (N=63)	Chemotherapy (N=75)
Overall	No. of Events (%)	25 ( 39.7)	36 ( 48.0)
	Median Survival Est. (95% CI)	5.42 ( 1.22, NC)	1.22 ( 0.82, 2.46)
	Hazard Ratio (95% CI)		0.657 ( 0.394, 1.095)
	Treatment P-value [a]		0.09187
	Interaction P-value [b]		0.40113
6 Months	Patients at Risk, Survival Est. (95% CI)	6, 0.43 ( 0.25, 0.59)	5, 0.24 ( 0.12, 0.39)
12 Months	Patients at Risk, Survival Est. (95% CI)	0	1, 0.24 ( 0.12, 0.39)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC10.PF.KM.S4.FAS: EORTC Physical Functioning Score: Time to Deterioration of at least 10 points (Months) (Full Analysis Set)

Subgroup: Region, Level: Western Europe

Time Point	Statistics	Enfortumab Vedotin (N=126)	Chemotherapy (N=129)
Overall	No. of Events (%)	55 ( 43.7)	48 ( 37.2)
	Median Survival Est. (95% CI)	1.91 ( 0.95, 5.52)	1.48 ( 0.99, 2.00)
	Hazard Ratio (95% CI)		0.933 ( 0.633, 1.375)
	Treatment P-value [a]		0.73699
	Interaction P-value [b]		0.60302
6 Months	Patients at Risk, Survival Est. (95% CI)	7, 0.36 ( 0.24, 0.49)	6, 0.32 ( 0.20, 0.45)
12 Months	Patients at Risk, Survival Est. (95% CI)	0	1, 0.32 ( 0.20, 0.45)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC10.PF.KM.S4.FAS: EORTC Physical Functioning Score: Time to Deterioration of at least 10 points (Months) (Full Analysis Set)

Subgroup: Region, Level: US

Time Point	Statistics	Enfortumab Vedotin (N=43)	Chemotherapy (N=44)
Overall	No. of Events (%)	19 ( 44.2)	17 ( 38.6)
	Median Survival Est. (95% CI)	2.23 ( 0.82, 10.97)	1.68 ( 0.99, 4.99)
	Hazard Ratio (95% CI)		0.841 ( 0.432, 1.637)
	Treatment P-value [a]		0.59437
	Interaction P-value [b]		0.60302
6 Months	Patients at Risk, Survival Est. (95% CI)	5, 0.36 ( 0.17, 0.55)	2, 0.26 ( 0.08, 0.47)
12 Months	Patients at Risk, Survival Est. (95% CI)	1, 0.18 ( 0.02, 0.49)	0

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC10.PF.KM.S4.FAS: EORTC Physical Functioning Score: Time to Deterioration of at least 10 points (Months) (Full Analysis Set)

Subgroup: Region, Level: Rest of the World

Time Point	Statistics	Enfortumab Vedotin (N=132)	Chemotherapy (N=134)
Overall	No. of Events (%)	79 ( 59.8)	86 ( 64.2)
	Median Survival Est. (95% CI)	1.71 ( 1.02, 5.36)	1.38 ( 0.99, 1.68)
	Hazard Ratio (95% CI)		0.726 ( 0.534, 0.987)
	Treatment P-value [a]		0.02708
	Interaction P-value [b]		0.60302
6 Months	Patients at Risk, Survival Est. (95% CI)	18, 0.36 ( 0.27, 0.46)	6, 0.17 ( 0.09, 0.26)
12 Months	Patients at Risk, Survival Est. (95% CI)	1, 0.17 ( 0.07, 0.29)	1, 0.04 ( 0.00, 0.17)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table EORTC10.PF.KM.S5.FAS: EORTC Physical Functioning Score: Time to Deterioration of at least 10 points (Months) (Full Analysis Set)

Subgroup: ECOG PS from IRT Strata, Level: 0

Time Point	Statistics	Enfortumab Vedotin (N=120)	Chemotherapy (N=124)
Overall	No. of Events (%)	66 ( 55.0)	67 ( 54.0)
	Median Survival Est. (95% CI)	1.91 ( 1.25, 5.42)	1.68 ( 1.22, 2.37)
	Hazard Ratio (95% CI)		0.798 ( 0.568, 1.123)
	Treatment P-value [a]		0.15970
	Interaction P-value [b]		0.95021
6 Months	Patients at Risk, Survival Est. (95% CI)	15, 0.35 ( 0.24, 0.46)	6, 0.23 ( 0.13, 0.35)
12 Months	Patients at Risk, Survival Est. (95% CI)	1, 0.24 ( 0.14, 0.37)	1, 0.12 ( 0.03, 0.27)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC10.PF.KM.S5.FAS: EORTC Physical Functioning Score: Time to Deterioration of at least 10 points (Months) (Full Analysis Set)

Subgroup: ECOG PS from IRT Strata, Level: 1

Time Point	Statistics	Enfortumab Vedotin (N=181)	Chemotherapy (N=183)
Overall	No. of Events (%)	87 ( 48.1)	84 ( 45.9)
	Median Survival Est. (95% CI)	1.84 ( 0.99, 5.36)	1.18 ( 0.95, 1.54)
	Hazard Ratio (95% CI)		0.810 ( 0.599, 1.095)
	Treatment P-value [a]		0.18148
	Interaction P-value [b]		0.95021
6 Months	Patients at Risk, Survival Est. (95% CI)	15, 0.37 ( 0.28, 0.47)	8, 0.21 ( 0.13, 0.31)
12 Months	Patients at Risk, Survival Est. (95% CI)	1, 0.09 ( 0.01, 0.28)	1, 0.18 ( 0.09, 0.28)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC10.PF.KM.S6.FAS: EORTC Physical Functioning Score: Time to Deterioration of at least 10 points (Months) (Full Analysis Set)

Subgroup: Liver Metastasis from IRT Strata, Level: Yes

Time Point	Statistics	Enfortumab Vedotin (N=93)	Chemotherapy (N=95)
Overall	No. of Events (%)	43 ( 46.2)	42 ( 44.2)
	Median Survival Est. (95% CI)	2.23 ( 0.89, 5.52)	1.12 ( 0.76, 1.54)
	Hazard Ratio (95% CI)		0.695 ( 0.452, 1.068)
	Treatment P-value [a]		0.13384
	Interaction P-value [b]		0.43331
6 Months	Patients at Risk, Survival Est. (95% CI)	11, 0.37 ( 0.24, 0.50)	2, 0.21 ( 0.09, 0.38)
12 Months	Patients at Risk, Survival Est. (95% CI)	1, 0.27 ( 0.14, 0.41)	1, 0.21 ( 0.09, 0.38)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC10.PF.KM.S6.FAS: EORTC Physical Functioning Score: Time to Deterioration of at least 10 points (Months) (Full Analysis Set)

Subgroup: Liver Metastasis from IRT Strata, Level: No

Time Point	Statistics	Enfortumab Vedotin (N=208)	Chemotherapy (N=212)
Overall	No. of Events (%)	110 ( 52.9)	109 ( 51.4)
	Median Survival Est. (95% CI)	1.81 ( 1.22, 5.36)	1.61 ( 1.15, 1.94)
	Hazard Ratio (95% CI)		0.850 ( 0.652, 1.108)
	Treatment P-value [a]		0.22567
	Interaction P-value [b]		0.43331
6 Months	Patients at Risk, Survival Est. (95% CI)	19, 0.36 ( 0.27, 0.44)	12, 0.23 ( 0.15, 0.31)
12 Months	Patients at Risk, Survival Est. (95% CI)	1, 0.09 ( 0.01, 0.28)	1, 0.15 ( 0.08, 0.25)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC10.PF.KM.S7.FAS: EORTC Physical Functioning Score: Time to Deterioration of at least 10 points (Months) (Full Analysis Set)

Subgroup: Pre-selected Investigator's Choice of Paclitaxel/Docetaxel/Vinflunine, Level: Paclitaxel

Time Point	Statistics	Enfortumab Vedotin (N=141)	Chemotherapy (N=112)
Overall	No. of Events (%)	83 ( 58.9)	52 ( 46.4)
	Median Survival Est. (95% CI)	1.12 ( 0.79, 2.14)	1.54 ( 1.18, 2.17)
	Hazard Ratio (95% CI)		1.046 ( 0.738, 1.481)
	Treatment P-value [a]		0.78654
	Interaction P-value [b]		0.04268
6 Months	Patients at Risk, Survival Est. (95% CI)	14, 0.32 ( 0.23, 0.42)	3, 0.22 ( 0.11, 0.36)
12 Months	Patients at Risk, Survival Est. (95% CI)	1, 0.13 ( 0.05, 0.26)	0

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC10.PF.KM.S7.FAS: EORTC Physical Functioning Score: Time to Deterioration of at least 10 points (Months) (Full Analysis Set)

Subgroup: Pre-selected Investigator's Choice of Paclitaxel/Docetaxel/Vinflunine, Level: Docetaxel

Time Point	Statistics	Enfortumab Vedotin (N=87)	Chemotherapy (N=117)
Overall	No. of Events (%)	39 ( 44.8)	66 ( 56.4)
	Median Survival Est. (95% CI)	5.45 ( 1.41, 10.97)	1.18 ( 0.82, 1.94)
	Hazard Ratio (95% CI)		0.534 ( 0.357, 0.796)
	Treatment P-value [a]		0.00162
	Interaction P-value [b]		0.04268
6 Months	Patients at Risk, Survival Est. (95% CI)	11, 0.44 ( 0.30, 0.57)	6, 0.15 ( 0.07, 0.26)
12 Months	Patients at Risk, Survival Est. (95% CI)	1, 0.18 ( 0.02, 0.48)	1, 0.04 ( 0.00, 0.16)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC10.PF.KM.S7.FAS: EORTC Physical Functioning Score: Time to Deterioration of at least 10 points (Months) (Full Analysis Set)

Subgroup: Pre-selected Investigator's Choice of Paclitaxel/Docetaxel/Vinflunine, Level: Vinflunine

Time Point	Statistics	Enfortumab Vedotin (N=73)	Chemotherapy (N=78)
Overall	No. of Events (%)	31 ( 42.5)	33 ( 42.3)
	Median Survival Est. (95% CI)	2.43 ( 1.25, 5.52)	1.51 ( 0.79, 2.73)
	Hazard Ratio (95% CI)		0.854 ( 0.523, 1.395)
	Treatment P-value [a]		0.46640
	Interaction P-value [b]		0.04268
6 Months	Patients at Risk, Survival Est. (95% CI)	5, 0.32 ( 0.16, 0.50)	5, 0.36 ( 0.22, 0.49)
12 Months	Patients at Risk, Survival Est. (95% CI)	0	1, 0.36 ( 0.22, 0.49)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table EORTC10.PF.KM.S8.FAS: EORTC Physical Functioning Score: Time to Deterioration of at least 10 points (Months) (Full Analysis Set)

Subgroup: Primary Site of Tumor, Level: Upper Tract

Time Point	Statistics	Enfortumab Vedotin (N=98)	Chemotherapy (N=107)
Overall	No. of Events (%)	53 ( 54.1)	59 ( 55.1)
	Median Survival Est. (95% CI)	1.54 ( 1.12, 5.36)	1.45 ( 0.99, 1.94)
	Hazard Ratio (95% CI)		0.858 ( 0.591, 1.245)
	Treatment P-value [a]		0.34464
	Interaction P-value [b]		0.69995
6 Months	Patients at Risk, Survival Est. (95% CI)	11, 0.34 ( 0.22, 0.46)	4, 0.24 ( 0.13, 0.36)
12 Months	Patients at Risk, Survival Est. (95% CI)	1, 0.11 ( 0.03, 0.24)	0

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table EORTC10.PF.KM.S8.FAS: EORTC Physical Functioning Score: Time to Deterioration of at least 10 points (Months) (Full Analysis Set)

Subgroup: Primary Site of Tumor, Level: Other

Time Point	Statistics	Enfortumab Vedotin (N=203)	Chemotherapy (N=200)
Overall	No. of Events (%)	100 ( 49.3)	92 ( 46.0)
	Median Survival Est. (95% CI)	1.91 ( 1.05, 5.42)	1.45 ( 1.02, 2.00)
	Hazard Ratio (95% CI)		0.783 ( 0.589, 1.041)
	Treatment P-value [a]		0.10372
	Interaction P-value [b]		0.69995
6 Months	Patients at Risk, Survival Est. (95% CI)	19, 0.37 ( 0.28, 0.45)	10, 0.22 ( 0.14, 0.31)
12 Months	Patients at Risk, Survival Est. (95% CI)	1, 0.13 ( 0.02, 0.38)	2, 0.17 ( 0.09, 0.27)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC10.PF.KM.S9.FAS: EORTC Physical Functioning Score: Time to Deterioration of at least 10 points (Months) (Full Analysis Set)

Subgroup: Prior Lines of Systemic Therapy, Level: 1-2 lines

Time Point	Statistics	Enfortumab Vedotin (N=262)	Chemotherapy (N=270)
Overall	No. of Events (%)	132 ( 50.4)	134 ( 49.6)
	Median Survival Est. (95% CI)	1.91 ( 1.22, 2.79)	1.38 ( 0.99, 1.68)
	Hazard Ratio (95% CI)		0.755 ( 0.592, 0.962)
	Treatment P-value [a]		0.02223
	Interaction P-value [b]		0.16689
6 Months	Patients at Risk, Survival Est. (95% CI)	28, 0.36 ( 0.28, 0.44)	11, 0.20 ( 0.13, 0.28)
12 Months	Patients at Risk, Survival Est. (95% CI)	2, 0.15 ( 0.05, 0.31)	1, 0.13 ( 0.06, 0.22)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC10.PF.KM.S9.FAS: EORTC Physical Functioning Score: Time to Deterioration of at least 10 points (Months) (Full Analysis Set)

Subgroup: Prior Lines of Systemic Therapy, Level: &gt;=3 lines

Time Point	Statistics	Enfortumab Vedotin (N=39)	Chemotherapy (N=37)
Overall	No. of Events (%)	21 ( 53.8)	17 ( 45.9)
	Median Survival Est. (95% CI)	1.71 ( 0.69, 6.44)	1.68 ( 1.18, NC)
	Hazard Ratio (95% CI)		1.224 ( 0.645, 2.324)
	Treatment P-value [a]		0.57632
	Interaction P-value [b]		0.16689
6 Months	Patients at Risk, Survival Est. (95% CI)	2, 0.33 ( 0.15, 0.53)	3, 0.40 ( 0.22, 0.58)
12 Months	Patients at Risk, Survival Est. (95% CI)	0	1, 0.40 ( 0.22, 0.58)

Subgroup analyses are conducted if there exist at least 2 levels with >= 10 patients across treatment arms and >=10 events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table EORTC10.PF.KM.S10.FAS: EORTC Physical Functioning Score: Time to Deterioration of at least 10 points (Months) (Full Analysis Set)

Subgroup: Best Response to Prior CPI, Level: Responder

Time Point	Statistics	Enfortumab Vedotin (N=61)	Chemotherapy (N=50)
Overall	No. of Events (%)	36 ( 59.0)	29 ( 58.0)
	Median Survival Est. (95% CI)	1.41 ( 0.79, 2.66)	1.45 ( 0.59, 2.17)
	Hazard Ratio (95% CI)		0.816 ( 0.500, 1.331)
	Treatment P-value [a]		0.45682
	Interaction P-value [b]		0.98468
6 Months	Patients at Risk, Survival Est. (95% CI)	5, 0.28 ( 0.14, 0.43)	3, 0.24 ( 0.11, 0.40)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table EORTC10.PF.KM.S10.FAS: EORTC Physical Functioning Score: Time to Deterioration of at least 10 points (Months) (Full Analysis Set)

Subgroup: Best Response to Prior CPI, Level: Non-responder

Time Point	Statistics	Enfortumab Vedotin (N=207)	Chemotherapy (N=215)
Overall	No. of Events (%)	99 ( 47.8)	102 ( 47.4)
	Median Survival Est. (95% CI)	2.00 ( 1.02, 5.42)	1.45 ( 1.02, 1.94)
	Hazard Ratio (95% CI)		0.811 ( 0.614, 1.072)
	Treatment P-value [a]		0.13590
	Interaction P-value [b]		0.98468
6 Months	Patients at Risk, Survival Est. (95% CI)	22, 0.40 ( 0.32, 0.49)	10, 0.22 ( 0.14, 0.31)
12 Months	Patients at Risk, Survival Est. (95% CI)	1, 0.21 ( 0.12, 0.32)	2, 0.16 ( 0.08, 0.26)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

### 3.1.1.3 Rollenfunktion

Astellas: 7465-CL-0301

Table EORTC10.RF.KM.S1.FAS: EORTC Role Functioning Score: Time to Deterioration of at least 10 points (Months) (Full Analysis Set)

Subgroup: Age Group 1, Level: <65 years

Time Point	Statistics	Enfortumab Vedotin (N=108)	Chemotherapy (N=111)
Overall	No. of Events (%)	61 ( 56.5)	57 ( 51.4)
	Median Survival Est. (95% CI)	1.05 ( 0.79, 2.14)	1.05 ( 0.72, 1.71)
	Hazard Ratio (95% CI)		0.845 ( 0.589, 1.213)
	Treatment P-value [a]		0.36270
	Interaction P-value [b]		0.54084
6 Months	Patients at Risk, Survival Est. (95% CI)	8, 0.28 ( 0.17, 0.40)	5, 0.20 ( 0.10, 0.31)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC10.RF.KM.S1.FAS: EORTC Role Functioning Score: Time to Deterioration of at least 10 points (Months) (Full Analysis Set)

Subgroup: Age Group 1, Level: &gt;=65 years

Time Point	Statistics	Enfortumab Vedotin (N=193)	Chemotherapy (N=196)
Overall	No. of Events (%)	113 ( 58.5)	118 ( 60.2)
	Median Survival Est. (95% CI)	0.92 ( 0.72, 1.38)	0.76 ( 0.53, 0.95)
	Hazard Ratio (95% CI)		0.736 ( 0.568, 0.953)
	Treatment P-value [a]		0.02203
	Interaction P-value [b]		0.54084
6 Months	Patients at Risk, Survival Est. (95% CI)	12, 0.21 ( 0.14, 0.30)	7, 0.14 ( 0.08, 0.21)

Subgroup analyses are conducted if there exist at least 2 levels with >= 10 patients across treatment arms and >=10 events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC10.RF.KM.S2.FAS: EORTC Role Functioning Score: Time to Deterioration of at least 10 points (Months) (Full Analysis Set)

Subgroup: Age Group 2, Level: &lt;75 years

Time Point	Statistics	Enfortumab Vedotin (N=249)	Chemotherapy (N=239)
Overall	No. of Events (%)	139 ( 55.8)	132 ( 55.2)
	Median Survival Est. (95% CI)	1.25 ( 0.89, 1.91)	0.79 ( 0.69, 1.02)
	Hazard Ratio (95% CI)		0.707 ( 0.557, 0.898)
	Treatment P-value [a]		0.00468
	Interaction P-value [b]		0.01491
6 Months	Patients at Risk, Survival Est. (95% CI)	19, 0.27 ( 0.19, 0.35)	10, 0.17 ( 0.11, 0.25)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table EORTC10.RF.KM.S2.FAS: EORTC Role Functioning Score: Time to Deterioration of at least 10 points (Months) (Full Analysis Set)

Subgroup: Age Group 2, Level: &gt;=75 years

Time Point	Statistics	Enfortumab Vedotin (N=52)	Chemotherapy (N=68)
Overall	No. of Events (%)	35 ( 67.3)	43 ( 63.2)
	Median Survival Est. (95% CI)	0.56 ( 0.33, 0.79)	0.76 ( 0.53, 1.15)
	Hazard Ratio (95% CI)		1.328 ( 0.849, 2.075)
	Treatment P-value [a]		0.21193
	Interaction P-value [b]		0.01491
6 Months	Patients at Risk, Survival Est. (95% CI)	1, 0.09 ( 0.02, 0.22)	2, 0.12 ( 0.04, 0.24)

Subgroup analyses are conducted if there exist at least 2 levels with >= 10 patients across treatment arms and >=10 events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC10.RF.KM.S3.FAS: EORTC Role Functioning Score: Time to Deterioration of at least 10 points (Months) (Full Analysis Set)

Subgroup: Gender, Level: Male

Time Point	Statistics	Enfortumab Vedotin (N=238)	Chemotherapy (N=232)
Overall	No. of Events (%)	140 ( 58.8)	127 ( 54.7)
	Median Survival Est. (95% CI)	0.99 ( 0.76, 1.38)	0.76 ( 0.62, 1.15)
	Hazard Ratio (95% CI)		0.855 ( 0.672, 1.087)
	Treatment P-value [a]		0.22704
	Interaction P-value [b]		0.08603
6 Months	Patients at Risk, Survival Est. (95% CI)	15, 0.23 ( 0.16, 0.31)	10, 0.19 ( 0.13, 0.27)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC10.RF.KM.S3.FAS: EORTC Role Functioning Score: Time to Deterioration of at least 10 points (Months) (Full Analysis Set)

Subgroup: Gender, Level: Female

Time Point	Statistics	Enfortumab Vedotin (N=63)	Chemotherapy (N=75)
Overall	No. of Events (%)	34 ( 54.0)	48 ( 64.0)
	Median Survival Est. (95% CI)	1.03 ( 0.56, 5.52)	0.82 ( 0.56, 1.02)
	Hazard Ratio (95% CI)		0.551 ( 0.354, 0.856)
	Treatment P-value [a]		0.00551
	Interaction P-value [b]		0.08603
6 Months	Patients at Risk, Survival Est. (95% CI)	5, 0.27 ( 0.12, 0.43)	2, 0.05 ( 0.01, 0.15)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC10.RF.KM.S4.FAS: EORTC Role Functioning Score: Time to Deterioration of at least 10 points (Months) (Full Analysis Set)

Subgroup: Region, Level: Western Europe

Time Point	Statistics	Enfortumab Vedotin (N=126)	Chemotherapy (N=129)
Overall	No. of Events (%)	64 ( 50.8)	61 ( 47.3)
	Median Survival Est. (95% CI)	1.05 ( 0.72, 1.91)	0.72 ( 0.36, 0.99)
	Hazard Ratio (95% CI)		0.719 ( 0.506, 1.021)
	Treatment P-value [a]		0.08969
	Interaction P-value [b]		0.84350
6 Months	Patients at Risk, Survival Est. (95% CI)	7, 0.25 ( 0.14, 0.37)	5, 0.20 ( 0.12, 0.30)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC10.RF.KM.S4.FAS: EORTC Role Functioning Score: Time to Deterioration of at least 10 points (Months) (Full Analysis Set)

Subgroup: Region, Level: US

Time Point	Statistics	Enfortumab Vedotin (N=43)	Chemotherapy (N=44)
Overall	No. of Events (%)	23 ( 53.5)	24 ( 54.5)
	Median Survival Est. (95% CI)	0.85 ( 0.53, 2.96)	0.82 ( 0.56, 1.12)
	Hazard Ratio (95% CI)		0.745 ( 0.420, 1.323)
	Treatment P-value [a]		0.24421
	Interaction P-value [b]		0.84350
6 Months	Patients at Risk, Survival Est. (95% CI)	2, 0.18 ( 0.05, 0.37)	0

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table EORTC10.RF.KM.S4.FAS: EORTC Role Functioning Score: Time to Deterioration of at least 10 points (Months) (Full Analysis Set)

Subgroup: Region, Level: Rest of the World

Time Point	Statistics	Enfortumab Vedotin (N=132)	Chemotherapy (N=134)
Overall	No. of Events (%)	87 ( 65.9)	90 ( 67.2)
	Median Survival Est. (95% CI)	0.92 ( 0.76, 1.54)	0.82 ( 0.69, 1.22)
	Hazard Ratio (95% CI)		0.821 ( 0.611, 1.103)
	Treatment P-value [a]		0.18873
	Interaction P-value [b]		0.84350
6 Months	Patients at Risk, Survival Est. (95% CI)	11, 0.24 ( 0.16, 0.34)	7, 0.16 ( 0.09, 0.26)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table EORTC10.RF.KM.S5.FAS: EORTC Role Functioning Score: Time to Deterioration of at least 10 points (Months) (Full Analysis Set)

Subgroup: ECOG PS from IRT Strata, Level: 0

Time Point	Statistics	Enfortumab Vedotin (N=120)	Chemotherapy (N=124)
Overall	No. of Events (%)	72 ( 60.0)	81 ( 65.3)
	Median Survival Est. (95% CI)	1.28 ( 0.85, 2.14)	0.82 ( 0.69, 1.22)
	Hazard Ratio (95% CI)		0.673 ( 0.489, 0.925)
	Treatment P-value [a]		0.00910
	Interaction P-value [b]		0.25085
6 Months	Patients at Risk, Survival Est. (95% CI)	13, 0.28 ( 0.19, 0.39)	5, 0.15 ( 0.08, 0.25)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC10.RF.KM.S5.FAS: EORTC Role Functioning Score: Time to Deterioration of at least 10 points (Months) (Full Analysis Set)

Subgroup: ECOG PS from IRT Strata, Level: 1

Time Point	Statistics	Enfortumab Vedotin (N=181)	Chemotherapy (N=183)
Overall	No. of Events (%)	102 ( 56.4)	94 ( 51.4)
	Median Survival Est. (95% CI)	0.82 ( 0.59, 1.25)	0.76 ( 0.53, 0.99)
	Hazard Ratio (95% CI)		0.862 ( 0.652, 1.142)
	Treatment P-value [a]		0.32260
	Interaction P-value [b]		0.25085
6 Months	Patients at Risk, Survival Est. (95% CI)	7, 0.20 ( 0.11, 0.30)	7, 0.16 ( 0.09, 0.25)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC10.RF.KM.S6.FAS: EORTC Role Functioning Score: Time to Deterioration of at least 10 points (Months) (Full Analysis Set)

Subgroup: Liver Metastasis from IRT Strata, Level: Yes

Time Point	Statistics	Enfortumab Vedotin (N=93)	Chemotherapy (N=95)
Overall	No. of Events (%)	51 ( 54.8)	51 ( 53.7)
	Median Survival Est. (95% CI)	0.92 ( 0.72, 1.45)	0.59 ( 0.36, 0.95)
	Hazard Ratio (95% CI)		0.614 ( 0.415, 0.907)
	Treatment P-value [a]		0.01864
	Interaction P-value [b]		0.20116
6 Months	Patients at Risk, Survival Est. (95% CI)	7, 0.22 ( 0.11, 0.34)	0

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC10.RF.KM.S6.FAS: EORTC Role Functioning Score: Time to Deterioration of at least 10 points (Months) (Full Analysis Set)

Subgroup: Liver Metastasis from IRT Strata, Level: No

Time Point	Statistics	Enfortumab Vedotin (N=208)	Chemotherapy (N=212)
Overall	No. of Events (%)	123 ( 59.1)	124 ( 58.5)
	Median Survival Est. (95% CI)	1.02 ( 0.76, 1.54)	0.82 ( 0.72, 1.18)
	Hazard Ratio (95% CI)		0.831 ( 0.647, 1.066)
	Treatment P-value [a]		0.15828
	Interaction P-value [b]		0.20116
6 Months	Patients at Risk, Survival Est. (95% CI)	13, 0.24 ( 0.16, 0.33)	12, 0.18 ( 0.12, 0.26)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC10.RF.KM.S7.FAS: EORTC Role Functioning Score: Time to Deterioration of at least 10 points (Months) (Full Analysis Set)

Subgroup: Pre-selected Investigator's Choice of Paclitaxel/Docetaxel/Vinflunine, Level: Paclitaxel

Time Point	Statistics	Enfortumab Vedotin (N=141)	Chemotherapy (N=112)
Overall	No. of Events (%)	85 ( 60.3)	63 ( 56.3)
	Median Survival Est. (95% CI)	0.92 ( 0.62, 1.38)	0.82 ( 0.72, 1.45)
	Hazard Ratio (95% CI)		0.849 ( 0.612, 1.177)
	Treatment P-value [a]		0.35202
	Interaction P-value [b]		0.58316
6 Months	Patients at Risk, Survival Est. (95% CI)	10, 0.25 ( 0.16, 0.35)	3, 0.16 ( 0.08, 0.26)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC10.RF.KM.S7.FAS: EORTC Role Functioning Score: Time to Deterioration of at least 10 points (Months) (Full Analysis Set)

Subgroup: Pre-selected Investigator's Choice of Paclitaxel/Docetaxel/Vinflunine, Level: Docetaxel

Time Point	Statistics	Enfortumab Vedotin (N=87)	Chemotherapy (N=117)
Overall	No. of Events (%)	49 ( 56.3)	72 ( 61.5)
	Median Survival Est. (95% CI)	0.89 ( 0.62, 1.87)	0.76 ( 0.43, 1.02)
	Hazard Ratio (95% CI)		0.664 ( 0.462, 0.955)
	Treatment P-value [a]		0.02967
	Interaction P-value [b]		0.58316
6 Months	Patients at Risk, Survival Est. (95% CI)	5, 0.24 ( 0.13, 0.37)	5, 0.12 ( 0.05, 0.22)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC10.RF.KM.S7.FAS: EORTC Role Functioning Score: Time to Deterioration of at least 10 points (Months) (Full Analysis Set)

Subgroup: Pre-selected Investigator's Choice of Paclitaxel/Docetaxel/Vinflunine, Level: Vinflunine

Time Point	Statistics	Enfortumab Vedotin (N=73)	Chemotherapy (N=78)
Overall	No. of Events (%)	40 ( 54.8)	40 ( 51.3)
	Median Survival Est. (95% CI)	1.28 ( 0.79, 2.79)	0.79 ( 0.53, 1.38)
	Hazard Ratio (95% CI)		0.827 ( 0.533, 1.282)
	Treatment P-value [a]		0.42127
	Interaction P-value [b]		0.58316
6 Months	Patients at Risk, Survival Est. (95% CI)	5, 0.22 ( 0.10, 0.37)	4, 0.24 ( 0.13, 0.36)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC10.RF.KM.S8.FAS: EORTC Role Functioning Score: Time to Deterioration of at least 10 points (Months) (Full Analysis Set)

Subgroup: Primary Site of Tumor, Level: Upper Tract

Time Point	Statistics	Enfortumab Vedotin (N=98)	Chemotherapy (N=107)
Overall	No. of Events (%)	54 ( 55.1)	75 ( 70.1)
	Median Survival Est. (95% CI)	0.92 ( 0.59, 1.45)	0.72 ( 0.53, 0.99)
	Hazard Ratio (95% CI)		0.654 ( 0.460, 0.929)
	Treatment P-value [a]		0.01890
	Interaction P-value [b]		0.22321
6 Months	Patients at Risk, Survival Est. (95% CI)	8, 0.31 ( 0.20, 0.43)	4, 0.11 ( 0.04, 0.20)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC10.RF.KM.S8.FAS: EORTC Role Functioning Score: Time to Deterioration of at least 10 points (Months) (Full Analysis Set)

Subgroup: Primary Site of Tumor, Level: Other

Time Point	Statistics	Enfortumab Vedotin (N=203)	Chemotherapy (N=200)
Overall	No. of Events (%)	120 ( 59.1)	100 ( 50.0)
	Median Survival Est. (95% CI)	1.02 ( 0.76, 1.45)	0.95 ( 0.72, 1.22)
	Hazard Ratio (95% CI)		0.859 ( 0.659, 1.121)
	Treatment P-value [a]		0.27543
	Interaction P-value [b]		0.22321
6 Months	Patients at Risk, Survival Est. (95% CI)	12, 0.20 ( 0.13, 0.29)	8, 0.19 ( 0.12, 0.28)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table EORTC10.RF.KM.S9.FAS: EORTC Role Functioning Score: Time to Deterioration of at least 10 points (Months) (Full Analysis Set)

Subgroup: Prior Lines of Systemic Therapy, Level: 1-2 lines

Time Point	Statistics	Enfortumab Vedotin (N=262)	Chemotherapy (N=270)
Overall	No. of Events (%)	150 ( 57.3)	152 ( 56.3)
	Median Survival Est. (95% CI)	0.99 ( 0.76, 1.38)	0.76 ( 0.59, 0.99)
	Hazard Ratio (95% CI)		0.744 ( 0.594, 0.933)
	Treatment P-value [a]		0.01189
	Interaction P-value [b]		0.40581
6 Months	Patients at Risk, Survival Est. (95% CI)	19, 0.25 ( 0.18, 0.32)	10, 0.16 ( 0.11, 0.23)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table EORTC10.RF.KM.S9.FAS: EORTC Role Functioning Score: Time to Deterioration of at least 10 points (Months) (Full Analysis Set)

Subgroup: Prior Lines of Systemic Therapy, Level: &gt;=3 lines

Time Point	Statistics	Enfortumab Vedotin (N=39)	Chemotherapy (N=37)
Overall	No. of Events (%)	24 ( 61.5)	23 ( 62.2)
	Median Survival Est. (95% CI)	1.08 ( 0.49, 5.36)	0.95 ( 0.76, 2.56)
	Hazard Ratio (95% CI)		0.966 ( 0.545, 1.713)
	Treatment P-value [a]		0.76684
	Interaction P-value [b]		0.40581
6 Months	Patients at Risk, Survival Est. (95% CI)	1, 0.16 ( 0.03, 0.37)	2, 0.15 ( 0.03, 0.34)

Subgroup analyses are conducted if there exist at least 2 levels with >= 10 patients across treatment arms and >=10 events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table EORTC10.RF.KM.S10.FAS: EORTC Role Functioning Score: Time to Deterioration of at least 10 points (Months) (Full Analysis Set)

Subgroup: Best Response to Prior CPI, Level: Responder

Time Point	Statistics	Enfortumab Vedotin (N=61)	Chemotherapy (N=50)
Overall	No. of Events (%)	38 ( 62.3)	33 ( 66.0)
	Median Survival Est. (95% CI)	1.18 ( 0.56, 2.14)	0.97 ( 0.39, 1.51)
	Hazard Ratio (95% CI)		0.834 ( 0.522, 1.331)
	Treatment P-value [a]		0.47731
	Interaction P-value [b]		0.62344
6 Months	Patients at Risk, Survival Est. (95% CI)	2, 0.16 ( 0.04, 0.35)	5, 0.23 ( 0.11, 0.38)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table EORTC10.RF.KM.S10.FAS: EORTC Role Functioning Score: Time to Deterioration of at least 10 points (Months) (Full Analysis Set)

Subgroup: Best Response to Prior CPI, Level: Non-responder

Time Point	Statistics	Enfortumab Vedotin (N=207)	Chemotherapy (N=215)
Overall	No. of Events (%)	111 ( 53.6)	119 ( 55.3)
	Median Survival Est. (95% CI)	0.99 ( 0.76, 1.45)	0.76 ( 0.66, 1.02)
	Hazard Ratio (95% CI)		0.729 ( 0.562, 0.946)
	Treatment P-value [a]		0.01770
	Interaction P-value [b]		0.62344
6 Months	Patients at Risk, Survival Est. (95% CI)	17, 0.29 ( 0.21, 0.38)	7, 0.14 ( 0.08, 0.22)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

### 3.1.1.4 Emotionale Funktion

Astellas: 7465-CL-0301

Table EORTC10.EF.KM.S1.FAS: EORTC Emotional Functioning Score: Time to Deterioration of at least 10 points (Months) (Full Analysis Set)

Subgroup: Age Group 1, Level: <65 years

Time Point	Statistics	Enfortumab Vedotin (N=108)	Chemotherapy (N=111)
Overall	No. of Events (%)	45 ( 41.7)	40 ( 36.0)
	Median Survival Est. (95% CI)	3.75 ( 1.48, 7.56)	2.83 ( 2.17, 7.69)
	Hazard Ratio (95% CI)		1.039 ( 0.678, 1.591)
	Treatment P-value [a]		0.83599
	Interaction P-value [b]		0.08045
6 Months	Patients at Risk, Survival Est. (95% CI)	12, 0.45 ( 0.32, 0.58)	10, 0.37 ( 0.23, 0.50)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC10.EF.KM.S1.FAS: EORTC Emotional Functioning Score: Time to Deterioration of at least 10 points (Months) (Full Analysis Set)

Subgroup: Age Group 1, Level: &gt;=65 years

Time Point	Statistics	Enfortumab Vedotin (N=193)	Chemotherapy (N=196)
Overall	No. of Events (%)	71 ( 36.8)	84 ( 42.9)
	Median Survival Est. (95% CI)	5.45 ( 2.20, NC)	1.61 ( 1.05, 4.17)
	Hazard Ratio (95% CI)		0.647 ( 0.471, 0.888)
	Treatment P-value [a]		0.00816
	Interaction P-value [b]		0.08045
6 Months	Patients at Risk, Survival Est. (95% CI)	18, 0.41 ( 0.30, 0.51)	11, 0.36 ( 0.27, 0.46)
12 Months	Patients at Risk, Survival Est. (95% CI)	1, 0.20 ( 0.02, 0.52)	0

Subgroup analyses are conducted if there exist at least 2 levels with >= 10 patients across treatment arms and >=10 events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC10.EF.KM.S2.FAS: EORTC Emotional Functioning Score: Time to Deterioration of at least 10 points (Months) (Full Analysis Set)

Subgroup: Age Group 2, Level: &lt;75 years

Time Point	Statistics	Enfortumab Vedotin (N=249)	Chemotherapy (N=239)
Overall	No. of Events (%)	100 ( 40.2)	91 ( 38.1)
	Median Survival Est. (95% CI)	5.42 ( 2.43, 6.54)	2.63 ( 1.68, 5.32)
	Hazard Ratio (95% CI)		0.819 ( 0.616, 1.088)
	Treatment P-value [a]		0.17604
	Interaction P-value [b]		0.40837
6 Months	Patients at Risk, Survival Est. (95% CI)	26, 0.42 ( 0.32, 0.50)	18, 0.40 ( 0.31, 0.48)
12 Months	Patients at Risk, Survival Est. (95% CI)	1, 0.16 ( 0.02, 0.43)	0

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC10.EF.KM.S2.FAS: EORTC Emotional Functioning Score: Time to Deterioration of at least 10 points (Months) (Full Analysis Set)

Subgroup: Age Group 2, Level: &gt;=75 years

Time Point	Statistics	Enfortumab Vedotin (N=52)	Chemotherapy (N=68)
Overall	No. of Events (%)	16 ( 30.8)	33 ( 48.5)
	Median Survival Est. (95% CI)	5.52 ( 0.76, NC)	1.28 ( 0.99, 2.69)
	Hazard Ratio (95% CI)		0.619 ( 0.340, 1.126)
	Treatment P-value [a]		0.14528
	Interaction P-value [b]		0.40837
6 Months	Patients at Risk, Survival Est. (95% CI)	4, 0.47 ( 0.22, 0.68)	3, 0.27 ( 0.13, 0.43)

Subgroup analyses are conducted if there exist at least 2 levels with >= 10 patients across treatment arms and >=10 events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC10.EF.KM.S3.FAS: EORTC Emotional Functioning Score: Time to Deterioration of at least 10 points (Months) (Full Analysis Set)

Subgroup: Gender, Level: Male

Time Point	Statistics	Enfortumab Vedotin (N=238)	Chemotherapy (N=232)
Overall	No. of Events (%)	91 ( 38.2)	96 ( 41.4)
	Median Survival Est. (95% CI)	5.42 ( 2.43, 7.16)	2.37 ( 1.45, 4.34)
	Hazard Ratio (95% CI)		0.750 ( 0.563, 0.999)
	Treatment P-value [a]		0.04956
	Interaction P-value [b]		0.75254
6 Months	Patients at Risk, Survival Est. (95% CI)	23, 0.44 ( 0.34, 0.53)	16, 0.35 ( 0.26, 0.44)
12 Months	Patients at Risk, Survival Est. (95% CI)	1, 0.17 ( 0.02, 0.45)	0

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC10.EF.KM.S3.FAS: EORTC Emotional Functioning Score: Time to Deterioration of at least 10 points (Months) (Full Analysis Set)

Subgroup: Gender, Level: Female

Time Point	Statistics	Enfortumab Vedotin (N=63)	Chemotherapy (N=75)
Overall	No. of Events (%)	25 ( 39.7)	28 ( 37.3)
	Median Survival Est. (95% CI)	5.52 ( 1.48, NC)	2.43 ( 1.08, NC)
	Hazard Ratio (95% CI)		0.827 ( 0.482, 1.420)
	Treatment P-value [a]		0.54745
	Interaction P-value [b]		0.75254
6 Months	Patients at Risk, Survival Est. (95% CI)	7, 0.38 ( 0.21, 0.56)	5, 0.40 ( 0.25, 0.54)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC10.EF.KM.S4.FAS: EORTC Emotional Functioning Score: Time to Deterioration of at least 10 points (Months) (Full Analysis Set)

Subgroup: Region, Level: Western Europe

Time Point	Statistics	Enfortumab Vedotin (N=126)	Chemotherapy (N=129)
Overall	No. of Events (%)	39 ( 31.0)	47 ( 36.4)
	Median Survival Est. (95% CI)	5.52 ( 2.66, NC)	1.97 ( 1.08, 2.63)
	Hazard Ratio (95% CI)		0.616 ( 0.403, 0.942)
	Treatment P-value [a]		0.02480
	Interaction P-value [b]		0.45136
6 Months	Patients at Risk, Survival Est. (95% CI)	10, 0.45 ( 0.30, 0.59)	7, 0.34 ( 0.23, 0.46)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table EORTC10.EF.KM.S4.FAS: EORTC Emotional Functioning Score: Time to Deterioration of at least 10 points (Months) (Full Analysis Set)

Subgroup: Region, Level: US

Time Point	Statistics	Enfortumab Vedotin (N=43)	Chemotherapy (N=44)
Overall	No. of Events (%)	12 ( 27.9)	13 ( 29.5)
	Median Survival Est. (95% CI)	5.45 ( 1.45, NC)	2.69 ( 0.85, NC)
	Hazard Ratio (95% CI)		0.874 ( 0.399, 1.917)
	Treatment P-value [a]		0.82402
	Interaction P-value [b]		0.45136
6 Months	Patients at Risk, Survival Est. (95% CI)	3, 0.49 ( 0.24, 0.70)	3, 0.43 ( 0.21, 0.63)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC10.EF.KM.S4.FAS: EORTC Emotional Functioning Score: Time to Deterioration of at least 10 points (Months) (Full Analysis Set)

Subgroup: Region, Level: Rest of the World

Time Point	Statistics	Enfortumab Vedotin (N=132)	Chemotherapy (N=134)
Overall	No. of Events (%)	65 ( 49.2)	64 ( 47.8)
	Median Survival Est. (95% CI)	2.63 ( 1.64, 5.95)	2.83 ( 1.22, 5.39)
	Hazard Ratio (95% CI)		0.865 ( 0.612, 1.222)
	Treatment P-value [a]		0.35984
	Interaction P-value [b]		0.45136
6 Months	Patients at Risk, Survival Est. (95% CI)	17, 0.39 ( 0.28, 0.49)	11, 0.37 ( 0.26, 0.48)
12 Months	Patients at Risk, Survival Est. (95% CI)	1, 0.26 ( 0.13, 0.40)	0

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC10.EF.KM.S5.FAS: EORTC Emotional Functioning Score: Time to Deterioration of at least 10 points (Months) (Full Analysis Set)

Subgroup: ECOG PS from IRT Strata, Level: 0

Time Point	Statistics	Enfortumab Vedotin (N=120)	Chemotherapy (N=124)
Overall	No. of Events (%)	50 ( 41.7)	49 ( 39.5)
	Median Survival Est. (95% CI)	5.52 ( 1.87, NC)	4.86 ( 1.97, NC)
	Hazard Ratio (95% CI)		0.892 ( 0.601, 1.323)
	Treatment P-value [a]		0.55202
	Interaction P-value [b]		0.30930
6 Months	Patients at Risk, Survival Est. (95% CI)	16, 0.45 ( 0.33, 0.57)	11, 0.46 ( 0.34, 0.58)
12 Months	Patients at Risk, Survival Est. (95% CI)	1, 0.39 ( 0.26, 0.52)	0

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC10.EF.KM.S5.FAS: EORTC Emotional Functioning Score: Time to Deterioration of at least 10 points (Months) (Full Analysis Set)

Subgroup: ECOG PS from IRT Strata, Level: 1

Time Point	Statistics	Enfortumab Vedotin (N=181)	Chemotherapy (N=183)
Overall	No. of Events (%)	66 ( 36.5)	75 ( 41.0)
	Median Survival Est. (95% CI)	5.42 ( 2.14, 7.16)	1.48 ( 1.05, 2.63)
	Hazard Ratio (95% CI)		0.683 ( 0.490, 0.951)
	Treatment P-value [a]		0.02236
	Interaction P-value [b]		0.30930
6 Months	Patients at Risk, Survival Est. (95% CI)	14, 0.40 ( 0.28, 0.51)	10, 0.28 ( 0.19, 0.39)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC10.EF.KM.S6.FAS: EORTC Emotional Functioning Score: Time to Deterioration of at least 10 points (Months) (Full Analysis Set)

Subgroup: Liver Metastasis from IRT Strata, Level: Yes

Time Point	Statistics	Enfortumab Vedotin (N=93)	Chemotherapy (N=95)
Overall	No. of Events (%)	31 ( 33.3)	37 ( 38.9)
	Median Survival Est. (95% CI)	5.49 ( 2.20, NC)	1.28 ( 0.85, 2.63)
	Hazard Ratio (95% CI)		0.559 ( 0.346, 0.902)
	Treatment P-value [a]		0.01411
	Interaction P-value [b]		0.13473
6 Months	Patients at Risk, Survival Est. (95% CI)	9, 0.41 ( 0.25, 0.57)	1, 0.28 ( 0.14, 0.43)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC10.EF.KM.S6.FAS: EORTC Emotional Functioning Score: Time to Deterioration of at least 10 points (Months) (Full Analysis Set)

Subgroup: Liver Metastasis from IRT Strata, Level: No

Time Point	Statistics	Enfortumab Vedotin (N=208)	Chemotherapy (N=212)
Overall	No. of Events (%)	85 ( 40.9)	87 ( 41.0)
	Median Survival Est. (95% CI)	5.45 ( 1.94, 7.56)	2.83 ( 1.68, 5.39)
	Hazard Ratio (95% CI)		0.860 ( 0.638, 1.160)
	Treatment P-value [a]		0.32669
	Interaction P-value [b]		0.13473
6 Months	Patients at Risk, Survival Est. (95% CI)	21, 0.43 ( 0.33, 0.52)	20, 0.39 ( 0.30, 0.49)
12 Months	Patients at Risk, Survival Est. (95% CI)	1, 0.17 ( 0.02, 0.45)	0

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC10.EF.KM.S7.FAS: EORTC Emotional Functioning Score: Time to Deterioration of at least 10 points (Months) (Full Analysis Set)

Subgroup: Pre-selected Investigator's Choice of Paclitaxel/Docetaxel/Vinflunine, Level: Paclitaxel

Time Point	Statistics	Enfortumab Vedotin (N=141)	Chemotherapy (N=112)
Overall	No. of Events (%)	56 ( 39.7)	38 ( 33.9)
	Median Survival Est. (95% CI)	5.39 ( 2.43, 7.56)	4.17 ( 1.68, 8.77)
	Hazard Ratio (95% CI)		0.951 ( 0.630, 1.437)
	Treatment P-value [a]		0.81338
	Interaction P-value [b]		0.34611
6 Months	Patients at Risk, Survival Est. (95% CI)	15, 0.41 ( 0.29, 0.53)	7, 0.47 ( 0.34, 0.59)
12 Months	Patients at Risk, Survival Est. (95% CI)	1, 0.30 ( 0.16, 0.45)	0

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC10.EF.KM.S7.FAS: EORTC Emotional Functioning Score: Time to Deterioration of at least 10 points (Months) (Full Analysis Set)

Subgroup: Pre-selected Investigator's Choice of Paclitaxel/Docetaxel/Vinflunine, Level: Docetaxel

Time Point	Statistics	Enfortumab Vedotin (N=87)	Chemotherapy (N=117)
Overall	No. of Events (%)	38 ( 43.7)	53 ( 45.3)
	Median Survival Est. (95% CI)	1.94 ( 1.48, NC)	1.94 ( 0.95, 5.32)
	Hazard Ratio (95% CI)		0.785 ( 0.517, 1.191)
	Treatment P-value [a]		0.24075
	Interaction P-value [b]		0.34611
6 Months	Patients at Risk, Survival Est. (95% CI)	8, 0.40 ( 0.26, 0.54)	9, 0.30 ( 0.18, 0.43)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC10.EF.KM.S7.FAS: EORTC Emotional Functioning Score: Time to Deterioration of at least 10 points (Months) (Full Analysis Set)

Subgroup: Pre-selected Investigator's Choice of Paclitaxel/Docetaxel/Vinflunine, Level: Vinflunine

Time Point	Statistics	Enfortumab Vedotin (N=73)	Chemotherapy (N=78)
Overall	No. of Events (%)	22 ( 30.1)	33 ( 42.3)
	Median Survival Est. (95% CI)	5.95 ( 2.14, NC)	1.97 ( 0.99, 4.34)
	Hazard Ratio (95% CI)		0.574 ( 0.335, 0.986)
	Treatment P-value [a]		0.05146
	Interaction P-value [b]		0.34611
6 Months	Patients at Risk, Survival Est. (95% CI)	7, 0.47 ( 0.26, 0.65)	5, 0.33 ( 0.20, 0.47)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC10.EF.KM.S8.FAS: EORTC Emotional Functioning Score: Time to Deterioration of at least 10 points (Months) (Full Analysis Set)

Subgroup: Primary Site of Tumor, Level: Upper Tract

Time Point	Statistics	Enfortumab Vedotin (N=98)	Chemotherapy (N=107)
Overall	No. of Events (%)	41 ( 41.8)	48 ( 44.9)
	Median Survival Est. (95% CI)	5.42 ( 1.41, 7.16)	2.46 ( 0.99, 8.77)
	Hazard Ratio (95% CI)		0.892 ( 0.588, 1.355)
	Treatment P-value [a]		0.62359
	Interaction P-value [b]		0.40300
6 Months	Patients at Risk, Survival Est. (95% CI)	11, 0.44 ( 0.30, 0.56)	10, 0.39 ( 0.27, 0.51)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC10.EF.KM.S8.FAS: EORTC Emotional Functioning Score: Time to Deterioration of at least 10 points (Months) (Full Analysis Set)

Subgroup: Primary Site of Tumor, Level: Other

Time Point	Statistics	Enfortumab Vedotin (N=203)	Chemotherapy (N=200)
Overall	No. of Events (%)	75 ( 36.9)	76 ( 38.0)
	Median Survival Est. (95% CI)	5.45 ( 2.63, 8.38)	2.37 ( 1.45, 4.17)
	Hazard Ratio (95% CI)		0.713 ( 0.518, 0.981)
	Treatment P-value [a]		0.04006
	Interaction P-value [b]		0.40300
6 Months	Patients at Risk, Survival Est. (95% CI)	19, 0.41 ( 0.30, 0.51)	11, 0.35 ( 0.25, 0.45)
12 Months	Patients at Risk, Survival Est. (95% CI)	1, 0.19 ( 0.02, 0.49)	0

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table EORTC10.EF.KM.S9.FAS: EORTC Emotional Functioning Score: Time to Deterioration of at least 10 points (Months) (Full Analysis Set)

Subgroup: Prior Lines of Systemic Therapy, Level: 1-2 lines

Time Point	Statistics	Enfortumab Vedotin (N=262)	Chemotherapy (N=270)
Overall	No. of Events (%)	101 ( 38.5)	106 ( 39.3)
	Median Survival Est. (95% CI)	5.45 ( 2.20, 7.16)	2.37 ( 1.48, 4.34)
	Hazard Ratio (95% CI)		0.784 ( 0.597, 1.030)
	Treatment P-value [a]		0.08319
	Interaction P-value [b]		0.67932
6 Months	Patients at Risk, Survival Est. (95% CI)	28, 0.42 ( 0.33, 0.51)	20, 0.38 ( 0.30, 0.46)
12 Months	Patients at Risk, Survival Est. (95% CI)	1, 0.18 ( 0.02, 0.47)	0

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC10.EF.KM.S9.FAS: EORTC Emotional Functioning Score: Time to Deterioration of at least 10 points (Months) (Full Analysis Set)

Subgroup: Prior Lines of Systemic Therapy, Level: &gt;=3 lines

Time Point	Statistics	Enfortumab Vedotin (N=39)	Chemotherapy (N=37)
Overall	No. of Events (%)	15 ( 38.5)	18 ( 48.6)
	Median Survival Est. (95% CI)	5.42 ( 1.64, NC)	2.43 ( 0.95, NC)
	Hazard Ratio (95% CI)		0.671 ( 0.338, 1.333)
	Treatment P-value [a]		0.21102
	Interaction P-value [b]		0.67932
6 Months	Patients at Risk, Survival Est. (95% CI)	2, 0.43 ( 0.20, 0.64)	1, 0.19 ( 0.02, 0.50)

Subgroup analyses are conducted if there exist at least 2 levels with >= 10 patients across treatment arms and >=10 events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table EORTC10.EF.KM.S10.FAS: EORTC Emotional Functioning Score: Time to Deterioration of at least 10 points (Months) (Full Analysis Set)

Subgroup: Best Response to Prior CPI, Level: Responder

Time Point	Statistics	Enfortumab Vedotin (N=61)	Chemotherapy (N=50)
Overall	No. of Events (%)	33 ( 54.1)	25 ( 50.0)
	Median Survival Est. (95% CI)	1.91 ( 1.22, 5.45)	2.17 ( 0.99, NC)
	Hazard Ratio (95% CI)		1.016 ( 0.604, 1.708)
	Treatment P-value [a]		0.86911
	Interaction P-value [b]		0.22083
6 Months	Patients at Risk, Survival Est. (95% CI)	5, 0.27 ( 0.12, 0.44)	5, 0.40 ( 0.24, 0.55)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC10.EF.KM.S10.FAS: EORTC Emotional Functioning Score: Time to Deterioration of at least 10 points (Months) (Full Analysis Set)

Subgroup: Best Response to Prior CPI, Level: Non-responder

Time Point	Statistics	Enfortumab Vedotin (N=207)	Chemotherapy (N=215)
Overall	No. of Events (%)	69 ( 33.3)	82 ( 38.1)
	Median Survival Est. (95% CI)	5.52 ( 3.32, NC)	2.63 ( 1.38, 4.34)
	Hazard Ratio (95% CI)		0.693 ( 0.503, 0.956)
	Treatment P-value [a]		0.02883
	Interaction P-value [b]		0.22083
6 Months	Patients at Risk, Survival Est. (95% CI)	23, 0.48 ( 0.37, 0.57)	15, 0.37 ( 0.28, 0.47)
12 Months	Patients at Risk, Survival Est. (95% CI)	1, 0.41 ( 0.29, 0.53)	0

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

### 3.1.1.5 Kognitive Funktion

Astellas: 7465-CL-0301

Table EORTC10.CF.KM.S1.FAS: EORTC Cognitive Functioning Score: Time to Deterioration of at least 10 points (Months) (Full Analysis Set)

Subgroup: Age Group 1, Level: <65 years

Time Point	Statistics	Enfortumab Vedotin (N=108)	Chemotherapy (N=111)
Overall	No. of Events (%)	53 ( 49.1)	47 ( 42.3)
	Median Survival Est. (95% CI)	2.07 ( 0.99, 5.36)	1.61 ( 1.02, 4.37)
	Hazard Ratio (95% CI)		1.008 ( 0.680, 1.493)
	Treatment P-value [a]		0.94994
	Interaction P-value [b]		0.58481
6 Months	Patients at Risk, Survival Est. (95% CI)	8, 0.34 ( 0.22, 0.47)	6, 0.34 ( 0.22, 0.46)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC10.CF.KM.S1.FAS: EORTC Cognitive Functioning Score: Time to Deterioration of at least 10 points (Months) (Full Analysis Set)

Subgroup: Age Group 1, Level: &gt;=65 years

Time Point	Statistics	Enfortumab Vedotin (N=193)	Chemotherapy (N=196)
Overall	No. of Events (%)	102 ( 52.8)	96 ( 49.0)
	Median Survival Est. (95% CI)	1.68 ( 1.08, 1.94)	1.22 ( 0.79, 1.54)
	Hazard Ratio (95% CI)		0.881 ( 0.667, 1.164)
	Treatment P-value [a]		0.39122
	Interaction P-value [b]		0.58481
6 Months	Patients at Risk, Survival Est. (95% CI)	10, 0.25 ( 0.16, 0.34)	9, 0.32 ( 0.24, 0.40)
12 Months	Patients at Risk, Survival Est. (95% CI)	1, 0.25 ( 0.16, 0.34)	2, 0.17 ( 0.07, 0.32)

Subgroup analyses are conducted if there exist at least 2 levels with >= 10 patients across treatment arms and >=10 events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC10.CF.KM.S2.FAS: EORTC Cognitive Functioning Score: Time to Deterioration of at least 10 points (Months) (Full Analysis Set)

Subgroup: Age Group 2, Level: &lt;75 years

Time Point	Statistics	Enfortumab Vedotin (N=249)	Chemotherapy (N=239)
Overall	No. of Events (%)	130 ( 52.2)	113 ( 47.3)
	Median Survival Est. (95% CI)	1.71 ( 1.22, 2.20)	1.31 ( 0.95, 1.68)
	Hazard Ratio (95% CI)		0.871 ( 0.677, 1.121)
	Treatment P-value [a]		0.28612
	Interaction P-value [b]		0.37313
6 Months	Patients at Risk, Survival Est. (95% CI)	14, 0.29 ( 0.21, 0.37)	11, 0.31 ( 0.23, 0.39)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC10.CF.KM.S2.FAS: EORTC Cognitive Functioning Score: Time to Deterioration of at least 10 points (Months) (Full Analysis Set)

Subgroup: Age Group 2, Level: &gt;=75 years

Time Point	Statistics	Enfortumab Vedotin (N=52)	Chemotherapy (N=68)
Overall	No. of Events (%)	25 ( 48.1)	30 ( 44.1)
	Median Survival Est. (95% CI)	1.51 ( 0.56, 5.32)	1.51 ( 1.05, NC)
	Hazard Ratio (95% CI)		1.138 ( 0.669, 1.935)
	Treatment P-value [a]		0.60411
	Interaction P-value [b]		0.37313
6 Months	Patients at Risk, Survival Est. (95% CI)	4, 0.25 ( 0.10, 0.43)	4, 0.37 ( 0.23, 0.51)
12 Months	Patients at Risk, Survival Est. (95% CI)	1, 0.25 ( 0.10, 0.43)	2, 0.37 ( 0.23, 0.51)

Subgroup analyses are conducted if there exist at least 2 levels with >= 10 patients across treatment arms and >=10 events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC10.CF.KM.S3.FAS: EORTC Cognitive Functioning Score: Time to Deterioration of at least 10 points (Months) (Full Analysis Set)

Subgroup: Gender, Level: Male

Time Point	Statistics	Enfortumab Vedotin (N=238)	Chemotherapy (N=232)
Overall	No. of Events (%)	120 ( 50.4)	111 ( 47.8)
	Median Survival Est. (95% CI)	1.68 ( 1.02, 2.14)	1.45 ( 0.82, 1.68)
	Hazard Ratio (95% CI)		0.865 ( 0.668, 1.119)
	Treatment P-value [a]		0.27309
	Interaction P-value [b]		0.31762
6 Months	Patients at Risk, Survival Est. (95% CI)	17, 0.32 ( 0.24, 0.40)	11, 0.30 ( 0.22, 0.39)
12 Months	Patients at Risk, Survival Est. (95% CI)	1, 0.21 ( 0.11, 0.33)	1, 0.12 ( 0.03, 0.26)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC10.CF.KM.S3.FAS: EORTC Cognitive Functioning Score: Time to Deterioration of at least 10 points (Months) (Full Analysis Set)

Subgroup: Gender, Level: Female

Time Point	Statistics	Enfortumab Vedotin (N=63)	Chemotherapy (N=75)
Overall	No. of Events (%)	35 ( 55.6)	32 ( 42.7)
	Median Survival Est. (95% CI)	1.97 ( 1.02, 3.58)	1.45 ( 1.02, NC)
	Hazard Ratio (95% CI)		1.142 ( 0.706, 1.844)
	Treatment P-value [a]		0.69947
	Interaction P-value [b]		0.31762
6 Months	Patients at Risk, Survival Est. (95% CI)	1, 0.11 ( 0.01, 0.33)	4, 0.38 ( 0.25, 0.51)
12 Months	Patients at Risk, Survival Est. (95% CI)	0	1, 0.38 ( 0.25, 0.51)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC10.CF.KM.S4.FAS: EORTC Cognitive Functioning Score: Time to Deterioration of at least 10 points (Months) (Full Analysis Set)

Subgroup: Region, Level: Western Europe

Time Point	Statistics	Enfortumab Vedotin (N=126)	Chemotherapy (N=129)
Overall	No. of Events (%)	53 ( 42.1)	48 ( 37.2)
	Median Survival Est. (95% CI)	1.77 ( 0.99, 5.49)	1.08 ( 0.76, 6.51)
	Hazard Ratio (95% CI)		0.897 ( 0.607, 1.326)
	Treatment P-value [a]		0.62390
	Interaction P-value [b]		0.83428
6 Months	Patients at Risk, Survival Est. (95% CI)	6, 0.35 ( 0.21, 0.49)	6, 0.40 ( 0.29, 0.51)
12 Months	Patients at Risk, Survival Est. (95% CI)	0	1, 0.27 ( 0.12, 0.44)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC10.CF.KM.S4.FAS: EORTC Cognitive Functioning Score: Time to Deterioration of at least 10 points (Months) (Full Analysis Set)

Subgroup: Region, Level: US

Time Point	Statistics	Enfortumab Vedotin (N=43)	Chemotherapy (N=44)
Overall	No. of Events (%)	14 ( 32.6)	15 ( 34.1)
	Median Survival Est. (95% CI)	2.63 ( 1.51, NC)	1.94 ( 0.79, NC)
	Hazard Ratio (95% CI)		0.780 ( 0.376, 1.617)
	Treatment P-value [a]		0.58571
	Interaction P-value [b]		0.83428
6 Months	Patients at Risk, Survival Est. (95% CI)	4, 0.42 ( 0.22, 0.61)	2, 0.40 ( 0.21, 0.59)
12 Months	Patients at Risk, Survival Est. (95% CI)	1, 0.42 ( 0.22, 0.61)	0

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC10.CF.KM.S4.FAS: EORTC Cognitive Functioning Score: Time to Deterioration of at least 10 points (Months) (Full Analysis Set)

Subgroup: Region, Level: Rest of the World

Time Point	Statistics	Enfortumab Vedotin (N=132)	Chemotherapy (N=134)
Overall	No. of Events (%)	88 ( 66.7)	80 ( 59.7)
	Median Survival Est. (95% CI)	1.28 ( 0.95, 1.91)	1.28 ( 0.95, 1.64)
	Hazard Ratio (95% CI)		0.978 ( 0.723, 1.324)
	Treatment P-value [a]		0.87063
	Interaction P-value [b]		0.83428
6 Months	Patients at Risk, Survival Est. (95% CI)	8, 0.21 ( 0.12, 0.31)	7, 0.26 ( 0.17, 0.36)
12 Months	Patients at Risk, Survival Est. (95% CI)	0	1, 0.08 ( 0.01, 0.26)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC10.CF.KM.S5.FAS: EORTC Cognitive Functioning Score: Time to Deterioration of at least 10 points (Months) (Full Analysis Set)

Subgroup: ECOG PS from IRT Strata, Level: 0

Time Point	Statistics	Enfortumab Vedotin (N=120)	Chemotherapy (N=124)
Overall	No. of Events (%)	66 ( 55.0)	62 ( 50.0)
	Median Survival Est. (95% CI)	1.77 ( 1.08, 5.32)	1.61 ( 1.22, 3.78)
	Hazard Ratio (95% CI)		0.995 ( 0.703, 1.408)
	Treatment P-value [a]		0.87554
	Interaction P-value [b]		0.53794
6 Months	Patients at Risk, Survival Est. (95% CI)	10, 0.32 ( 0.21, 0.43)	7, 0.35 ( 0.25, 0.46)
12 Months	Patients at Risk, Survival Est. (95% CI)	0	1, 0.18 ( 0.06, 0.35)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC10.CF.KM.S5.FAS: EORTC Cognitive Functioning Score: Time to Deterioration of at least 10 points (Months) (Full Analysis Set)

Subgroup: ECOG PS from IRT Strata, Level: 1

Time Point	Statistics	Enfortumab Vedotin (N=181)	Chemotherapy (N=183)
Overall	No. of Events (%)	89 ( 49.2)	81 ( 44.3)
	Median Survival Est. (95% CI)	1.51 ( 0.99, 2.20)	0.99 ( 0.76, 1.51)
	Hazard Ratio (95% CI)		0.861 ( 0.637, 1.164)
	Treatment P-value [a]		0.32925
	Interaction P-value [b]		0.53794
6 Months	Patients at Risk, Survival Est. (95% CI)	8, 0.25 ( 0.16, 0.36)	8, 0.30 ( 0.21, 0.39)
12 Months	Patients at Risk, Survival Est. (95% CI)	1, 0.22 ( 0.12, 0.33)	1, 0.19 ( 0.07, 0.34)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC10.CF.KM.S6.FAS: EORTC Cognitive Functioning Score: Time to Deterioration of at least 10 points (Months) (Full Analysis Set)

Subgroup: Liver Metastasis from IRT Strata, Level: Yes

Time Point	Statistics	Enfortumab Vedotin (N=93)	Chemotherapy (N=95)
Overall	No. of Events (%)	46 ( 49.5)	42 ( 44.2)
	Median Survival Est. (95% CI)	1.31 ( 0.76, 2.69)	1.28 ( 0.62, 1.54)
	Hazard Ratio (95% CI)		0.888 ( 0.585, 1.350)
	Treatment P-value [a]		0.58275
	Interaction P-value [b]		0.83985
6 Months	Patients at Risk, Survival Est. (95% CI)	5, 0.29 ( 0.17, 0.42)	2, 0.25 ( 0.14, 0.38)
12 Months	Patients at Risk, Survival Est. (95% CI)	1, 0.12 ( 0.02, 0.28)	1, 0.25 ( 0.14, 0.38)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC10.CF.KM.S6.FAS: EORTC Cognitive Functioning Score: Time to Deterioration of at least 10 points (Months) (Full Analysis Set)

Subgroup: Liver Metastasis from IRT Strata, Level: No

Time Point	Statistics	Enfortumab Vedotin (N=208)	Chemotherapy (N=212)
Overall	No. of Events (%)	109 ( 52.4)	101 ( 47.6)
	Median Survival Est. (95% CI)	1.77 ( 1.41, 2.43)	1.45 ( 1.02, 2.37)
	Hazard Ratio (95% CI)		0.935 ( 0.713, 1.226)
	Treatment P-value [a]		0.63970
	Interaction P-value [b]		0.83985
6 Months	Patients at Risk, Survival Est. (95% CI)	13, 0.28 ( 0.19, 0.37)	13, 0.35 ( 0.26, 0.43)
12 Months	Patients at Risk, Survival Est. (95% CI)	0	1, 0.17 ( 0.07, 0.31)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC10.CF.KM.S7.FAS: EORTC Cognitive Functioning Score: Time to Deterioration of at least 10 points (Months) (Full Analysis Set)

Subgroup: Pre-selected Investigator's Choice of Paclitaxel/Docetaxel/Vinflunine, Level: Paclitaxel

Time Point	Statistics	Enfortumab Vedotin (N=141)	Chemotherapy (N=112)
Overall	No. of Events (%)	86 ( 61.0)	50 ( 44.6)
	Median Survival Est. (95% CI)	1.08 ( 0.82, 1.74)	1.51 ( 1.18, 3.78)
	Hazard Ratio (95% CI)		1.299 ( 0.916, 1.841)
	Treatment P-value [a]		0.13385
	Interaction P-value [b]		0.03084
6 Months	Patients at Risk, Survival Est. (95% CI)	4, 0.16 ( 0.08, 0.27)	5, 0.34 ( 0.22, 0.46)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC10.CF.KM.S7.FAS: EORTC Cognitive Functioning Score: Time to Deterioration of at least 10 points (Months) (Full Analysis Set)

Subgroup: Pre-selected Investigator's Choice of Paclitaxel/Docetaxel/Vinflunine, Level: Docetaxel

Time Point	Statistics	Enfortumab Vedotin (N=87)	Chemotherapy (N=117)
Overall	No. of Events (%)	43 ( 49.4)	61 ( 52.1)
	Median Survival Est. (95% CI)	2.20 ( 1.41, 5.52)	1.05 ( 0.79, 1.74)
	Hazard Ratio (95% CI)		0.689 ( 0.466, 1.018)
	Treatment P-value [a]		0.05651
	Interaction P-value [b]		0.03084
6 Months	Patients at Risk, Survival Est. (95% CI)	8, 0.36 ( 0.23, 0.49)	6, 0.25 ( 0.15, 0.36)
12 Months	Patients at Risk, Survival Est. (95% CI)	1, 0.20 ( 0.07, 0.38)	1, 0.10 ( 0.01, 0.31)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC10.CF.KM.S7.FAS: EORTC Cognitive Functioning Score: Time to Deterioration of at least 10 points (Months) (Full Analysis Set)

Subgroup: Pre-selected Investigator's Choice of Paclitaxel/Docetaxel/Vinflunine, Level: Vinflunine

Time Point	Statistics	Enfortumab Vedotin (N=73)	Chemotherapy (N=78)
Overall	No. of Events (%)	26 ( 35.6)	32 ( 41.0)
	Median Survival Est. (95% CI)	5.95 ( 1.45, NC)	1.28 ( 0.76, NC)
	Hazard Ratio (95% CI)		0.695 ( 0.414, 1.167)
	Treatment P-value [a]		0.19023
	Interaction P-value [b]		0.03084
6 Months	Patients at Risk, Survival Est. (95% CI)	6, 0.43 ( 0.24, 0.61)	4, 0.41 ( 0.28, 0.54)
12 Months	Patients at Risk, Survival Est. (95% CI)	0	1, 0.31 ( 0.13, 0.51)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC10.CF.KM.S8.FAS: EORTC Cognitive Functioning Score: Time to Deterioration of at least 10 points (Months) (Full Analysis Set)

Subgroup: Primary Site of Tumor, Level: Upper Tract

Time Point	Statistics	Enfortumab Vedotin (N=98)	Chemotherapy (N=107)
Overall	No. of Events (%)	55 ( 56.1)	59 ( 55.1)
	Median Survival Est. (95% CI)	1.08 ( 0.69, 1.91)	1.15 ( 0.79, 1.94)
	Hazard Ratio (95% CI)		1.016 ( 0.703, 1.467)
	Treatment P-value [a]		0.90530
	Interaction P-value [b]		0.61171
6 Months	Patients at Risk, Survival Est. (95% CI)	5, 0.22 ( 0.12, 0.34)	6, 0.28 ( 0.18, 0.40)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC10.CF.KM.S8.FAS: EORTC Cognitive Functioning Score: Time to Deterioration of at least 10 points (Months) (Full Analysis Set)

Subgroup: Primary Site of Tumor, Level: Other

Time Point	Statistics	Enfortumab Vedotin (N=203)	Chemotherapy (N=200)
Overall	No. of Events (%)	100 ( 49.3)	84 ( 42.0)
	Median Survival Est. (95% CI)	1.77 ( 1.48, 2.69)	1.48 ( 0.99, 2.37)
	Hazard Ratio (95% CI)		0.900 ( 0.673, 1.203)
	Treatment P-value [a]		0.48972
	Interaction P-value [b]		0.61171
6 Months	Patients at Risk, Survival Est. (95% CI)	13, 0.31 ( 0.22, 0.41)	9, 0.35 ( 0.26, 0.44)
12 Months	Patients at Risk, Survival Est. (95% CI)	1, 0.21 ( 0.11, 0.34)	2, 0.27 ( 0.15, 0.39)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC10.CF.KM.S9.FAS: EORTC Cognitive Functioning Score: Time to Deterioration of at least 10 points (Months) (Full Analysis Set)

Subgroup: Prior Lines of Systemic Therapy, Level: 1-2 lines

Time Point	Statistics	Enfortumab Vedotin (N=262)	Chemotherapy (N=270)
Overall	No. of Events (%)	133 ( 50.8)	124 ( 45.9)
	Median Survival Est. (95% CI)	1.74 ( 1.31, 2.40)	1.45 ( 1.02, 1.74)
	Hazard Ratio (95% CI)		0.898 ( 0.703, 1.147)
	Treatment P-value [a]		0.37183
	Interaction P-value [b]		0.50562
6 Months	Patients at Risk, Survival Est. (95% CI)	17, 0.28 ( 0.20, 0.36)	13, 0.32 ( 0.24, 0.39)
12 Months	Patients at Risk, Survival Est. (95% CI)	1, 0.20 ( 0.11, 0.31)	1, 0.13 ( 0.04, 0.28)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC10.CF.KM.S9.FAS: EORTC Cognitive Functioning Score: Time to Deterioration of at least 10 points (Months) (Full Analysis Set)

Subgroup: Prior Lines of Systemic Therapy, Level: &gt;=3 lines

Time Point	Statistics	Enfortumab Vedotin (N=39)	Chemotherapy (N=37)
Overall	No. of Events (%)	22 ( 56.4)	19 ( 51.4)
	Median Survival Est. (95% CI)	0.99 ( 0.59, 2.46)	1.25 ( 0.39, NC)
	Hazard Ratio (95% CI)		1.124 ( 0.608, 2.079)
	Treatment P-value [a]		0.78288
	Interaction P-value [b]		0.50562
6 Months	Patients at Risk, Survival Est. (95% CI)	1, 0.31 ( 0.15, 0.49)	2, 0.35 ( 0.19, 0.52)
12 Months	Patients at Risk, Survival Est. (95% CI)	0	1, 0.35 ( 0.19, 0.52)

Subgroup analyses are conducted if there exist at least 2 levels with >= 10 patients across treatment arms and >=10 events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table EORTC10.CF.KM.S10.FAS: EORTC Cognitive Functioning Score: Time to Deterioration of at least 10 points (Months) (Full Analysis Set)

Subgroup: Best Response to Prior CPI, Level: Responder

Time Point	Statistics	Enfortumab Vedotin (N=61)	Chemotherapy (N=50)
Overall	No. of Events (%)	34 ( 55.7)	35 ( 70.0)
	Median Survival Est. (95% CI)	1.74 ( 1.22, 2.63)	1.02 ( 0.76, 1.51)
	Hazard Ratio (95% CI)		0.585 ( 0.365, 0.939)
	Treatment P-value [a]		0.02623
	Interaction P-value [b]		0.02382
6 Months	Patients at Risk, Survival Est. (95% CI)	4, 0.25 ( 0.12, 0.42)	2, 0.14 ( 0.05, 0.28)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table EORTC10.CF.KM.S10.FAS: EORTC Cognitive Functioning Score: Time to Deterioration of at least 10 points (Months) (Full Analysis Set)

Subgroup: Best Response to Prior CPI, Level: Non-responder

Time Point	Statistics	Enfortumab Vedotin (N=207)	Chemotherapy (N=215)
Overall	No. of Events (%)	108 ( 52.2)	90 ( 41.9)
	Median Survival Est. (95% CI)	1.48 ( 0.99, 2.20)	1.48 ( 1.02, 2.37)
	Hazard Ratio (95% CI)		1.103 ( 0.833, 1.459)
	Treatment P-value [a]		0.49293
	Interaction P-value [b]		0.02382
6 Months	Patients at Risk, Survival Est. (95% CI)	12, 0.27 ( 0.19, 0.36)	12, 0.38 ( 0.30, 0.47)
12 Months	Patients at Risk, Survival Est. (95% CI)	1, 0.17 ( 0.08, 0.29)	2, 0.23 ( 0.09, 0.40)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

### 3.1.1.6 Soziale Funktion

Astellas: 7465-CL-0301

Table EORTC10.SF.KM.S1.FAS: EORTC Social Functioning Score: Time to Deterioration of at least 10 points (Months) (Full Analysis Set)

Subgroup: Age Group 1, Level: <65 years

Time Point	Statistics	Enfortumab Vedotin (N=108)	Chemotherapy (N=111)
Overall	No. of Events (%)	63 ( 58.3)	51 ( 45.9)
	Median Survival Est. (95% CI)	0.82 ( 0.56, 1.45)	0.99 ( 0.76, 1.68)
	Hazard Ratio (95% CI)		0.995 ( 0.687, 1.440)
	Treatment P-value [a]		0.85733
	Interaction P-value [b]		0.34577
6 Months	Patients at Risk, Survival Est. (95% CI)	8, 0.25 ( 0.14, 0.37)	3, 0.28 ( 0.17, 0.39)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC10.SF.KM.S1.FAS: EORTC Social Functioning Score: Time to Deterioration of at least 10 points (Months) (Full Analysis Set)

Subgroup: Age Group 1, Level: &gt;=65 years

Time Point	Statistics	Enfortumab Vedotin (N=193)	Chemotherapy (N=196)
Overall	No. of Events (%)	104 ( 53.9)	105 ( 53.6)
	Median Survival Est. (95% CI)	1.08 ( 0.79, 1.71)	0.85 ( 0.72, 1.08)
	Hazard Ratio (95% CI)		0.798 ( 0.608, 1.047)
	Treatment P-value [a]		0.12116
	Interaction P-value [b]		0.34577
6 Months	Patients at Risk, Survival Est. (95% CI)	14, 0.31 ( 0.23, 0.39)	8, 0.22 ( 0.14, 0.30)
12 Months	Patients at Risk, Survival Est. (95% CI)	1, 0.12 ( 0.01, 0.33)	1, 0.14 ( 0.05, 0.29)

Subgroup analyses are conducted if there exist at least 2 levels with >= 10 patients across treatment arms and >=10 events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table EORTC10.SF.KM.S2.FAS: EORTC Social Functioning Score: Time to Deterioration of at least 10 points (Months) (Full Analysis Set)

Subgroup: Age Group 2, Level: &lt;75 years

Time Point	Statistics	Enfortumab Vedotin (N=249)	Chemotherapy (N=239)
Overall	No. of Events (%)	143 ( 57.4)	118 ( 49.4)
	Median Survival Est. (95% CI)	0.99 ( 0.69, 1.41)	0.82 ( 0.72, 1.18)
	Hazard Ratio (95% CI)		0.868 ( 0.680, 1.108)
	Treatment P-value [a]		0.25345
	Interaction P-value [b]		0.83778
6 Months	Patients at Risk, Survival Est. (95% CI)	18, 0.28 ( 0.21, 0.36)	8, 0.24 ( 0.17, 0.32)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table EORTC10.SF.KM.S2.FAS: EORTC Social Functioning Score: Time to Deterioration of at least 10 points (Months) (Full Analysis Set)

Subgroup: Age Group 2, Level: &gt;=75 years

Time Point	Statistics	Enfortumab Vedotin (N=52)	Chemotherapy (N=68)
Overall	No. of Events (%)	24 ( 46.2)	38 ( 55.9)
	Median Survival Est. (95% CI)	1.02 ( 0.49, 1.94)	0.99 ( 0.72, 1.25)
	Hazard Ratio (95% CI)		0.818 ( 0.490, 1.365)
	Treatment P-value [a]		0.48766
	Interaction P-value [b]		0.83778
6 Months	Patients at Risk, Survival Est. (95% CI)	4, 0.34 ( 0.19, 0.50)	3, 0.21 ( 0.10, 0.35)
12 Months	Patients at Risk, Survival Est. (95% CI)	1, 0.34 ( 0.19, 0.50)	1, 0.11 ( 0.01, 0.32)

Subgroup analyses are conducted if there exist at least 2 levels with >= 10 patients across treatment arms and >=10 events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC10.SF.KM.S3.FAS: EORTC Social Functioning Score: Time to Deterioration of at least 10 points (Months) (Full Analysis Set)

Subgroup: Gender, Level: Male

Time Point	Statistics	Enfortumab Vedotin (N=238)	Chemotherapy (N=232)
Overall	No. of Events (%)	138 ( 58.0)	116 ( 50.0)
	Median Survival Est. (95% CI)	0.99 ( 0.76, 1.28)	0.89 ( 0.72, 1.18)
	Hazard Ratio (95% CI)		0.916 ( 0.715, 1.173)
	Treatment P-value [a]		0.49647
	Interaction P-value [b]		0.26530
6 Months	Patients at Risk, Survival Est. (95% CI)	18, 0.27 ( 0.20, 0.35)	9, 0.25 ( 0.17, 0.33)
12 Months	Patients at Risk, Survival Est. (95% CI)	1, 0.08 ( 0.01, 0.24)	1, 0.16 ( 0.05, 0.33)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC10.SF.KM.S3.FAS: EORTC Social Functioning Score: Time to Deterioration of at least 10 points (Months) (Full Analysis Set)

Subgroup: Gender, Level: Female

Time Point	Statistics	Enfortumab Vedotin (N=63)	Chemotherapy (N=75)
Overall	No. of Events (%)	29 ( 46.0)	40 ( 53.3)
	Median Survival Est. (95% CI)	1.22 ( 0.53, NC)	0.99 ( 0.76, 1.22)
	Hazard Ratio (95% CI)		0.675 ( 0.418, 1.089)
	Treatment P-value [a]		0.11310
	Interaction P-value [b]		0.26530
6 Months	Patients at Risk, Survival Est. (95% CI)	4, 0.36 ( 0.21, 0.52)	2, 0.20 ( 0.10, 0.33)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table EORTC10.SF.KM.S4.FAS: EORTC Social Functioning Score: Time to Deterioration of at least 10 points (Months) (Full Analysis Set)

Subgroup: Region, Level: Western Europe

Time Point	Statistics	Enfortumab Vedotin (N=126)	Chemotherapy (N=129)
Overall	No. of Events (%)	60 ( 47.6)	60 ( 46.5)
	Median Survival Est. (95% CI)	1.25 ( 0.69, 2.23)	0.72 ( 0.39, 1.05)
	Hazard Ratio (95% CI)		0.690 ( 0.482, 0.988)
	Treatment P-value [a]		0.04576
	Interaction P-value [b]		0.29901
6 Months	Patients at Risk, Survival Est. (95% CI)	7, 0.30 ( 0.19, 0.43)	5, 0.19 ( 0.10, 0.30)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC10.SF.KM.S4.FAS: EORTC Social Functioning Score: Time to Deterioration of at least 10 points (Months) (Full Analysis Set)

Subgroup: Region, Level: US

Time Point	Statistics	Enfortumab Vedotin (N=43)	Chemotherapy (N=44)
Overall	No. of Events (%)	18 ( 41.9)	17 ( 38.6)
	Median Survival Est. (95% CI)	1.51 ( 0.46, NC)	1.08 ( 0.72, NC)
	Hazard Ratio (95% CI)		0.901 ( 0.463, 1.756)
	Treatment P-value [a]		0.80334
	Interaction P-value [b]		0.29901
6 Months	Patients at Risk, Survival Est. (95% CI)	4, 0.38 ( 0.18, 0.57)	0
12 Months	Patients at Risk, Survival Est. (95% CI)	1, 0.19 ( 0.02, 0.50)	0

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC10.SF.KM.S4.FAS: EORTC Social Functioning Score: Time to Deterioration of at least 10 points (Months) (Full Analysis Set)

Subgroup: Region, Level: Rest of the World

Time Point	Statistics	Enfortumab Vedotin (N=132)	Chemotherapy (N=134)
Overall	No. of Events (%)	89 ( 67.4)	79 ( 59.0)
	Median Survival Est. (95% CI)	0.89 ( 0.59, 1.22)	0.92 ( 0.76, 1.41)
	Hazard Ratio (95% CI)		1.000 ( 0.738, 1.355)
	Treatment P-value [a]		0.94504
	Interaction P-value [b]		0.29901
6 Months	Patients at Risk, Survival Est. (95% CI)	11, 0.26 ( 0.17, 0.35)	6, 0.25 ( 0.17, 0.34)
12 Months	Patients at Risk, Survival Est. (95% CI)	0	1, 0.25 ( 0.17, 0.34)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC10.SF.KM.S5.FAS: EORTC Social Functioning Score: Time to Deterioration of at least 10 points (Months) (Full Analysis Set)

Subgroup: ECOG PS from IRT Strata, Level: 0

Time Point	Statistics	Enfortumab Vedotin (N=120)	Chemotherapy (N=124)
Overall	No. of Events (%)	77 ( 64.2)	64 ( 51.6)
	Median Survival Est. (95% CI)	0.99 ( 0.59, 1.45)	1.08 ( 0.82, 1.61)
	Hazard Ratio (95% CI)		1.090 ( 0.782, 1.520)
	Treatment P-value [a]		0.64690
	Interaction P-value [b]		0.05702
6 Months	Patients at Risk, Survival Est. (95% CI)	10, 0.23 ( 0.14, 0.34)	5, 0.32 ( 0.23, 0.42)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC10.SF.KM.S5.FAS: EORTC Social Functioning Score: Time to Deterioration of at least 10 points (Months) (Full Analysis Set)

Subgroup: ECOG PS from IRT Strata, Level: 1

Time Point	Statistics	Enfortumab Vedotin (N=181)	Chemotherapy (N=183)
Overall	No. of Events (%)	90 ( 49.7)	92 ( 50.3)
	Median Survival Est. (95% CI)	1.02 ( 0.69, 1.74)	0.76 ( 0.53, 0.99)
	Hazard Ratio (95% CI)		0.710 ( 0.531, 0.951)
	Treatment P-value [a]		0.02502
	Interaction P-value [b]		0.05702
6 Months	Patients at Risk, Survival Est. (95% CI)	12, 0.34 ( 0.25, 0.43)	6, 0.16 ( 0.09, 0.25)
12 Months	Patients at Risk, Survival Est. (95% CI)	1, 0.11 ( 0.01, 0.33)	1, 0.11 ( 0.03, 0.23)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC10.SF.KM.S6.FAS: EORTC Social Functioning Score: Time to Deterioration of at least 10 points (Months) (Full Analysis Set)

Subgroup: Liver Metastasis from IRT Strata, Level: Yes

Time Point	Statistics	Enfortumab Vedotin (N=93)	Chemotherapy (N=95)
Overall	No. of Events (%)	47 ( 50.5)	45 ( 47.4)
	Median Survival Est. (95% CI)	0.89 ( 0.59, 1.74)	0.76 ( 0.53, 1.28)
	Hazard Ratio (95% CI)		0.772 ( 0.512, 1.163)
	Treatment P-value [a]		0.24065
	Interaction P-value [b]		0.54068
6 Months	Patients at Risk, Survival Est. (95% CI)	7, 0.30 ( 0.18, 0.43)	1, 0.18 ( 0.09, 0.31)
12 Months	Patients at Risk, Survival Est. (95% CI)	1, 0.26 ( 0.13, 0.40)	0

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC10.SF.KM.S6.FAS: EORTC Social Functioning Score: Time to Deterioration of at least 10 points (Months) (Full Analysis Set)

Subgroup: Liver Metastasis from IRT Strata, Level: No

Time Point	Statistics	Enfortumab Vedotin (N=208)	Chemotherapy (N=212)
Overall	No. of Events (%)	120 ( 57.7)	111 ( 52.4)
	Median Survival Est. (95% CI)	1.02 ( 0.79, 1.45)	0.99 ( 0.76, 1.18)
	Hazard Ratio (95% CI)		0.898 ( 0.693, 1.163)
	Treatment P-value [a]		0.42875
	Interaction P-value [b]		0.54068
6 Months	Patients at Risk, Survival Est. (95% CI)	15, 0.29 ( 0.21, 0.37)	10, 0.25 ( 0.18, 0.33)
12 Months	Patients at Risk, Survival Est. (95% CI)	0	1, 0.17 ( 0.06, 0.33)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table EORTC10.SF.KM.S7.FAS: EORTC Social Functioning Score: Time to Deterioration of at least 10 points (Months) (Full Analysis Set)

Subgroup: Pre-selected Investigator's Choice of Paclitaxel/Docetaxel/Vinflunine, Level: Paclitaxel

Time Point	Statistics	Enfortumab Vedotin (N=141)	Chemotherapy (N=112)
Overall	No. of Events (%)	85 ( 60.3)	56 ( 50.0)
	Median Survival Est. (95% CI)	0.82 ( 0.59, 1.22)	1.05 ( 0.76, 1.61)
	Hazard Ratio (95% CI)		1.071 ( 0.764, 1.502)
	Treatment P-value [a]		0.68337
	Interaction P-value [b]		0.14897
6 Months	Patients at Risk, Survival Est. (95% CI)	10, 0.26 ( 0.17, 0.36)	5, 0.24 ( 0.14, 0.35)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC10.SF.KM.S7.FAS: EORTC Social Functioning Score: Time to Deterioration of at least 10 points (Months) (Full Analysis Set)

Subgroup: Pre-selected Investigator's Choice of Paclitaxel/Docetaxel/Vinflunine, Level: Docetaxel

Time Point	Statistics	Enfortumab Vedotin (N=87)	Chemotherapy (N=117)
Overall	No. of Events (%)	50 ( 57.5)	58 ( 49.6)
	Median Survival Est. (95% CI)	0.85 ( 0.53, 1.87)	0.76 ( 0.36, 1.08)
	Hazard Ratio (95% CI)		0.837 ( 0.573, 1.224)
	Treatment P-value [a]		0.45540
	Interaction P-value [b]		0.14897
6 Months	Patients at Risk, Survival Est. (95% CI)	8, 0.30 ( 0.19, 0.42)	3, 0.27 ( 0.17, 0.39)
12 Months	Patients at Risk, Survival Est. (95% CI)	1, 0.10 ( 0.01, 0.32)	1, 0.27 ( 0.17, 0.39)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC10.SF.KM.S7.FAS: EORTC Social Functioning Score: Time to Deterioration of at least 10 points (Months) (Full Analysis Set)

Subgroup: Pre-selected Investigator's Choice of Paclitaxel/Docetaxel/Vinflunine, Level: Vinflunine

Time Point	Statistics	Enfortumab Vedotin (N=73)	Chemotherapy (N=78)
Overall	No. of Events (%)	32 ( 43.8)	42 ( 53.8)
	Median Survival Est. (95% CI)	1.74 ( 0.95, 6.83)	0.82 ( 0.53, 1.51)
	Hazard Ratio (95% CI)		0.609 ( 0.384, 0.964)
	Treatment P-value [a]		0.02838
	Interaction P-value [b]		0.14897
6 Months	Patients at Risk, Survival Est. (95% CI)	4, 0.32 ( 0.16, 0.50)	3, 0.19 ( 0.09, 0.31)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table EORTC10.SF.KM.S8.FAS: EORTC Social Functioning Score: Time to Deterioration of at least 10 points (Months) (Full Analysis Set)

Subgroup: Primary Site of Tumor, Level: Upper Tract

Time Point	Statistics	Enfortumab Vedotin (N=98)	Chemotherapy (N=107)
Overall	No. of Events (%)	54 ( 55.1)	67 ( 62.6)
	Median Survival Est. (95% CI)	1.02 ( 0.72, 1.54)	0.76 ( 0.53, 0.99)
	Hazard Ratio (95% CI)		0.719 ( 0.502, 1.029)
	Treatment P-value [a]		0.06791
	Interaction P-value [b]		0.19738
6 Months	Patients at Risk, Survival Est. (95% CI)	8, 0.29 ( 0.18, 0.40)	4, 0.19 ( 0.11, 0.29)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC10.SF.KM.S8.FAS: EORTC Social Functioning Score: Time to Deterioration of at least 10 points (Months) (Full Analysis Set)

Subgroup: Primary Site of Tumor, Level: Other

Time Point	Statistics	Enfortumab Vedotin (N=203)	Chemotherapy (N=200)
Overall	No. of Events (%)	113 ( 55.7)	89 ( 44.5)
	Median Survival Est. (95% CI)	0.99 ( 0.59, 1.71)	1.05 ( 0.76, 1.28)
	Hazard Ratio (95% CI)		0.969 ( 0.733, 1.280)
	Treatment P-value [a]		0.82409
	Interaction P-value [b]		0.19738
6 Months	Patients at Risk, Survival Est. (95% CI)	14, 0.29 ( 0.20, 0.38)	7, 0.26 ( 0.18, 0.36)
12 Months	Patients at Risk, Survival Est. (95% CI)	1, 0.09 ( 0.01, 0.28)	1, 0.26 ( 0.18, 0.36)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table EORTC10.SF.KM.S9.FAS: EORTC Social Functioning Score: Time to Deterioration of at least 10 points (Months) (Full Analysis Set)

Subgroup: Prior Lines of Systemic Therapy, Level: 1-2 lines

Time Point	Statistics	Enfortumab Vedotin (N=262)	Chemotherapy (N=270)
Overall	No. of Events (%)	144 ( 55.0)	136 ( 50.4)
	Median Survival Est. (95% CI)	0.99 ( 0.69, 1.28)	0.92 ( 0.76, 1.18)
	Hazard Ratio (95% CI)		0.846 ( 0.669, 1.071)
	Treatment P-value [a]		0.17045
	Interaction P-value [b]		0.67784
6 Months	Patients at Risk, Survival Est. (95% CI)	21, 0.30 ( 0.23, 0.38)	8, 0.22 ( 0.15, 0.29)
12 Months	Patients at Risk, Survival Est. (95% CI)	1, 0.10 ( 0.01, 0.30)	0

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC10.SF.KM.S9.FAS: EORTC Social Functioning Score: Time to Deterioration of at least 10 points (Months) (Full Analysis Set)

Subgroup: Prior Lines of Systemic Therapy, Level: &gt;=3 lines

Time Point	Statistics	Enfortumab Vedotin (N=39)	Chemotherapy (N=37)
Overall	No. of Events (%)	23 ( 59.0)	20 ( 54.1)
	Median Survival Est. (95% CI)	1.41 ( 0.69, 5.42)	0.76 ( 0.36, 10.87)
	Hazard Ratio (95% CI)		0.971 ( 0.532, 1.771)
	Treatment P-value [a]		0.97898
	Interaction P-value [b]		0.67784
6 Months	Patients at Risk, Survival Est. (95% CI)	1, 0.19 ( 0.05, 0.41)	3, 0.35 ( 0.19, 0.53)
12 Months	Patients at Risk, Survival Est. (95% CI)	0	1, 0.18 ( 0.02, 0.48)

Subgroup analyses are conducted if there exist at least 2 levels with >= 10 patients across treatment arms and >=10 events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table EORTC10.SF.KM.S10.FAS: EORTC Social Functioning Score: Time to Deterioration of at least 10 points (Months) (Full Analysis Set)

Subgroup: Best Response to Prior CPI, Level: Responder

Time Point	Statistics	Enfortumab Vedotin (N=61)	Chemotherapy (N=50)
Overall	No. of Events (%)	42 ( 68.9)	32 ( 64.0)
	Median Survival Est. (95% CI)	0.69 ( 0.53, 1.41)	0.76 ( 0.33, 1.51)
	Hazard Ratio (95% CI)		0.842 ( 0.531, 1.333)
	Treatment P-value [a]		0.44750
	Interaction P-value [b]		0.89989
6 Months	Patients at Risk, Survival Est. (95% CI)	3, 0.20 ( 0.09, 0.33)	2, 0.15 ( 0.05, 0.29)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table EORTC10.SF.KM.S10.FAS: EORTC Social Functioning Score: Time to Deterioration of at least 10 points (Months) (Full Analysis Set)

Subgroup: Best Response to Prior CPI, Level: Non-responder

Time Point	Statistics	Enfortumab Vedotin (N=207)	Chemotherapy (N=215)
Overall	No. of Events (%)	106 ( 51.2)	105 ( 48.8)
	Median Survival Est. (95% CI)	0.99 ( 0.69, 1.54)	0.89 ( 0.76, 1.18)
	Hazard Ratio (95% CI)		0.871 ( 0.665, 1.141)
	Treatment P-value [a]		0.31953
	Interaction P-value [b]		0.89989
6 Months	Patients at Risk, Survival Est. (95% CI)	16, 0.32 ( 0.24, 0.41)	8, 0.25 ( 0.17, 0.33)
12 Months	Patients at Risk, Survival Est. (95% CI)	1, 0.20 ( 0.11, 0.32)	1, 0.17 ( 0.05, 0.33)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

### 3.1.2 Sensitivitätsanalyse (Responderschwelle ≥ 15 Punkte)

#### 3.1.2.1 Globaler Gesundheitsstatus

Astellas: 7465-CL-0301

Table EORTC15.QL.KM.S1.FAS: EORTC Global Health Status: Time to Deterioration of at least 15 points (Months) (Full Analysis Set)

Subgroup: Age Group 1, Level: <65 years

Time Point	Statistics	Enfortumab Vedotin (N=108)	Chemotherapy (N=111)
Overall	No. of Events (%)	58 ( 53.7)	43 ( 38.7)
	Median Survival Est. (95% CI)	1.45 ( 0.82, 2.17)	2.17 ( 0.99, 5.36)
	Hazard Ratio (95% CI)		1.163 ( 0.784, 1.726)
	Treatment P-value [a]		0.46600
	Interaction P-value [b]		0.02056
6 Months	Patients at Risk, Survival Est. (95% CI)	7, 0.35 ( 0.24, 0.45)	5, 0.31 ( 0.16, 0.47)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC15.QL.KM.S1.FAS: EORTC Global Health Status: Time to Deterioration of at least 15 points (Months) (Full Analysis Set)

Subgroup: Age Group 1, Level: &gt;=65 years

Time Point	Statistics	Enfortumab Vedotin (N=193)	Chemotherapy (N=196)
Overall	No. of Events (%)	104 ( 53.9)	113 ( 57.7)
	Median Survival Est. (95% CI)	1.41 ( 1.02, 1.94)	0.95 ( 0.62, 1.12)
	Hazard Ratio (95% CI)		0.662 ( 0.507, 0.865)
	Treatment P-value [a]		0.00259
	Interaction P-value [b]		0.02056
6 Months	Patients at Risk, Survival Est. (95% CI)	13, 0.24 ( 0.16, 0.33)	6, 0.17 ( 0.11, 0.25)
12 Months	Patients at Risk, Survival Est. (95% CI)	3, 0.18 ( 0.10, 0.29)	1, 0.12 ( 0.04, 0.24)
18 Months	Patients at Risk, Survival Est. (95% CI)	1, 0.18 ( 0.10, 0.29)	0

Subgroup analyses are conducted if there exist at least 2 levels with >= 10 patients across treatment arms and >=10 events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC15.QL.KM.S2.FAS: EORTC Global Health Status: Time to Deterioration of at least 15 points (Months) (Full Analysis Set)

Subgroup: Age Group 2, Level: &lt;75 years

Time Point	Statistics	Enfortumab Vedotin (N=249)	Chemotherapy (N=239)
Overall	No. of Events (%)	134 ( 53.8)	115 ( 48.1)
	Median Survival Est. (95% CI)	1.51 ( 1.05, 2.14)	1.02 ( 0.79, 1.68)
	Hazard Ratio (95% CI)		0.805 ( 0.627, 1.033)
	Treatment P-value [a]		0.08586
	Interaction P-value [b]		0.85297
6 Months	Patients at Risk, Survival Est. (95% CI)	18, 0.28 ( 0.20, 0.36)	8, 0.22 ( 0.14, 0.32)
12 Months	Patients at Risk, Survival Est. (95% CI)	3, 0.18 ( 0.10, 0.28)	0
18 Months	Patients at Risk, Survival Est. (95% CI)	1, 0.18 ( 0.10, 0.28)	0

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC15.QL.KM.S2.FAS: EORTC Global Health Status: Time to Deterioration of at least 15 points (Months) (Full Analysis Set)

Subgroup: Age Group 2, Level: &gt;=75 years

Time Point	Statistics	Enfortumab Vedotin (N=52)	Chemotherapy (N=68)
Overall	No. of Events (%)	28 ( 53.8)	41 ( 60.3)
	Median Survival Est. (95% CI)	1.02 ( 0.56, 1.54)	0.99 ( 0.56, 1.22)
	Hazard Ratio (95% CI)		0.847 ( 0.524, 1.370)
	Treatment P-value [a]		0.49670
	Interaction P-value [b]		0.85297
6 Months	Patients at Risk, Survival Est. (95% CI)	2, 0.20 ( 0.06, 0.41)	3, 0.20 ( 0.10, 0.32)
12 Months	Patients at Risk, Survival Est. (95% CI)	0	1, 0.20 ( 0.10, 0.32)

Subgroup analyses are conducted if there exist at least 2 levels with >= 10 patients across treatment arms and >=10 events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC15.QL.KM.S3.FAS: EORTC Global Health Status: Time to Deterioration of at least 15 points (Months) (Full Analysis Set)

Subgroup: Gender, Level: Male

Time Point	Statistics	Enfortumab Vedotin (N=238)	Chemotherapy (N=232)
Overall	No. of Events (%)	130 ( 54.6)	115 ( 49.6)
	Median Survival Est. (95% CI)	1.22 ( 0.95, 1.81)	0.99 ( 0.76, 1.28)
	Hazard Ratio (95% CI)		0.833 ( 0.648, 1.071)
	Treatment P-value [a]		0.17759
	Interaction P-value [b]		0.47947
6 Months	Patients at Risk, Survival Est. (95% CI)	17, 0.27 ( 0.20, 0.35)	8, 0.24 ( 0.16, 0.33)
12 Months	Patients at Risk, Survival Est. (95% CI)	3, 0.17 ( 0.09, 0.27)	1, 0.14 ( 0.04, 0.30)
18 Months	Patients at Risk, Survival Est. (95% CI)	1, 0.17 ( 0.09, 0.27)	0

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC15.QL.KM.S3.FAS: EORTC Global Health Status: Time to Deterioration of at least 15 points (Months) (Full Analysis Set)

Subgroup: Gender, Level: Female

Time Point	Statistics	Enfortumab Vedotin (N=63)	Chemotherapy (N=75)
Overall	No. of Events (%)	32 ( 50.8)	41 ( 54.7)
	Median Survival Est. (95% CI)	2.17 ( 1.02, 5.52)	0.99 ( 0.76, 1.77)
	Hazard Ratio (95% CI)		0.689 ( 0.434, 1.095)
	Treatment P-value [a]		0.07094
	Interaction P-value [b]		0.47947
6 Months	Patients at Risk, Survival Est. (95% CI)	3, 0.22 ( 0.08, 0.41)	3, 0.15 ( 0.05, 0.29)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC15.QL.KM.S4.FAS: EORTC Global Health Status: Time to Deterioration of at least 15 points (Months) (Full Analysis Set)

Subgroup: Region, Level: Western Europe

Time Point	Statistics	Enfortumab Vedotin (N=126)	Chemotherapy (N=129)
Overall	No. of Events (%)	55 ( 43.7)	56 ( 43.4)
	Median Survival Est. (95% CI)	1.81 ( 0.95, 5.36)	0.79 ( 0.36, 1.15)
	Hazard Ratio (95% CI)		0.658 ( 0.454, 0.956)
	Treatment P-value [a]		0.02969
	Interaction P-value [b]		0.31412
6 Months	Patients at Risk, Survival Est. (95% CI)	6, 0.34 ( 0.21, 0.47)	5, 0.27 ( 0.17, 0.38)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC15.QL.KM.S4.FAS: EORTC Global Health Status: Time to Deterioration of at least 15 points (Months) (Full Analysis Set)

Subgroup: Region, Level: US

Time Point	Statistics	Enfortumab Vedotin (N=43)	Chemotherapy (N=44)
Overall	No. of Events (%)	19 ( 44.2)	18 ( 40.9)
	Median Survival Est. (95% CI)	1.38 ( 0.53, 5.49)	2.17 ( 0.82, 2.69)
	Hazard Ratio (95% CI)		1.147 ( 0.601, 2.186)
	Treatment P-value [a]		0.57073
	Interaction P-value [b]		0.31412
6 Months	Patients at Risk, Survival Est. (95% CI)	3, 0.26 ( 0.09, 0.47)	2, 0.27 ( 0.11, 0.46)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table EORTC15.QL.KM.S4.FAS: EORTC Global Health Status: Time to Deterioration of at least 15 points (Months) (Full Analysis Set)

Subgroup: Region, Level: Rest of the World

Time Point	Statistics	Enfortumab Vedotin (N=132)	Chemotherapy (N=134)
Overall	No. of Events (%)	88 ( 66.7)	82 ( 61.2)
	Median Survival Est. (95% CI)	1.31 ( 0.99, 1.87)	0.99 ( 0.76, 1.38)
	Hazard Ratio (95% CI)		0.834 ( 0.617, 1.128)
	Treatment P-value [a]		0.18119
	Interaction P-value [b]		0.31412
6 Months	Patients at Risk, Survival Est. (95% CI)	11, 0.22 ( 0.14, 0.32)	4, 0.17 ( 0.08, 0.29)
12 Months	Patients at Risk, Survival Est. (95% CI)	3, 0.11 ( 0.04, 0.21)	1, 0.06 ( 0.01, 0.22)
18 Months	Patients at Risk, Survival Est. (95% CI)	1, 0.11 ( 0.04, 0.21)	0

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC15.QL.KM.S5.FAS: EORTC Global Health Status: Time to Deterioration of at least 15 points (Months) (Full Analysis Set)

Subgroup: ECOG PS from IRT Strata, Level: 0

Time Point	Statistics	Enfortumab Vedotin (N=120)	Chemotherapy (N=124)
Overall	No. of Events (%)	73 ( 60.8)	71 ( 57.3)
	Median Survival Est. (95% CI)	1.41 ( 0.99, 1.97)	1.02 ( 0.82, 1.68)
	Hazard Ratio (95% CI)		0.815 ( 0.587, 1.131)
	Treatment P-value [a]		0.18450
	Interaction P-value [b]		0.87901
6 Months	Patients at Risk, Survival Est. (95% CI)	10, 0.28 ( 0.19, 0.39)	2, 0.19 ( 0.08, 0.33)
12 Months	Patients at Risk, Survival Est. (95% CI)	2, 0.13 ( 0.04, 0.27)	0
18 Months	Patients at Risk, Survival Est. (95% CI)	1, 0.13 ( 0.04, 0.27)	0

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC15.QL.KM.S5.FAS: EORTC Global Health Status: Time to Deterioration of at least 15 points (Months) (Full Analysis Set)

Subgroup: ECOG PS from IRT Strata, Level: 1

Time Point	Statistics	Enfortumab Vedotin (N=181)	Chemotherapy (N=183)
Overall	No. of Events (%)	89 ( 49.2)	85 ( 46.4)
	Median Survival Est. (95% CI)	1.38 ( 0.85, 2.30)	0.99 ( 0.56, 1.25)
	Hazard Ratio (95% CI)		0.787 ( 0.585, 1.060)
	Treatment P-value [a]		0.12576
	Interaction P-value [b]		0.87901
6 Months	Patients at Risk, Survival Est. (95% CI)	10, 0.25 ( 0.16, 0.35)	9, 0.24 ( 0.15, 0.33)
12 Months	Patients at Risk, Survival Est. (95% CI)	1, 0.20 ( 0.10, 0.31)	1, 0.21 ( 0.13, 0.31)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC15.QL.KM.S6.FAS: EORTC Global Health Status: Time to Deterioration of at least 15 points (Months) (Full Analysis Set)

Subgroup: Liver Metastasis from IRT Strata, Level: Yes

Time Point	Statistics	Enfortumab Vedotin (N=93)	Chemotherapy (N=95)
Overall	No. of Events (%)	43 ( 46.2)	43 ( 45.3)
	Median Survival Est. (95% CI)	1.74 ( 0.95, 6.34)	1.12 ( 0.56, 1.38)
	Hazard Ratio (95% CI)		0.653 ( 0.427, 0.998)
	Treatment P-value [a]		0.03853
	Interaction P-value [b]		0.27079
6 Months	Patients at Risk, Survival Est. (95% CI)	8, 0.36 ( 0.22, 0.50)	1, 0.19 ( 0.09, 0.32)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC15.QL.KM.S6.FAS: EORTC Global Health Status: Time to Deterioration of at least 15 points (Months) (Full Analysis Set)

Subgroup: Liver Metastasis from IRT Strata, Level: No

Time Point	Statistics	Enfortumab Vedotin (N=208)	Chemotherapy (N=212)
Overall	No. of Events (%)	119 ( 57.2)	113 ( 53.3)
	Median Survival Est. (95% CI)	1.41 ( 0.99, 1.87)	0.99 ( 0.76, 1.41)
	Hazard Ratio (95% CI)		0.862 ( 0.666, 1.116)
	Treatment P-value [a]		0.28181
	Interaction P-value [b]		0.27079
6 Months	Patients at Risk, Survival Est. (95% CI)	12, 0.23 ( 0.15, 0.32)	10, 0.24 ( 0.16, 0.33)
12 Months	Patients at Risk, Survival Est. (95% CI)	3, 0.18 ( 0.10, 0.28)	1, 0.16 ( 0.07, 0.29)
18 Months	Patients at Risk, Survival Est. (95% CI)	1, 0.18 ( 0.10, 0.28)	0

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC15.QL.KM.S7.FAS: EORTC Global Health Status: Time to Deterioration of at least 15 points (Months) (Full Analysis Set)

Subgroup: Pre-selected Investigator's Choice of Paclitaxel/Docetaxel/Vinflunine, Level: Paclitaxel

Time Point	Statistics	Enfortumab Vedotin (N=141)	Chemotherapy (N=112)
Overall	No. of Events (%)	80 ( 56.7)	56 ( 50.0)
	Median Survival Est. (95% CI)	1.25 ( 0.79, 2.10)	1.05 ( 0.53, 1.91)
	Hazard Ratio (95% CI)		0.858 ( 0.609, 1.207)
	Treatment P-value [a]		0.37033
	Interaction P-value [b]		0.84632
6 Months	Patients at Risk, Survival Est. (95% CI)	9, 0.24 ( 0.14, 0.34)	5, 0.24 ( 0.13, 0.37)
12 Months	Patients at Risk, Survival Est. (95% CI)	2, 0.18 ( 0.09, 0.29)	0

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC15.QL.KM.S7.FAS: EORTC Global Health Status: Time to Deterioration of at least 15 points (Months) (Full Analysis Set)

Subgroup: Pre-selected Investigator's Choice of Paclitaxel/Docetaxel/Vinflunine, Level: Docetaxel

Time Point	Statistics	Enfortumab Vedotin (N=87)	Chemotherapy (N=117)
Overall	No. of Events (%)	48 ( 55.2)	63 ( 53.8)
	Median Survival Est. (95% CI)	1.41 ( 0.82, 2.37)	0.99 ( 0.76, 1.38)
	Hazard Ratio (95% CI)		0.739 ( 0.507, 1.077)
	Treatment P-value [a]		0.11252
	Interaction P-value [b]		0.84632
6 Months	Patients at Risk, Survival Est. (95% CI)	8, 0.29 ( 0.17, 0.42)	2, 0.17 ( 0.07, 0.30)
12 Months	Patients at Risk, Survival Est. (95% CI)	1, 0.16 ( 0.06, 0.32)	1, 0.17 ( 0.07, 0.30)
18 Months	Patients at Risk, Survival Est. (95% CI)	1, 0.16 ( 0.06, 0.32)	0

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC15.QL.KM.S7.FAS: EORTC Global Health Status: Time to Deterioration of at least 15 points (Months) (Full Analysis Set)

Subgroup: Pre-selected Investigator's Choice of Paclitaxel/Docetaxel/Vinflunine, Level: Vinflunine

Time Point	Statistics	Enfortumab Vedotin (N=73)	Chemotherapy (N=78)
Overall	No. of Events (%)	34 ( 46.6)	37 ( 47.4)
	Median Survival Est. (95% CI)	1.74 ( 0.95, 5.95)	0.99 ( 0.56, 1.77)
	Hazard Ratio (95% CI)		0.790 ( 0.496, 1.258)
	Treatment P-value [a]		0.27775
	Interaction P-value [b]		0.84632
6 Months	Patients at Risk, Survival Est. (95% CI)	3, 0.29 ( 0.12, 0.49)	4, 0.27 ( 0.15, 0.41)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC15.QL.KM.S8.FAS: EORTC Global Health Status: Time to Deterioration of at least 15 points (Months) (Full Analysis Set)

Subgroup: Primary Site of Tumor, Level: Upper Tract

Time Point	Statistics	Enfortumab Vedotin (N=98)	Chemotherapy (N=107)
Overall	No. of Events (%)	54 ( 55.1)	67 ( 62.6)
	Median Survival Est. (95% CI)	1.22 ( 0.72, 1.54)	0.79 ( 0.39, 0.99)
	Hazard Ratio (95% CI)		0.683 ( 0.477, 0.979)
	Treatment P-value [a]		0.04663
	Interaction P-value [b]		0.25278
6 Months	Patients at Risk, Survival Est. (95% CI)	8, 0.30 ( 0.19, 0.41)	3, 0.18 ( 0.09, 0.28)
12 Months	Patients at Risk, Survival Est. (95% CI)	1, 0.08 ( 0.01, 0.27)	0

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC15.QL.KM.S8.FAS: EORTC Global Health Status: Time to Deterioration of at least 15 points (Months) (Full Analysis Set)

Subgroup: Primary Site of Tumor, Level: Other

Time Point	Statistics	Enfortumab Vedotin (N=203)	Chemotherapy (N=200)
Overall	No. of Events (%)	108 ( 53.2)	89 ( 44.5)
	Median Survival Est. (95% CI)	1.74 ( 1.02, 2.14)	1.22 ( 0.99, 1.97)
	Hazard Ratio (95% CI)		0.891 ( 0.673, 1.180)
	Treatment P-value [a]		0.42164
	Interaction P-value [b]		0.25278
6 Months	Patients at Risk, Survival Est. (95% CI)	12, 0.24 ( 0.16, 0.34)	8, 0.26 ( 0.17, 0.36)
12 Months	Patients at Risk, Survival Est. (95% CI)	2, 0.18 ( 0.10, 0.30)	1, 0.23 ( 0.13, 0.34)
18 Months	Patients at Risk, Survival Est. (95% CI)	1, 0.18 ( 0.10, 0.30)	0

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table EORTC15.QL.KM.S9.FAS: EORTC Global Health Status: Time to Deterioration of at least 15 points (Months) (Full Analysis Set)

Subgroup: Prior Lines of Systemic Therapy, Level: 1-2 lines

Time Point	Statistics	Enfortumab Vedotin (N=262)	Chemotherapy (N=270)
Overall	No. of Events (%)	141 ( 53.8)	139 ( 51.5)
	Median Survival Est. (95% CI)	1.38 ( 1.02, 1.91)	0.99 ( 0.76, 1.18)
	Hazard Ratio (95% CI)		0.774 ( 0.612, 0.979)
	Treatment P-value [a]		0.02942
	Interaction P-value [b]		0.46118
6 Months	Patients at Risk, Survival Est. (95% CI)	17, 0.25 ( 0.18, 0.33)	9, 0.20 ( 0.14, 0.28)
12 Months	Patients at Risk, Survival Est. (95% CI)	2, 0.16 ( 0.08, 0.26)	0

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC15.QL.KM.S9.FAS: EORTC Global Health Status: Time to Deterioration of at least 15 points (Months) (Full Analysis Set)

Subgroup: Prior Lines of Systemic Therapy, Level: &gt;=3 lines

Time Point	Statistics	Enfortumab Vedotin (N=39)	Chemotherapy (N=37)
Overall	No. of Events (%)	21 ( 53.8)	17 ( 45.9)
	Median Survival Est. (95% CI)	1.71 ( 0.76, 6.34)	2.17 ( 0.33, NC)
	Hazard Ratio (95% CI)		1.000 ( 0.527, 1.896)
	Treatment P-value [a]		0.96675
	Interaction P-value [b]		0.46118
6 Months	Patients at Risk, Survival Est. (95% CI)	3, 0.35 ( 0.16, 0.56)	2, 0.35 ( 0.15, 0.56)
12 Months	Patients at Risk, Survival Est. (95% CI)	1, 0.12 ( 0.01, 0.38)	1, 0.35 ( 0.15, 0.56)
18 Months	Patients at Risk, Survival Est. (95% CI)	1, 0.12 ( 0.01, 0.38)	0

Subgroup analyses are conducted if there exist at least 2 levels with >= 10 patients across treatment arms and >=10 events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC15.QL.KM.S10.FAS: EORTC Global Health Status: Time to Deterioration of at least 15 points (Months) (Full Analysis Set)

Subgroup: Best Response to Prior CPI, Level: Responder

Time Point	Statistics	Enfortumab Vedotin (N=61)	Chemotherapy (N=50)
Overall	No. of Events (%)	38 ( 62.3)	29 ( 58.0)
	Median Survival Est. (95% CI)	1.18 ( 0.59, 1.71)	0.99 ( 0.62, 2.46)
	Hazard Ratio (95% CI)		0.907 ( 0.559, 1.471)
	Treatment P-value [a]		0.62508
	Interaction P-value [b]		0.57979
6 Months	Patients at Risk, Survival Est. (95% CI)	3, 0.20 ( 0.07, 0.39)	3, 0.20 ( 0.07, 0.39)
12 Months	Patients at Risk, Survival Est. (95% CI)	1, 0.10 ( 0.01, 0.32)	0

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC15.QL.KM.S10.FAS: EORTC Global Health Status: Time to Deterioration of at least 15 points (Months) (Full Analysis Set)

Subgroup: Best Response to Prior CPI, Level: Non-responder

Time Point	Statistics	Enfortumab Vedotin (N=207)	Chemotherapy (N=215)
Overall	No. of Events (%)	105 ( 50.7)	107 ( 49.8)
	Median Survival Est. (95% CI)	1.45 ( 0.95, 2.10)	1.02 ( 0.66, 1.25)
	Hazard Ratio (95% CI)		0.775 ( 0.592, 1.016)
	Treatment P-value [a]		0.07244
	Interaction P-value [b]		0.57979
6 Months	Patients at Risk, Survival Est. (95% CI)	14, 0.31 ( 0.22, 0.39)	6, 0.23 ( 0.15, 0.31)
12 Months	Patients at Risk, Survival Est. (95% CI)	2, 0.20 ( 0.11, 0.31)	1, 0.23 ( 0.15, 0.31)
18 Months	Patients at Risk, Survival Est. (95% CI)	1, 0.20 ( 0.11, 0.31)	0

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

### 3.1.2.2 Körperliche Funktion

Astellas: 7465-CL-0301

Table EORTC15.PF.KM.S1.FAS: EORTC Physical Functioning Score: Time to Deterioration of at least 15 points (Months) (Full Analysis Set)

Subgroup: Age Group 1, Level: <65 years

Time Point	Statistics	Enfortumab Vedotin (N=108)	Chemotherapy (N=111)
Overall	No. of Events (%)	42 ( 38.9)	37 ( 33.3)
	Median Survival Est. (95% CI)	6.21 ( 4.67, 7.16)	4.99 ( 2.40, 7.69)
	Hazard Ratio (95% CI)		0.974 ( 0.626, 1.516)
	Treatment P-value [a]		0.83751
	Interaction P-value [b]		0.18944
6 Months	Patients at Risk, Survival Est. (95% CI)	13, 0.52 ( 0.37, 0.65)	8, 0.43 ( 0.28, 0.58)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC15.PF.KM.S1.FAS: EORTC Physical Functioning Score: Time to Deterioration of at least 15 points (Months) (Full Analysis Set)

Subgroup: Age Group 1, Level: &gt;=65 years

Time Point	Statistics	Enfortumab Vedotin (N=193)	Chemotherapy (N=196)
Overall	No. of Events (%)	76 ( 39.4)	83 ( 42.3)
	Median Survival Est. (95% CI)	6.34 ( 2.23, 12.25)	1.71 ( 1.22, 2.79)
	Hazard Ratio (95% CI)		0.678 ( 0.494, 0.929)
	Treatment P-value [a]		0.03776
	Interaction P-value [b]		0.18944
6 Months	Patients at Risk, Survival Est. (95% CI)	24, 0.51 ( 0.42, 0.59)	10, 0.34 ( 0.23, 0.44)
12 Months	Patients at Risk, Survival Est. (95% CI)	4, 0.40 ( 0.29, 0.52)	2, 0.25 ( 0.13, 0.39)
18 Months	Patients at Risk, Survival Est. (95% CI)	1, 0.15 ( 0.01, 0.43)	0

Subgroup analyses are conducted if there exist at least 2 levels with >= 10 patients across treatment arms and >=10 events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC15.PF.KM.S2.FAS: EORTC Physical Functioning Score: Time to Deterioration of at least 15 points (Months) (Full Analysis Set)

Subgroup: Age Group 2, Level: &lt;75 years

Time Point	Statistics	Enfortumab Vedotin (N=249)	Chemotherapy (N=239)
Overall	No. of Events (%)	97 ( 39.0)	90 ( 37.7)
	Median Survival Est. (95% CI)	6.34 ( 5.16, 7.56)	2.66 ( 1.94, 5.42)
	Hazard Ratio (95% CI)		0.756 ( 0.567, 1.010)
	Treatment P-value [a]		0.03947
	Interaction P-value [b]		0.57105
6 Months	Patients at Risk, Survival Est. (95% CI)	32, 0.53 ( 0.44, 0.61)	14, 0.38 ( 0.27, 0.48)
12 Months	Patients at Risk, Survival Est. (95% CI)	3, 0.29 ( 0.18, 0.41)	0
18 Months	Patients at Risk, Survival Est. (95% CI)	1, 0.19 ( 0.06, 0.38)	0

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC15.PF.KM.S2.FAS: EORTC Physical Functioning Score: Time to Deterioration of at least 15 points (Months) (Full Analysis Set)

Subgroup: Age Group 2, Level: &gt;=75 years

Time Point	Statistics	Enfortumab Vedotin (N=52)	Chemotherapy (N=68)
Overall	No. of Events (%)	21 ( 40.4)	30 ( 44.1)
	Median Survival Est. (95% CI)	2.07 ( 0.56, NC)	1.54 ( 1.02, 4.14)
	Hazard Ratio (95% CI)		0.907 ( 0.518, 1.591)
	Treatment P-value [a]		0.90637
	Interaction P-value [b]		0.57105
6 Months	Patients at Risk, Survival Est. (95% CI)	5, 0.45 ( 0.29, 0.61)	4, 0.35 ( 0.21, 0.49)
12 Months	Patients at Risk, Survival Est. (95% CI)	1, 0.45 ( 0.29, 0.61)	2, 0.35 ( 0.21, 0.49)

Subgroup analyses are conducted if there exist at least 2 levels with >= 10 patients across treatment arms and >=10 events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC15.PF.KM.S3.FAS: EORTC Physical Functioning Score: Time to Deterioration of at least 15 points (Months) (Full Analysis Set)

Subgroup: Gender, Level: Male

Time Point	Statistics	Enfortumab Vedotin (N=238)	Chemotherapy (N=232)
Overall	No. of Events (%)	101 ( 42.4)	93 ( 40.1)
	Median Survival Est. (95% CI)	5.68 ( 2.10, 6.83)	2.37 ( 1.61, 4.99)
	Hazard Ratio (95% CI)		0.801 ( 0.603, 1.065)
	Treatment P-value [a]		0.12937
	Interaction P-value [b]		0.39536
6 Months	Patients at Risk, Survival Est. (95% CI)	30, 0.49 ( 0.41, 0.57)	13, 0.36 ( 0.26, 0.46)
12 Months	Patients at Risk, Survival Est. (95% CI)	4, 0.30 ( 0.20, 0.41)	1, 0.16 ( 0.06, 0.29)
18 Months	Patients at Risk, Survival Est. (95% CI)	1, 0.11 ( 0.01, 0.34)	0

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC15.PF.KM.S3.FAS: EORTC Physical Functioning Score: Time to Deterioration of at least 15 points (Months) (Full Analysis Set)

Subgroup: Gender, Level: Female

Time Point	Statistics	Enfortumab Vedotin (N=63)	Chemotherapy (N=75)
Overall	No. of Events (%)	17 ( 27.0)	27 ( 36.0)
	Median Survival Est. (95% CI)	8.18 ( 5.52, NC)	2.46 ( 1.54, NC)
	Hazard Ratio (95% CI)		0.599 ( 0.326, 1.100)
	Treatment P-value [a]		0.08093
	Interaction P-value [b]		0.39536
6 Months	Patients at Risk, Survival Est. (95% CI)	7, 0.61 ( 0.41, 0.77)	5, 0.40 ( 0.22, 0.56)
12 Months	Patients at Risk, Survival Est. (95% CI)	0	1, 0.40 ( 0.22, 0.56)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table EORTC15.PF.KM.S4.FAS: EORTC Physical Functioning Score: Time to Deterioration of at least 15 points (Months) (Full Analysis Set)

Subgroup: Region, Level: Western Europe

Time Point	Statistics	Enfortumab Vedotin (N=126)	Chemotherapy (N=129)
Overall	No. of Events (%)	42 ( 33.3)	39 ( 30.2)
	Median Survival Est. (95% CI)	5.68 ( 4.67, 8.08)	2.00 ( 1.02, NC)
	Hazard Ratio (95% CI)		0.813 ( 0.526, 1.259)
	Treatment P-value [a]		0.40473
	Interaction P-value [b]		0.92018
6 Months	Patients at Risk, Survival Est. (95% CI)	10, 0.48 ( 0.33, 0.62)	7, 0.47 ( 0.35, 0.58)
12 Months	Patients at Risk, Survival Est. (95% CI)	0	1, 0.47 ( 0.35, 0.58)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC15.PF.KM.S4.FAS: EORTC Physical Functioning Score: Time to Deterioration of at least 15 points (Months) (Full Analysis Set)

Subgroup: Region, Level: US

Time Point	Statistics	Enfortumab Vedotin (N=43)	Chemotherapy (N=44)
Overall	No. of Events (%)	12 ( 27.9)	12 ( 27.3)
	Median Survival Est. (95% CI)	16.56 ( 1.71, NC)	4.99 ( 1.94, NC)
	Hazard Ratio (95% CI)		0.824 ( 0.368, 1.843)
	Treatment P-value [a]		0.76349
	Interaction P-value [b]		0.92018
6 Months	Patients at Risk, Survival Est. (95% CI)	5, 0.59 ( 0.38, 0.75)	2, 0.41 ( 0.15, 0.66)
12 Months	Patients at Risk, Survival Est. (95% CI)	1, 0.59 ( 0.38, 0.75)	0

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC15.PF.KM.S4.FAS: EORTC Physical Functioning Score: Time to Deterioration of at least 15 points (Months) (Full Analysis Set)

Subgroup: Region, Level: Rest of the World

Time Point	Statistics	Enfortumab Vedotin (N=132)	Chemotherapy (N=134)
Overall	No. of Events (%)	64 ( 48.5)	69 ( 51.5)
	Median Survival Est. (95% CI)	6.34 ( 1.71, 8.11)	2.37 ( 1.68, 5.36)
	Hazard Ratio (95% CI)		0.733 ( 0.520, 1.035)
	Treatment P-value [a]		0.05562
	Interaction P-value [b]		0.92018
6 Months	Patients at Risk, Survival Est. (95% CI)	22, 0.51 ( 0.41, 0.60)	9, 0.31 ( 0.19, 0.43)
12 Months	Patients at Risk, Survival Est. (95% CI)	3, 0.26 ( 0.14, 0.41)	1, 0.05 ( 0.00, 0.19)
18 Months	Patients at Risk, Survival Est. (95% CI)	1, 0.18 ( 0.05, 0.37)	0

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC15.PF.KM.S5.FAS: EORTC Physical Functioning Score: Time to Deterioration of at least 15 points (Months) (Full Analysis Set)

Subgroup: ECOG PS from IRT Strata, Level: 0

Time Point	Statistics	Enfortumab Vedotin (N=120)	Chemotherapy (N=124)
Overall	No. of Events (%)	47 ( 39.2)	50 ( 40.3)
	Median Survival Est. (95% CI)	6.54 ( 5.52, NC)	4.37 ( 1.94, 7.69)
	Hazard Ratio (95% CI)		0.724 ( 0.484, 1.083)
	Treatment P-value [a]		0.08450
	Interaction P-value [b]		0.69366
6 Months	Patients at Risk, Survival Est. (95% CI)	20, 0.56 ( 0.43, 0.66)	8, 0.42 ( 0.28, 0.55)
12 Months	Patients at Risk, Survival Est. (95% CI)	2, 0.41 ( 0.26, 0.54)	1, 0.15 ( 0.03, 0.35)
18 Months	Patients at Risk, Survival Est. (95% CI)	1, 0.20 ( 0.02, 0.52)	0

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC15.PF.KM.S5.FAS: EORTC Physical Functioning Score: Time to Deterioration of at least 15 points (Months) (Full Analysis Set)

Subgroup: ECOG PS from IRT Strata, Level: 1

Time Point	Statistics	Enfortumab Vedotin (N=181)	Chemotherapy (N=183)
Overall	No. of Events (%)	71 ( 39.2)	70 ( 38.3)
	Median Survival Est. (95% CI)	5.16 ( 2.07, 7.16)	1.84 ( 1.18, 2.79)
	Hazard Ratio (95% CI)		0.803 ( 0.577, 1.119)
	Treatment P-value [a]		0.21758
	Interaction P-value [b]		0.69366
6 Months	Patients at Risk, Survival Est. (95% CI)	17, 0.49 ( 0.39, 0.58)	10, 0.33 ( 0.22, 0.44)
12 Months	Patients at Risk, Survival Est. (95% CI)	2, 0.25 ( 0.13, 0.40)	1, 0.25 ( 0.13, 0.39)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC15.PF.KM.S6.FAS: EORTC Physical Functioning Score: Time to Deterioration of at least 15 points (Months) (Full Analysis Set)

Subgroup: Liver Metastasis from IRT Strata, Level: Yes

Time Point	Statistics	Enfortumab Vedotin (N=93)	Chemotherapy (N=95)
Overall	No. of Events (%)	34 ( 36.6)	38 ( 40.0)
	Median Survival Est. (95% CI)	6.47 ( 2.17, NC)	1.28 ( 0.99, 2.37)
	Hazard Ratio (95% CI)		0.598 ( 0.375, 0.954)
	Treatment P-value [a]		0.04517
	Interaction P-value [b]		0.22186
6 Months	Patients at Risk, Survival Est. (95% CI)	13, 0.52 ( 0.38, 0.65)	2, 0.33 ( 0.21, 0.46)
12 Months	Patients at Risk, Survival Est. (95% CI)	1, 0.33 ( 0.16, 0.50)	1, 0.33 ( 0.21, 0.46)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC15.PF.KM.S6.FAS: EORTC Physical Functioning Score: Time to Deterioration of at least 15 points (Months) (Full Analysis Set)

Subgroup: Liver Metastasis from IRT Strata, Level: No

Time Point	Statistics	Enfortumab Vedotin (N=208)	Chemotherapy (N=212)
Overall	No. of Events (%)	84 ( 40.4)	82 ( 38.7)
	Median Survival Est. (95% CI)	6.21 ( 3.58, 8.08)	4.14 ( 2.14, 5.49)
	Hazard Ratio (95% CI)		0.846 ( 0.623, 1.149)
	Treatment P-value [a]		0.27731
	Interaction P-value [b]		0.22186
6 Months	Patients at Risk, Survival Est. (95% CI)	24, 0.52 ( 0.42, 0.60)	16, 0.40 ( 0.29, 0.50)
12 Months	Patients at Risk, Survival Est. (95% CI)	3, 0.32 ( 0.19, 0.44)	1, 0.21 ( 0.10, 0.34)
18 Months	Patients at Risk, Survival Est. (95% CI)	1, 0.21 ( 0.06, 0.42)	0

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC15.PF.KM.S7.FAS: EORTC Physical Functioning Score: Time to Deterioration of at least 15 points (Months) (Full Analysis Set)

Subgroup: Pre-selected Investigator's Choice of Paclitaxel/Docetaxel/Vinflunine, Level: Paclitaxel

Time Point	Statistics	Enfortumab Vedotin (N=141)	Chemotherapy (N=112)
Overall	No. of Events (%)	64 ( 45.4)	42 ( 37.5)
	Median Survival Est. (95% CI)	5.16 ( 1.61, 7.56)	2.66 ( 1.54, 5.49)
	Hazard Ratio (95% CI)		0.916 ( 0.619, 1.355)
	Treatment P-value [a]		0.60836
	Interaction P-value [b]		0.18389
6 Months	Patients at Risk, Survival Est. (95% CI)	19, 0.47 ( 0.37, 0.57)	4, 0.30 ( 0.14, 0.48)
12 Months	Patients at Risk, Survival Est. (95% CI)	2, 0.20 ( 0.08, 0.36)	0

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC15.PF.KM.S7.FAS: EORTC Physical Functioning Score: Time to Deterioration of at least 15 points (Months) (Full Analysis Set)

Subgroup: Pre-selected Investigator's Choice of Paclitaxel/Docetaxel/Vinflunine, Level: Docetaxel

Time Point	Statistics	Enfortumab Vedotin (N=87)	Chemotherapy (N=117)
Overall	No. of Events (%)	29 ( 33.3)	51 ( 43.6)
	Median Survival Est. (95% CI)	16.56 ( 2.40, NC)	2.40 ( 1.84, 5.42)
	Hazard Ratio (95% CI)		0.530 ( 0.332, 0.846)
	Treatment P-value [a]		0.00634
	Interaction P-value [b]		0.18389
6 Months	Patients at Risk, Survival Est. (95% CI)	12, 0.62 ( 0.49, 0.72)	8, 0.34 ( 0.20, 0.47)
12 Months	Patients at Risk, Survival Est. (95% CI)	2, 0.52 ( 0.34, 0.66)	1, 0.06 ( 0.00, 0.23)
18 Months	Patients at Risk, Survival Est. (95% CI)	1, 0.26 ( 0.02, 0.62)	0

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC15.PF.KM.S7.FAS: EORTC Physical Functioning Score: Time to Deterioration of at least 15 points (Months) (Full Analysis Set)

Subgroup: Pre-selected Investigator's Choice of Paclitaxel/Docetaxel/Vinflunine, Level: Vinflunine

Time Point	Statistics	Enfortumab Vedotin (N=73)	Chemotherapy (N=78)
Overall	No. of Events (%)	25 ( 34.2)	27 ( 34.6)
	Median Survival Est. (95% CI)	5.52 ( 1.91, NC)	1.71 ( 0.99, NC)
	Hazard Ratio (95% CI)		0.863 ( 0.501, 1.488)
	Treatment P-value [a]		0.57346
	Interaction P-value [b]		0.18389
6 Months	Patients at Risk, Survival Est. (95% CI)	6, 0.46 ( 0.26, 0.64)	6, 0.48 ( 0.34, 0.61)
12 Months	Patients at Risk, Survival Est. (95% CI)	0	1, 0.48 ( 0.34, 0.61)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC15.PF.KM.S8.FAS: EORTC Physical Functioning Score: Time to Deterioration of at least 15 points (Months) (Full Analysis Set)

Subgroup: Primary Site of Tumor, Level: Upper Tract

Time Point	Statistics	Enfortumab Vedotin (N=98)	Chemotherapy (N=107)
Overall	No. of Events (%)	40 ( 40.8)	50 ( 46.7)
	Median Survival Est. (95% CI)	6.34 ( 1.64, 7.56)	1.94 ( 1.22, 5.36)
	Hazard Ratio (95% CI)		0.746 ( 0.491, 1.133)
	Treatment P-value [a]		0.12888
	Interaction P-value [b]		0.81330
6 Months	Patients at Risk, Survival Est. (95% CI)	14, 0.54 ( 0.42, 0.65)	5, 0.35 ( 0.21, 0.48)
12 Months	Patients at Risk, Survival Est. (95% CI)	2, 0.21 ( 0.07, 0.40)	0

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC15.PF.KM.S8.FAS: EORTC Physical Functioning Score: Time to Deterioration of at least 15 points (Months) (Full Analysis Set)

Subgroup: Primary Site of Tumor, Level: Other

Time Point	Statistics	Enfortumab Vedotin (N=203)	Chemotherapy (N=200)
Overall	No. of Events (%)	78 ( 38.4)	70 ( 35.0)
	Median Survival Est. (95% CI)	5.68 ( 3.58, 8.38)	2.66 ( 1.84, 6.70)
	Hazard Ratio (95% CI)		0.795 ( 0.574, 1.101)
	Treatment P-value [a]		0.18139
	Interaction P-value [b]		0.81330
6 Months	Patients at Risk, Survival Est. (95% CI)	23, 0.50 ( 0.40, 0.59)	13, 0.39 ( 0.28, 0.50)
12 Months	Patients at Risk, Survival Est. (95% CI)	2, 0.37 ( 0.25, 0.49)	2, 0.24 ( 0.12, 0.38)
18 Months	Patients at Risk, Survival Est. (95% CI)	1, 0.18 ( 0.02, 0.48)	0

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table EORTC15.PF.KM.S9.FAS: EORTC Physical Functioning Score: Time to Deterioration of at least 15 points (Months) (Full Analysis Set)

Subgroup: Prior Lines of Systemic Therapy, Level: 1-2 lines

Time Point	Statistics	Enfortumab Vedotin (N=262)	Chemotherapy (N=270)
Overall	No. of Events (%)	100 ( 38.2)	108 ( 40.0)
	Median Survival Est. (95% CI)	6.34 ( 4.67, 8.08)	2.37 ( 1.61, 4.99)
	Hazard Ratio (95% CI)		0.703 ( 0.534, 0.925)
	Treatment P-value [a]		0.00890
	Interaction P-value [b]		0.07943
6 Months	Patients at Risk, Survival Est. (95% CI)	34, 0.52 ( 0.44, 0.60)	15, 0.35 ( 0.26, 0.44)
12 Months	Patients at Risk, Survival Est. (95% CI)	3, 0.32 ( 0.22, 0.43)	1, 0.17 ( 0.08, 0.30)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC15.PF.KM.S9.FAS: EORTC Physical Functioning Score: Time to Deterioration of at least 15 points (Months) (Full Analysis Set)

Subgroup: Prior Lines of Systemic Therapy, Level: &gt;=3 lines

Time Point	Statistics	Enfortumab Vedotin (N=39)	Chemotherapy (N=37)
Overall	No. of Events (%)	18 ( 46.2)	12 ( 32.4)
	Median Survival Est. (95% CI)	2.63 ( 0.79, NC)	NC ( 2.00, NC)
	Hazard Ratio (95% CI)		1.426 ( 0.679, 2.995)
	Treatment P-value [a]		0.32646
	Interaction P-value [b]		0.07943
6 Months	Patients at Risk, Survival Est. (95% CI)	3, 0.49 ( 0.30, 0.65)	3, 0.51 ( 0.27, 0.70)
12 Months	Patients at Risk, Survival Est. (95% CI)	1, 0.24 ( 0.02, 0.60)	1, 0.51 ( 0.27, 0.70)
18 Months	Patients at Risk, Survival Est. (95% CI)	1, 0.24 ( 0.02, 0.60)	0

Subgroup analyses are conducted if there exist at least 2 levels with >= 10 patients across treatment arms and >=10 events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC15.PF.KM.S10.FAS: EORTC Physical Functioning Score: Time to Deterioration of at least 15 points (Months) (Full Analysis Set)

Subgroup: Best Response to Prior CPI, Level: Responder

Time Point	Statistics	Enfortumab Vedotin (N=61)	Chemotherapy (N=50)
Overall	No. of Events (%)	25 ( 41.0)	26 ( 52.0)
	Median Survival Est. (95% CI)	7.16 ( 1.61, NC)	1.84 ( 0.99, 4.99)
	Hazard Ratio (95% CI)		0.613 ( 0.354, 1.062)
	Treatment P-value [a]		0.10085
	Interaction P-value [b]		0.28907
6 Months	Patients at Risk, Survival Est. (95% CI)	6, 0.53 ( 0.38, 0.66)	4, 0.30 ( 0.15, 0.47)
12 Months	Patients at Risk, Survival Est. (95% CI)	1, 0.44 ( 0.24, 0.62)	0

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table EORTC15.PF.KM.S10.FAS: EORTC Physical Functioning Score: Time to Deterioration of at least 15 points (Months) (Full Analysis Set)

Subgroup: Best Response to Prior CPI, Level: Non-responder

Time Point	Statistics	Enfortumab Vedotin (N=207)	Chemotherapy (N=215)
Overall	No. of Events (%)	81 ( 39.1)	78 ( 36.3)
	Median Survival Est. (95% CI)	6.21 ( 2.63, 7.56)	3.88 ( 1.94, 6.01)
	Hazard Ratio (95% CI)		0.863 ( 0.630, 1.182)
	Treatment P-value [a]		0.34465
	Interaction P-value [b]		0.28907
6 Months	Patients at Risk, Survival Est. (95% CI)	27, 0.51 ( 0.41, 0.59)	13, 0.41 ( 0.31, 0.51)
12 Months	Patients at Risk, Survival Est. (95% CI)	2, 0.30 ( 0.19, 0.42)	2, 0.22 ( 0.10, 0.37)
18 Months	Patients at Risk, Survival Est. (95% CI)	1, 0.15 ( 0.02, 0.41)	0

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

### 3.1.2.3 Rollenfunktion

Astellas: 7465-CL-0301

Table EORTC15.RF.KM.S1.FAS: EORTC Role Functioning Score: Time to Deterioration of at least 15 points (Months) (Full Analysis Set)

Subgroup: Age Group 1, Level: <65 years

Time Point	Statistics	Enfortumab Vedotin (N=108)	Chemotherapy (N=111)
Overall	No. of Events (%)	61 ( 56.5)	57 ( 51.4)
	Median Survival Est. (95% CI)	1.05 ( 0.79, 2.14)	1.05 ( 0.72, 1.71)
	Hazard Ratio (95% CI)		0.845 ( 0.589, 1.213)
	Treatment P-value [a]		0.36270
	Interaction P-value [b]		0.54084
6 Months	Patients at Risk, Survival Est. (95% CI)	8, 0.28 ( 0.17, 0.40)	5, 0.20 ( 0.10, 0.31)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC15.RF.KM.S1.FAS: EORTC Role Functioning Score: Time to Deterioration of at least 15 points (Months) (Full Analysis Set)

Subgroup: Age Group 1, Level: &gt;=65 years

Time Point	Statistics	Enfortumab Vedotin (N=193)	Chemotherapy (N=196)
Overall	No. of Events (%)	113 ( 58.5)	118 ( 60.2)
	Median Survival Est. (95% CI)	0.92 ( 0.72, 1.38)	0.76 ( 0.53, 0.95)
	Hazard Ratio (95% CI)		0.736 ( 0.568, 0.953)
	Treatment P-value [a]		0.02203
	Interaction P-value [b]		0.54084
6 Months	Patients at Risk, Survival Est. (95% CI)	12, 0.21 ( 0.14, 0.30)	7, 0.14 ( 0.08, 0.21)

Subgroup analyses are conducted if there exist at least 2 levels with >= 10 patients across treatment arms and >=10 events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table EORTC15.RF.KM.S2.FAS: EORTC Role Functioning Score: Time to Deterioration of at least 15 points (Months) (Full Analysis Set)

Subgroup: Age Group 2, Level: &lt;75 years

Time Point	Statistics	Enfortumab Vedotin (N=249)	Chemotherapy (N=239)
Overall	No. of Events (%)	139 ( 55.8)	132 ( 55.2)
	Median Survival Est. (95% CI)	1.25 ( 0.89, 1.91)	0.79 ( 0.69, 1.02)
	Hazard Ratio (95% CI)		0.707 ( 0.557, 0.898)
	Treatment P-value [a]		0.00468
	Interaction P-value [b]		0.01491
6 Months	Patients at Risk, Survival Est. (95% CI)	19, 0.27 ( 0.19, 0.35)	10, 0.17 ( 0.11, 0.25)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table EORTC15.RF.KM.S2.FAS: EORTC Role Functioning Score: Time to Deterioration of at least 15 points (Months) (Full Analysis Set)

Subgroup: Age Group 2, Level: &gt;=75 years

Time Point	Statistics	Enfortumab Vedotin (N=52)	Chemotherapy (N=68)
Overall	No. of Events (%)	35 ( 67.3)	43 ( 63.2)
	Median Survival Est. (95% CI)	0.56 ( 0.33, 0.79)	0.76 ( 0.53, 1.15)
	Hazard Ratio (95% CI)		1.328 ( 0.849, 2.075)
	Treatment P-value [a]		0.21193
	Interaction P-value [b]		0.01491
6 Months	Patients at Risk, Survival Est. (95% CI)	1, 0.09 ( 0.02, 0.22)	2, 0.12 ( 0.04, 0.24)

Subgroup analyses are conducted if there exist at least 2 levels with >= 10 patients across treatment arms and >=10 events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC15.RF.KM.S3.FAS: EORTC Role Functioning Score: Time to Deterioration of at least 15 points (Months) (Full Analysis Set)

Subgroup: Gender, Level: Male

Time Point	Statistics	Enfortumab Vedotin (N=238)	Chemotherapy (N=232)
Overall	No. of Events (%)	140 ( 58.8)	127 ( 54.7)
	Median Survival Est. (95% CI)	0.99 ( 0.76, 1.38)	0.76 ( 0.62, 1.15)
	Hazard Ratio (95% CI)		0.855 ( 0.672, 1.087)
	Treatment P-value [a]		0.22704
	Interaction P-value [b]		0.08603
6 Months	Patients at Risk, Survival Est. (95% CI)	15, 0.23 ( 0.16, 0.31)	10, 0.19 ( 0.13, 0.27)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table EORTC15.RF.KM.S3.FAS: EORTC Role Functioning Score: Time to Deterioration of at least 15 points (Months) (Full Analysis Set)

Subgroup: Gender, Level: Female

Time Point	Statistics	Enfortumab Vedotin (N=63)	Chemotherapy (N=75)
Overall	No. of Events (%)	34 ( 54.0)	48 ( 64.0)
	Median Survival Est. (95% CI)	1.03 ( 0.56, 5.52)	0.82 ( 0.56, 1.02)
	Hazard Ratio (95% CI)		0.551 ( 0.354, 0.856)
	Treatment P-value [a]		0.00551
	Interaction P-value [b]		0.08603
6 Months	Patients at Risk, Survival Est. (95% CI)	5, 0.27 ( 0.12, 0.43)	2, 0.05 ( 0.01, 0.15)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC15.RF.KM.S4.FAS: EORTC Role Functioning Score: Time to Deterioration of at least 15 points (Months) (Full Analysis Set)

Subgroup: Region, Level: Western Europe

Time Point	Statistics	Enfortumab Vedotin (N=126)	Chemotherapy (N=129)
Overall	No. of Events (%)	64 ( 50.8)	61 ( 47.3)
	Median Survival Est. (95% CI)	1.05 ( 0.72, 1.91)	0.72 ( 0.36, 0.99)
	Hazard Ratio (95% CI)		0.719 ( 0.506, 1.021)
	Treatment P-value [a]		0.08969
	Interaction P-value [b]		0.84350
6 Months	Patients at Risk, Survival Est. (95% CI)	7, 0.25 ( 0.14, 0.37)	5, 0.20 ( 0.12, 0.30)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC15.RF.KM.S4.FAS: EORTC Role Functioning Score: Time to Deterioration of at least 15 points (Months) (Full Analysis Set)

Subgroup: Region, Level: US

Time Point	Statistics	Enfortumab Vedotin (N=43)	Chemotherapy (N=44)
Overall	No. of Events (%)	23 ( 53.5)	24 ( 54.5)
	Median Survival Est. (95% CI)	0.85 ( 0.53, 2.96)	0.82 ( 0.56, 1.12)
	Hazard Ratio (95% CI)		0.745 ( 0.420, 1.323)
	Treatment P-value [a]		0.24421
	Interaction P-value [b]		0.84350
6 Months	Patients at Risk, Survival Est. (95% CI)	2, 0.18 ( 0.05, 0.37)	0

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table EORTC15.RF.KM.S4.FAS: EORTC Role Functioning Score: Time to Deterioration of at least 15 points (Months) (Full Analysis Set)

Subgroup: Region, Level: Rest of the World

Time Point	Statistics	Enfortumab Vedotin (N=132)	Chemotherapy (N=134)
Overall	No. of Events (%)	87 ( 65.9)	90 ( 67.2)
	Median Survival Est. (95% CI)	0.92 ( 0.76, 1.54)	0.82 ( 0.69, 1.22)
	Hazard Ratio (95% CI)		0.821 ( 0.611, 1.103)
	Treatment P-value [a]		0.18873
	Interaction P-value [b]		0.84350
6 Months	Patients at Risk, Survival Est. (95% CI)	11, 0.24 ( 0.16, 0.34)	7, 0.16 ( 0.09, 0.26)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC15.RF.KM.S5.FAS: EORTC Role Functioning Score: Time to Deterioration of at least 15 points (Months) (Full Analysis Set)

Subgroup: ECOG PS from IRT Strata, Level: 0

Time Point	Statistics	Enfortumab Vedotin (N=120)	Chemotherapy (N=124)
Overall	No. of Events (%)	72 ( 60.0)	81 ( 65.3)
	Median Survival Est. (95% CI)	1.28 ( 0.85, 2.14)	0.82 ( 0.69, 1.22)
	Hazard Ratio (95% CI)		0.673 ( 0.489, 0.925)
	Treatment P-value [a]		0.00910
	Interaction P-value [b]		0.25085
6 Months	Patients at Risk, Survival Est. (95% CI)	13, 0.28 ( 0.19, 0.39)	5, 0.15 ( 0.08, 0.25)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table EORTC15.RF.KM.S5.FAS: EORTC Role Functioning Score: Time to Deterioration of at least 15 points (Months) (Full Analysis Set)

Subgroup: ECOG PS from IRT Strata, Level: 1

Time Point	Statistics	Enfortumab Vedotin (N=181)	Chemotherapy (N=183)
Overall	No. of Events (%)	102 ( 56.4)	94 ( 51.4)
	Median Survival Est. (95% CI)	0.82 ( 0.59, 1.25)	0.76 ( 0.53, 0.99)
	Hazard Ratio (95% CI)		0.862 ( 0.652, 1.142)
	Treatment P-value [a]		0.32260
	Interaction P-value [b]		0.25085
6 Months	Patients at Risk, Survival Est. (95% CI)	7, 0.20 ( 0.11, 0.30)	7, 0.16 ( 0.09, 0.25)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC15.RF.KM.S6.FAS: EORTC Role Functioning Score: Time to Deterioration of at least 15 points (Months) (Full Analysis Set)

Subgroup: Liver Metastasis from IRT Strata, Level: Yes

Time Point	Statistics	Enfortumab Vedotin (N=93)	Chemotherapy (N=95)
Overall	No. of Events (%)	51 ( 54.8)	51 ( 53.7)
	Median Survival Est. (95% CI)	0.92 ( 0.72, 1.45)	0.59 ( 0.36, 0.95)
	Hazard Ratio (95% CI)		0.614 ( 0.415, 0.907)
	Treatment P-value [a]		0.01864
	Interaction P-value [b]		0.20116
6 Months	Patients at Risk, Survival Est. (95% CI)	7, 0.22 ( 0.11, 0.34)	0

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC15.RF.KM.S6.FAS: EORTC Role Functioning Score: Time to Deterioration of at least 15 points (Months) (Full Analysis Set)

Subgroup: Liver Metastasis from IRT Strata, Level: No

Time Point	Statistics	Enfortumab Vedotin (N=208)	Chemotherapy (N=212)
Overall	No. of Events (%)	123 ( 59.1)	124 ( 58.5)
	Median Survival Est. (95% CI)	1.02 ( 0.76, 1.54)	0.82 ( 0.72, 1.18)
	Hazard Ratio (95% CI)		0.831 ( 0.647, 1.066)
	Treatment P-value [a]		0.15828
	Interaction P-value [b]		0.20116
6 Months	Patients at Risk, Survival Est. (95% CI)	13, 0.24 ( 0.16, 0.33)	12, 0.18 ( 0.12, 0.26)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC15.RF.KM.S7.FAS: EORTC Role Functioning Score: Time to Deterioration of at least 15 points (Months) (Full Analysis Set)

Subgroup: Pre-selected Investigator's Choice of Paclitaxel/Docetaxel/Vinflunine, Level: Paclitaxel

Time Point	Statistics	Enfortumab Vedotin (N=141)	Chemotherapy (N=112)
Overall	No. of Events (%)	85 ( 60.3)	63 ( 56.3)
	Median Survival Est. (95% CI)	0.92 ( 0.62, 1.38)	0.82 ( 0.72, 1.45)
	Hazard Ratio (95% CI)		0.849 ( 0.612, 1.177)
	Treatment P-value [a]		0.35202
	Interaction P-value [b]		0.58316
6 Months	Patients at Risk, Survival Est. (95% CI)	10, 0.25 ( 0.16, 0.35)	3, 0.16 ( 0.08, 0.26)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC15.RF.KM.S7.FAS: EORTC Role Functioning Score: Time to Deterioration of at least 15 points (Months) (Full Analysis Set)

Subgroup: Pre-selected Investigator's Choice of Paclitaxel/Docetaxel/Vinflunine, Level: Docetaxel

Time Point	Statistics	Enfortumab Vedotin (N=87)	Chemotherapy (N=117)
Overall	No. of Events (%)	49 ( 56.3)	72 ( 61.5)
	Median Survival Est. (95% CI)	0.89 ( 0.62, 1.87)	0.76 ( 0.43, 1.02)
	Hazard Ratio (95% CI)		0.664 ( 0.462, 0.955)
	Treatment P-value [a]		0.02967
	Interaction P-value [b]		0.58316
6 Months	Patients at Risk, Survival Est. (95% CI)	5, 0.24 ( 0.13, 0.37)	5, 0.12 ( 0.05, 0.22)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC15.RF.KM.S7.FAS: EORTC Role Functioning Score: Time to Deterioration of at least 15 points (Months) (Full Analysis Set)

Subgroup: Pre-selected Investigator's Choice of Paclitaxel/Docetaxel/Vinflunine, Level: Vinflunine

Time Point	Statistics	Enfortumab Vedotin (N=73)	Chemotherapy (N=78)
Overall	No. of Events (%)	40 ( 54.8)	40 ( 51.3)
	Median Survival Est. (95% CI)	1.28 ( 0.79, 2.79)	0.79 ( 0.53, 1.38)
	Hazard Ratio (95% CI)		0.827 ( 0.533, 1.282)
	Treatment P-value [a]		0.42127
	Interaction P-value [b]		0.58316
6 Months	Patients at Risk, Survival Est. (95% CI)	5, 0.22 ( 0.10, 0.37)	4, 0.24 ( 0.13, 0.36)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC15.RF.KM.S8.FAS: EORTC Role Functioning Score: Time to Deterioration of at least 15 points (Months) (Full Analysis Set)

Subgroup: Primary Site of Tumor, Level: Upper Tract

Time Point	Statistics	Enfortumab Vedotin (N=98)	Chemotherapy (N=107)
Overall	No. of Events (%)	54 ( 55.1)	75 ( 70.1)
	Median Survival Est. (95% CI)	0.92 ( 0.59, 1.45)	0.72 ( 0.53, 0.99)
	Hazard Ratio (95% CI)		0.654 ( 0.460, 0.929)
	Treatment P-value [a]		0.01890
	Interaction P-value [b]		0.22321
6 Months	Patients at Risk, Survival Est. (95% CI)	8, 0.31 ( 0.20, 0.43)	4, 0.11 ( 0.04, 0.20)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table EORTC15.RF.KM.S8.FAS: EORTC Role Functioning Score: Time to Deterioration of at least 15 points (Months) (Full Analysis Set)

Subgroup: Primary Site of Tumor, Level: Other

Time Point	Statistics	Enfortumab Vedotin (N=203)	Chemotherapy (N=200)
Overall	No. of Events (%)	120 ( 59.1)	100 ( 50.0)
	Median Survival Est. (95% CI)	1.02 ( 0.76, 1.45)	0.95 ( 0.72, 1.22)
	Hazard Ratio (95% CI)		0.859 ( 0.659, 1.121)
	Treatment P-value [a]		0.27543
	Interaction P-value [b]		0.22321
6 Months	Patients at Risk, Survival Est. (95% CI)	12, 0.20 ( 0.13, 0.29)	8, 0.19 ( 0.12, 0.28)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC15.RF.KM.S9.FAS: EORTC Role Functioning Score: Time to Deterioration of at least 15 points (Months) (Full Analysis Set)

Subgroup: Prior Lines of Systemic Therapy, Level: 1-2 lines

Time Point	Statistics	Enfortumab Vedotin (N=262)	Chemotherapy (N=270)
Overall	No. of Events (%)	150 ( 57.3)	152 ( 56.3)
	Median Survival Est. (95% CI)	0.99 ( 0.76, 1.38)	0.76 ( 0.59, 0.99)
	Hazard Ratio (95% CI)		0.744 ( 0.594, 0.933)
	Treatment P-value [a]		0.01189
	Interaction P-value [b]		0.40581
6 Months	Patients at Risk, Survival Est. (95% CI)	19, 0.25 ( 0.18, 0.32)	10, 0.16 ( 0.11, 0.23)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table EORTC15.RF.KM.S9.FAS: EORTC Role Functioning Score: Time to Deterioration of at least 15 points (Months) (Full Analysis Set)

Subgroup: Prior Lines of Systemic Therapy, Level: &gt;=3 lines

Time Point	Statistics	Enfortumab Vedotin (N=39)	Chemotherapy (N=37)
Overall	No. of Events (%)	24 ( 61.5)	23 ( 62.2)
	Median Survival Est. (95% CI)	1.08 ( 0.49, 5.36)	0.95 ( 0.76, 2.56)
	Hazard Ratio (95% CI)		0.966 ( 0.545, 1.713)
	Treatment P-value [a]		0.76684
	Interaction P-value [b]		0.40581
6 Months	Patients at Risk, Survival Est. (95% CI)	1, 0.16 ( 0.03, 0.37)	2, 0.15 ( 0.03, 0.34)

Subgroup analyses are conducted if there exist at least 2 levels with >= 10 patients across treatment arms and >=10 events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table EORTC15.RF.KM.S10.FAS: EORTC Role Functioning Score: Time to Deterioration of at least 15 points (Months) (Full Analysis Set)

Subgroup: Best Response to Prior CPI, Level: Responder

Time Point	Statistics	Enfortumab Vedotin (N=61)	Chemotherapy (N=50)
Overall	No. of Events (%)	38 ( 62.3)	33 ( 66.0)
	Median Survival Est. (95% CI)	1.18 ( 0.56, 2.14)	0.97 ( 0.39, 1.51)
	Hazard Ratio (95% CI)		0.834 ( 0.522, 1.331)
	Treatment P-value [a]		0.47731
	Interaction P-value [b]		0.62344
6 Months	Patients at Risk, Survival Est. (95% CI)	2, 0.16 ( 0.04, 0.35)	5, 0.23 ( 0.11, 0.38)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC15.RF.KM.S10.FAS: EORTC Role Functioning Score: Time to Deterioration of at least 15 points (Months) (Full Analysis Set)

Subgroup: Best Response to Prior CPI, Level: Non-responder

Time Point	Statistics	Enfortumab Vedotin (N=207)	Chemotherapy (N=215)
Overall	No. of Events (%)	111 ( 53.6)	119 ( 55.3)
	Median Survival Est. (95% CI)	0.99 ( 0.76, 1.45)	0.76 ( 0.66, 1.02)
	Hazard Ratio (95% CI)		0.729 ( 0.562, 0.946)
	Treatment P-value [a]		0.01770
	Interaction P-value [b]		0.62344
6 Months	Patients at Risk, Survival Est. (95% CI)	17, 0.29 ( 0.21, 0.38)	7, 0.14 ( 0.08, 0.22)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

### 3.1.2.4 Emotionale Funktion

Astellas: 7465-CL-0301

Table EORTC15.EF.KM.S1.FAS: EORTC Emotional Functioning Score: Time to Deterioration of at least 15 points (Months) (Full Analysis Set)

Subgroup: Age Group 1, Level: <65 years

Time Point	Statistics	Enfortumab Vedotin (N=108)	Chemotherapy (N=111)
Overall	No. of Events (%)	45 ( 41.7)	40 ( 36.0)
	Median Survival Est. (95% CI)	3.75 ( 1.48, 7.56)	2.83 ( 2.17, 7.69)
	Hazard Ratio (95% CI)		1.039 ( 0.678, 1.591)
	Treatment P-value [a]		0.83599
	Interaction P-value [b]		0.08045
6 Months	Patients at Risk, Survival Est. (95% CI)	12, 0.45 ( 0.32, 0.58)	10, 0.37 ( 0.23, 0.50)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC15.EF.KM.S1.FAS: EORTC Emotional Functioning Score: Time to Deterioration of at least 15 points (Months) (Full Analysis Set)

Subgroup: Age Group 1, Level: &gt;=65 years

Time Point	Statistics	Enfortumab Vedotin (N=193)	Chemotherapy (N=196)
Overall	No. of Events (%)	71 ( 36.8)	84 ( 42.9)
	Median Survival Est. (95% CI)	5.45 ( 2.20, NC)	1.61 ( 1.05, 4.17)
	Hazard Ratio (95% CI)		0.647 ( 0.471, 0.888)
	Treatment P-value [a]		0.00816
	Interaction P-value [b]		0.08045
6 Months	Patients at Risk, Survival Est. (95% CI)	18, 0.41 ( 0.30, 0.51)	11, 0.36 ( 0.27, 0.46)
12 Months	Patients at Risk, Survival Est. (95% CI)	1, 0.20 ( 0.02, 0.52)	0

Subgroup analyses are conducted if there exist at least 2 levels with >= 10 patients across treatment arms and >=10 events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC15.EF.KM.S2.FAS: EORTC Emotional Functioning Score: Time to Deterioration of at least 15 points (Months) (Full Analysis Set)

Subgroup: Age Group 2, Level: &lt;75 years

Time Point	Statistics	Enfortumab Vedotin (N=249)	Chemotherapy (N=239)
Overall	No. of Events (%)	100 ( 40.2)	91 ( 38.1)
	Median Survival Est. (95% CI)	5.42 ( 2.43, 6.54)	2.63 ( 1.68, 5.32)
	Hazard Ratio (95% CI)		0.819 ( 0.616, 1.088)
	Treatment P-value [a]		0.17604
	Interaction P-value [b]		0.40837
6 Months	Patients at Risk, Survival Est. (95% CI)	26, 0.42 ( 0.32, 0.50)	18, 0.40 ( 0.31, 0.48)
12 Months	Patients at Risk, Survival Est. (95% CI)	1, 0.16 ( 0.02, 0.43)	0

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC15.EF.KM.S2.FAS: EORTC Emotional Functioning Score: Time to Deterioration of at least 15 points (Months) (Full Analysis Set)

Subgroup: Age Group 2, Level: &gt;=75 years

Time Point	Statistics	Enfortumab Vedotin (N=52)	Chemotherapy (N=68)
Overall	No. of Events (%)	16 ( 30.8)	33 ( 48.5)
	Median Survival Est. (95% CI)	5.52 ( 0.76, NC)	1.28 ( 0.99, 2.69)
	Hazard Ratio (95% CI)		0.619 ( 0.340, 1.126)
	Treatment P-value [a]		0.14528
	Interaction P-value [b]		0.40837
6 Months	Patients at Risk, Survival Est. (95% CI)	4, 0.47 ( 0.22, 0.68)	3, 0.27 ( 0.13, 0.43)

Subgroup analyses are conducted if there exist at least 2 levels with >= 10 patients across treatment arms and >=10 events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC15.EF.KM.S3.FAS: EORTC Emotional Functioning Score: Time to Deterioration of at least 15 points (Months) (Full Analysis Set)

Subgroup: Gender, Level: Male

Time Point	Statistics	Enfortumab Vedotin (N=238)	Chemotherapy (N=232)
Overall	No. of Events (%)	91 ( 38.2)	96 ( 41.4)
	Median Survival Est. (95% CI)	5.42 ( 2.43, 7.16)	2.37 ( 1.45, 4.34)
	Hazard Ratio (95% CI)		0.750 ( 0.563, 0.999)
	Treatment P-value [a]		0.04956
	Interaction P-value [b]		0.75254
6 Months	Patients at Risk, Survival Est. (95% CI)	23, 0.44 ( 0.34, 0.53)	16, 0.35 ( 0.26, 0.44)
12 Months	Patients at Risk, Survival Est. (95% CI)	1, 0.17 ( 0.02, 0.45)	0

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC15.EF.KM.S3.FAS: EORTC Emotional Functioning Score: Time to Deterioration of at least 15 points (Months) (Full Analysis Set)

Subgroup: Gender, Level: Female

Time Point	Statistics	Enfortumab Vedotin (N=63)	Chemotherapy (N=75)
Overall	No. of Events (%)	25 ( 39.7)	28 ( 37.3)
	Median Survival Est. (95% CI)	5.52 ( 1.48, NC)	2.43 ( 1.08, NC)
	Hazard Ratio (95% CI)		0.827 ( 0.482, 1.420)
	Treatment P-value [a]		0.54745
	Interaction P-value [b]		0.75254
6 Months	Patients at Risk, Survival Est. (95% CI)	7, 0.38 ( 0.21, 0.56)	5, 0.40 ( 0.25, 0.54)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC15.EF.KM.S4.FAS: EORTC Emotional Functioning Score: Time to Deterioration of at least 15 points (Months) (Full Analysis Set)

Subgroup: Region, Level: Western Europe

Time Point	Statistics	Enfortumab Vedotin (N=126)	Chemotherapy (N=129)
Overall	No. of Events (%)	39 ( 31.0)	47 ( 36.4)
	Median Survival Est. (95% CI)	5.52 ( 2.66, NC)	1.97 ( 1.08, 2.63)
	Hazard Ratio (95% CI)		0.616 ( 0.403, 0.942)
	Treatment P-value [a]		0.02480
	Interaction P-value [b]		0.45136
6 Months	Patients at Risk, Survival Est. (95% CI)	10, 0.45 ( 0.30, 0.59)	7, 0.34 ( 0.23, 0.46)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table EORTC15.EF.KM.S4.FAS: EORTC Emotional Functioning Score: Time to Deterioration of at least 15 points (Months) (Full Analysis Set)

Subgroup: Region, Level: US

Time Point	Statistics	Enfortumab Vedotin (N=43)	Chemotherapy (N=44)
Overall	No. of Events (%)	12 ( 27.9)	13 ( 29.5)
	Median Survival Est. (95% CI)	5.45 ( 1.45, NC)	2.69 ( 0.85, NC)
	Hazard Ratio (95% CI)		0.874 ( 0.399, 1.917)
	Treatment P-value [a]		0.82402
	Interaction P-value [b]		0.45136
6 Months	Patients at Risk, Survival Est. (95% CI)	3, 0.49 ( 0.24, 0.70)	3, 0.43 ( 0.21, 0.63)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC15.EF.KM.S4.FAS: EORTC Emotional Functioning Score: Time to Deterioration of at least 15 points (Months) (Full Analysis Set)

Subgroup: Region, Level: Rest of the World

Time Point	Statistics	Enfortumab Vedotin (N=132)	Chemotherapy (N=134)
Overall	No. of Events (%)	65 ( 49.2)	64 ( 47.8)
	Median Survival Est. (95% CI)	2.63 ( 1.64, 5.95)	2.83 ( 1.22, 5.39)
	Hazard Ratio (95% CI)		0.865 ( 0.612, 1.222)
	Treatment P-value [a]		0.35984
	Interaction P-value [b]		0.45136
6 Months	Patients at Risk, Survival Est. (95% CI)	17, 0.39 ( 0.28, 0.49)	11, 0.37 ( 0.26, 0.48)
12 Months	Patients at Risk, Survival Est. (95% CI)	1, 0.26 ( 0.13, 0.40)	0

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC15.EF.KM.S5.FAS: EORTC Emotional Functioning Score: Time to Deterioration of at least 15 points (Months) (Full Analysis Set)

Subgroup: ECOG PS from IRT Strata, Level: 0

Time Point	Statistics	Enfortumab Vedotin (N=120)	Chemotherapy (N=124)
Overall	No. of Events (%)	50 ( 41.7)	49 ( 39.5)
	Median Survival Est. (95% CI)	5.52 ( 1.87, NC)	4.86 ( 1.97, NC)
	Hazard Ratio (95% CI)		0.892 ( 0.601, 1.323)
	Treatment P-value [a]		0.55202
	Interaction P-value [b]		0.30930
6 Months	Patients at Risk, Survival Est. (95% CI)	16, 0.45 ( 0.33, 0.57)	11, 0.46 ( 0.34, 0.58)
12 Months	Patients at Risk, Survival Est. (95% CI)	1, 0.39 ( 0.26, 0.52)	0

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC15.EF.KM.S5.FAS: EORTC Emotional Functioning Score: Time to Deterioration of at least 15 points (Months) (Full Analysis Set)

Subgroup: ECOG PS from IRT Strata, Level: 1

Time Point	Statistics	Enfortumab Vedotin (N=181)	Chemotherapy (N=183)
Overall	No. of Events (%)	66 ( 36.5)	75 ( 41.0)
	Median Survival Est. (95% CI)	5.42 ( 2.14, 7.16)	1.48 ( 1.05, 2.63)
	Hazard Ratio (95% CI)		0.683 ( 0.490, 0.951)
	Treatment P-value [a]		0.02236
	Interaction P-value [b]		0.30930
6 Months	Patients at Risk, Survival Est. (95% CI)	14, 0.40 ( 0.28, 0.51)	10, 0.28 ( 0.19, 0.39)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC15.EF.KM.S6.FAS: EORTC Emotional Functioning Score: Time to Deterioration of at least 15 points (Months) (Full Analysis Set)

Subgroup: Liver Metastasis from IRT Strata, Level: Yes

Time Point	Statistics	Enfortumab Vedotin (N=93)	Chemotherapy (N=95)
Overall	No. of Events (%)	31 ( 33.3)	37 ( 38.9)
	Median Survival Est. (95% CI)	5.49 ( 2.20, NC)	1.28 ( 0.85, 2.63)
	Hazard Ratio (95% CI)		0.559 ( 0.346, 0.902)
	Treatment P-value [a]		0.01411
	Interaction P-value [b]		0.13473
6 Months	Patients at Risk, Survival Est. (95% CI)	9, 0.41 ( 0.25, 0.57)	1, 0.28 ( 0.14, 0.43)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table EORTC15.EF.KM.S6.FAS: EORTC Emotional Functioning Score: Time to Deterioration of at least 15 points (Months) (Full Analysis Set)

Subgroup: Liver Metastasis from IRT Strata, Level: No

Time Point	Statistics	Enfortumab Vedotin (N=208)	Chemotherapy (N=212)
Overall	No. of Events (%)	85 ( 40.9)	87 ( 41.0)
	Median Survival Est. (95% CI)	5.45 ( 1.94, 7.56)	2.83 ( 1.68, 5.39)
	Hazard Ratio (95% CI)		0.860 ( 0.638, 1.160)
	Treatment P-value [a]		0.32669
	Interaction P-value [b]		0.13473
6 Months	Patients at Risk, Survival Est. (95% CI)	21, 0.43 ( 0.33, 0.52)	20, 0.39 ( 0.30, 0.49)
12 Months	Patients at Risk, Survival Est. (95% CI)	1, 0.17 ( 0.02, 0.45)	0

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC15.EF.KM.S7.FAS: EORTC Emotional Functioning Score: Time to Deterioration of at least 15 points (Months) (Full Analysis Set)

Subgroup: Pre-selected Investigator's Choice of Paclitaxel/Docetaxel/Vinflunine, Level: Paclitaxel

Time Point	Statistics	Enfortumab Vedotin (N=141)	Chemotherapy (N=112)
Overall	No. of Events (%)	56 ( 39.7)	38 ( 33.9)
	Median Survival Est. (95% CI)	5.39 ( 2.43, 7.56)	4.17 ( 1.68, 8.77)
	Hazard Ratio (95% CI)		0.951 ( 0.630, 1.437)
	Treatment P-value [a]		0.81338
	Interaction P-value [b]		0.34611
6 Months	Patients at Risk, Survival Est. (95% CI)	15, 0.41 ( 0.29, 0.53)	7, 0.47 ( 0.34, 0.59)
12 Months	Patients at Risk, Survival Est. (95% CI)	1, 0.30 ( 0.16, 0.45)	0

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC15.EF.KM.S7.FAS: EORTC Emotional Functioning Score: Time to Deterioration of at least 15 points (Months) (Full Analysis Set)

Subgroup: Pre-selected Investigator's Choice of Paclitaxel/Docetaxel/Vinflunine, Level: Docetaxel

Time Point	Statistics	Enfortumab Vedotin (N=87)	Chemotherapy (N=117)
Overall	No. of Events (%)	38 ( 43.7)	53 ( 45.3)
	Median Survival Est. (95% CI)	1.94 ( 1.48, NC)	1.94 ( 0.95, 5.32)
	Hazard Ratio (95% CI)		0.785 ( 0.517, 1.191)
	Treatment P-value [a]		0.24075
	Interaction P-value [b]		0.34611
6 Months	Patients at Risk, Survival Est. (95% CI)	8, 0.40 ( 0.26, 0.54)	9, 0.30 ( 0.18, 0.43)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC15.EF.KM.S7.FAS: EORTC Emotional Functioning Score: Time to Deterioration of at least 15 points (Months) (Full Analysis Set)

Subgroup: Pre-selected Investigator's Choice of Paclitaxel/Docetaxel/Vinflunine, Level: Vinflunine

Time Point	Statistics	Enfortumab Vedotin (N=73)	Chemotherapy (N=78)
Overall	No. of Events (%)	22 ( 30.1)	33 ( 42.3)
	Median Survival Est. (95% CI)	5.95 ( 2.14, NC)	1.97 ( 0.99, 4.34)
	Hazard Ratio (95% CI)		0.574 ( 0.335, 0.986)
	Treatment P-value [a]		0.05146
	Interaction P-value [b]		0.34611
6 Months	Patients at Risk, Survival Est. (95% CI)	7, 0.47 ( 0.26, 0.65)	5, 0.33 ( 0.20, 0.47)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC15.EF.KM.S8.FAS: EORTC Emotional Functioning Score: Time to Deterioration of at least 15 points (Months) (Full Analysis Set)

Subgroup: Primary Site of Tumor, Level: Upper Tract

Time Point	Statistics	Enfortumab Vedotin (N=98)	Chemotherapy (N=107)
Overall	No. of Events (%)	41 ( 41.8)	48 ( 44.9)
	Median Survival Est. (95% CI)	5.42 ( 1.41, 7.16)	2.46 ( 0.99, 8.77)
	Hazard Ratio (95% CI)		0.892 ( 0.588, 1.355)
	Treatment P-value [a]		0.62359
	Interaction P-value [b]		0.40300
6 Months	Patients at Risk, Survival Est. (95% CI)	11, 0.44 ( 0.30, 0.56)	10, 0.39 ( 0.27, 0.51)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table EORTC15.EF.KM.S8.FAS: EORTC Emotional Functioning Score: Time to Deterioration of at least 15 points (Months) (Full Analysis Set)

Subgroup: Primary Site of Tumor, Level: Other

Time Point	Statistics	Enfortumab Vedotin (N=203)	Chemotherapy (N=200)
Overall	No. of Events (%)	75 ( 36.9)	76 ( 38.0)
	Median Survival Est. (95% CI)	5.45 ( 2.63, 8.38)	2.37 ( 1.45, 4.17)
	Hazard Ratio (95% CI)		0.713 ( 0.518, 0.981)
	Treatment P-value [a]		0.04006
	Interaction P-value [b]		0.40300
6 Months	Patients at Risk, Survival Est. (95% CI)	19, 0.41 ( 0.30, 0.51)	11, 0.35 ( 0.25, 0.45)
12 Months	Patients at Risk, Survival Est. (95% CI)	1, 0.19 ( 0.02, 0.49)	0

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC15.EF.KM.S9.FAS: EORTC Emotional Functioning Score: Time to Deterioration of at least 15 points (Months) (Full Analysis Set)

Subgroup: Prior Lines of Systemic Therapy, Level: 1-2 lines

Time Point	Statistics	Enfortumab Vedotin (N=262)	Chemotherapy (N=270)
Overall	No. of Events (%)	101 ( 38.5)	106 ( 39.3)
	Median Survival Est. (95% CI)	5.45 ( 2.20, 7.16)	2.37 ( 1.48, 4.34)
	Hazard Ratio (95% CI)		0.784 ( 0.597, 1.030)
	Treatment P-value [a]		0.08319
	Interaction P-value [b]		0.67932
6 Months	Patients at Risk, Survival Est. (95% CI)	28, 0.42 ( 0.33, 0.51)	20, 0.38 ( 0.30, 0.46)
12 Months	Patients at Risk, Survival Est. (95% CI)	1, 0.18 ( 0.02, 0.47)	0

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC15.EF.KM.S9.FAS: EORTC Emotional Functioning Score: Time to Deterioration of at least 15 points (Months) (Full Analysis Set)

Subgroup: Prior Lines of Systemic Therapy, Level: &gt;=3 lines

Time Point	Statistics	Enfortumab Vedotin (N=39)	Chemotherapy (N=37)
Overall	No. of Events (%)	15 ( 38.5)	18 ( 48.6)
	Median Survival Est. (95% CI)	5.42 ( 1.64, NC)	2.43 ( 0.95, NC)
	Hazard Ratio (95% CI)		0.671 ( 0.338, 1.333)
	Treatment P-value [a]		0.21102
	Interaction P-value [b]		0.67932
6 Months	Patients at Risk, Survival Est. (95% CI)	2, 0.43 ( 0.20, 0.64)	1, 0.19 ( 0.02, 0.50)

Subgroup analyses are conducted if there exist at least 2 levels with >= 10 patients across treatment arms and >=10 events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table EORTC15.EF.KM.S10.FAS: EORTC Emotional Functioning Score: Time to Deterioration of at least 15 points (Months) (Full Analysis Set)

Subgroup: Best Response to Prior CPI, Level: Responder

Time Point	Statistics	Enfortumab Vedotin (N=61)	Chemotherapy (N=50)
Overall	No. of Events (%)	33 ( 54.1)	25 ( 50.0)
	Median Survival Est. (95% CI)	1.91 ( 1.22, 5.45)	2.17 ( 0.99, NC)
	Hazard Ratio (95% CI)		1.016 ( 0.604, 1.708)
	Treatment P-value [a]		0.86911
	Interaction P-value [b]		0.22083
6 Months	Patients at Risk, Survival Est. (95% CI)	5, 0.27 ( 0.12, 0.44)	5, 0.40 ( 0.24, 0.55)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC15.EF.KM.S10.FAS: EORTC Emotional Functioning Score: Time to Deterioration of at least 15 points (Months) (Full Analysis Set)

Subgroup: Best Response to Prior CPI, Level: Non-responder

Time Point	Statistics	Enfortumab Vedotin (N=207)	Chemotherapy (N=215)
Overall	No. of Events (%)	69 ( 33.3)	82 ( 38.1)
	Median Survival Est. (95% CI)	5.52 ( 3.32, NC)	2.63 ( 1.38, 4.34)
	Hazard Ratio (95% CI)		0.693 ( 0.503, 0.956)
	Treatment P-value [a]		0.02883
	Interaction P-value [b]		0.22083
6 Months	Patients at Risk, Survival Est. (95% CI)	23, 0.48 ( 0.37, 0.57)	15, 0.37 ( 0.28, 0.47)
12 Months	Patients at Risk, Survival Est. (95% CI)	1, 0.41 ( 0.29, 0.53)	0

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

### 3.1.2.5 Kognitive Funktion

Astellas: 7465-CL-0301

Table EORTC15.CF.KM.S1.FAS: EORTC Cognitive Functioning Score: Time to Deterioration of at least 15 points (Months) (Full Analysis Set)

Subgroup: Age Group 1, Level: <65 years

Time Point	Statistics	Enfortumab Vedotin (N=108)	Chemotherapy (N=111)
Overall	No. of Events (%)	53 ( 49.1)	47 ( 42.3)
	Median Survival Est. (95% CI)	2.07 ( 0.99, 5.36)	1.61 ( 1.02, 4.37)
	Hazard Ratio (95% CI)		1.008 ( 0.680, 1.493)
	Treatment P-value [a]		0.94994
	Interaction P-value [b]		0.58481
6 Months	Patients at Risk, Survival Est. (95% CI)	8, 0.34 ( 0.22, 0.47)	6, 0.34 ( 0.22, 0.46)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC15.CF.KM.S1.FAS: EORTC Cognitive Functioning Score: Time to Deterioration of at least 15 points (Months) (Full Analysis Set)

Subgroup: Age Group 1, Level: &gt;=65 years

Time Point	Statistics	Enfortumab Vedotin (N=193)	Chemotherapy (N=196)
Overall	No. of Events (%)	102 ( 52.8)	96 ( 49.0)
	Median Survival Est. (95% CI)	1.68 ( 1.08, 1.94)	1.22 ( 0.79, 1.54)
	Hazard Ratio (95% CI)		0.881 ( 0.667, 1.164)
	Treatment P-value [a]		0.39122
	Interaction P-value [b]		0.58481
6 Months	Patients at Risk, Survival Est. (95% CI)	10, 0.25 ( 0.16, 0.34)	9, 0.32 ( 0.24, 0.40)
12 Months	Patients at Risk, Survival Est. (95% CI)	1, 0.25 ( 0.16, 0.34)	2, 0.17 ( 0.07, 0.32)

Subgroup analyses are conducted if there exist at least 2 levels with >= 10 patients across treatment arms and >=10 events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC15.CF.KM.S2.FAS: EORTC Cognitive Functioning Score: Time to Deterioration of at least 15 points (Months) (Full Analysis Set)

Subgroup: Age Group 2, Level: &lt;75 years

Time Point	Statistics	Enfortumab Vedotin (N=249)	Chemotherapy (N=239)
Overall	No. of Events (%)	130 ( 52.2)	113 ( 47.3)
	Median Survival Est. (95% CI)	1.71 ( 1.22, 2.20)	1.31 ( 0.95, 1.68)
	Hazard Ratio (95% CI)		0.871 ( 0.677, 1.121)
	Treatment P-value [a]		0.28612
	Interaction P-value [b]		0.37313
6 Months	Patients at Risk, Survival Est. (95% CI)	14, 0.29 ( 0.21, 0.37)	11, 0.31 ( 0.23, 0.39)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC15.CF.KM.S2.FAS: EORTC Cognitive Functioning Score: Time to Deterioration of at least 15 points (Months) (Full Analysis Set)

Subgroup: Age Group 2, Level: &gt;=75 years

Time Point	Statistics	Enfortumab Vedotin (N=52)	Chemotherapy (N=68)
Overall	No. of Events (%)	25 ( 48.1)	30 ( 44.1)
	Median Survival Est. (95% CI)	1.51 ( 0.56, 5.32)	1.51 ( 1.05, NC)
	Hazard Ratio (95% CI)		1.138 ( 0.669, 1.935)
	Treatment P-value [a]		0.60411
	Interaction P-value [b]		0.37313
6 Months	Patients at Risk, Survival Est. (95% CI)	4, 0.25 ( 0.10, 0.43)	4, 0.37 ( 0.23, 0.51)
12 Months	Patients at Risk, Survival Est. (95% CI)	1, 0.25 ( 0.10, 0.43)	2, 0.37 ( 0.23, 0.51)

Subgroup analyses are conducted if there exist at least 2 levels with >= 10 patients across treatment arms and >=10 events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC15.CF.KM.S3.FAS: EORTC Cognitive Functioning Score: Time to Deterioration of at least 15 points (Months) (Full Analysis Set)

Subgroup: Gender, Level: Male

Time Point	Statistics	Enfortumab Vedotin (N=238)	Chemotherapy (N=232)
Overall	No. of Events (%)	120 ( 50.4)	111 ( 47.8)
	Median Survival Est. (95% CI)	1.68 ( 1.02, 2.14)	1.45 ( 0.82, 1.68)
	Hazard Ratio (95% CI)		0.865 ( 0.668, 1.119)
	Treatment P-value [a]		0.27309
	Interaction P-value [b]		0.31762
6 Months	Patients at Risk, Survival Est. (95% CI)	17, 0.32 ( 0.24, 0.40)	11, 0.30 ( 0.22, 0.39)
12 Months	Patients at Risk, Survival Est. (95% CI)	1, 0.21 ( 0.11, 0.33)	1, 0.12 ( 0.03, 0.26)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC15.CF.KM.S3.FAS: EORTC Cognitive Functioning Score: Time to Deterioration of at least 15 points (Months) (Full Analysis Set)

Subgroup: Gender, Level: Female

Time Point	Statistics	Enfortumab Vedotin (N=63)	Chemotherapy (N=75)
Overall	No. of Events (%)	35 ( 55.6)	32 ( 42.7)
	Median Survival Est. (95% CI)	1.97 ( 1.02, 3.58)	1.45 ( 1.02, NC)
	Hazard Ratio (95% CI)		1.142 ( 0.706, 1.844)
	Treatment P-value [a]		0.69947
	Interaction P-value [b]		0.31762
6 Months	Patients at Risk, Survival Est. (95% CI)	1, 0.11 ( 0.01, 0.33)	4, 0.38 ( 0.25, 0.51)
12 Months	Patients at Risk, Survival Est. (95% CI)	0	1, 0.38 ( 0.25, 0.51)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC15.CF.KM.S4.FAS: EORTC Cognitive Functioning Score: Time to Deterioration of at least 15 points (Months) (Full Analysis Set)

Subgroup: Region, Level: Western Europe

Time Point	Statistics	Enfortumab Vedotin (N=126)	Chemotherapy (N=129)
Overall	No. of Events (%)	53 ( 42.1)	48 ( 37.2)
	Median Survival Est. (95% CI)	1.77 ( 0.99, 5.49)	1.08 ( 0.76, 6.51)
	Hazard Ratio (95% CI)		0.897 ( 0.607, 1.326)
	Treatment P-value [a]		0.62390
	Interaction P-value [b]		0.83428
6 Months	Patients at Risk, Survival Est. (95% CI)	6, 0.35 ( 0.21, 0.49)	6, 0.40 ( 0.29, 0.51)
12 Months	Patients at Risk, Survival Est. (95% CI)	0	1, 0.27 ( 0.12, 0.44)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC15.CF.KM.S4.FAS: EORTC Cognitive Functioning Score: Time to Deterioration of at least 15 points (Months) (Full Analysis Set)

Subgroup: Region, Level: US

Time Point	Statistics	Enfortumab Vedotin (N=43)	Chemotherapy (N=44)
Overall	No. of Events (%)	14 ( 32.6)	15 ( 34.1)
	Median Survival Est. (95% CI)	2.63 ( 1.51, NC)	1.94 ( 0.79, NC)
	Hazard Ratio (95% CI)		0.780 ( 0.376, 1.617)
	Treatment P-value [a]		0.58571
	Interaction P-value [b]		0.83428
6 Months	Patients at Risk, Survival Est. (95% CI)	4, 0.42 ( 0.22, 0.61)	2, 0.40 ( 0.21, 0.59)
12 Months	Patients at Risk, Survival Est. (95% CI)	1, 0.42 ( 0.22, 0.61)	0

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table EORTC15.CF.KM.S4.FAS: EORTC Cognitive Functioning Score: Time to Deterioration of at least 15 points (Months) (Full Analysis Set)

Subgroup: Region, Level: Rest of the World

Time Point	Statistics	Enfortumab Vedotin (N=132)	Chemotherapy (N=134)
Overall	No. of Events (%)	88 ( 66.7)	80 ( 59.7)
	Median Survival Est. (95% CI)	1.28 ( 0.95, 1.91)	1.28 ( 0.95, 1.64)
	Hazard Ratio (95% CI)		0.978 ( 0.723, 1.324)
	Treatment P-value [a]		0.87063
	Interaction P-value [b]		0.83428
6 Months	Patients at Risk, Survival Est. (95% CI)	8, 0.21 ( 0.12, 0.31)	7, 0.26 ( 0.17, 0.36)
12 Months	Patients at Risk, Survival Est. (95% CI)	0	1, 0.08 ( 0.01, 0.26)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC15.CF.KM.S5.FAS: EORTC Cognitive Functioning Score: Time to Deterioration of at least 15 points (Months) (Full Analysis Set)

Subgroup: ECOG PS from IRT Strata, Level: 0

Time Point	Statistics	Enfortumab Vedotin (N=120)	Chemotherapy (N=124)
Overall	No. of Events (%)	66 ( 55.0)	62 ( 50.0)
	Median Survival Est. (95% CI)	1.77 ( 1.08, 5.32)	1.61 ( 1.22, 3.78)
	Hazard Ratio (95% CI)		0.995 ( 0.703, 1.408)
	Treatment P-value [a]		0.87554
	Interaction P-value [b]		0.53794
6 Months	Patients at Risk, Survival Est. (95% CI)	10, 0.32 ( 0.21, 0.43)	7, 0.35 ( 0.25, 0.46)
12 Months	Patients at Risk, Survival Est. (95% CI)	0	1, 0.18 ( 0.06, 0.35)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC15.CF.KM.S5.FAS: EORTC Cognitive Functioning Score: Time to Deterioration of at least 15 points (Months) (Full Analysis Set)

Subgroup: ECOG PS from IRT Strata, Level: 1

Time Point	Statistics	Enfortumab Vedotin (N=181)	Chemotherapy (N=183)
Overall	No. of Events (%)	89 ( 49.2)	81 ( 44.3)
	Median Survival Est. (95% CI)	1.51 ( 0.99, 2.20)	0.99 ( 0.76, 1.51)
	Hazard Ratio (95% CI)		0.861 ( 0.637, 1.164)
	Treatment P-value [a]		0.32925
	Interaction P-value [b]		0.53794
6 Months	Patients at Risk, Survival Est. (95% CI)	8, 0.25 ( 0.16, 0.36)	8, 0.30 ( 0.21, 0.39)
12 Months	Patients at Risk, Survival Est. (95% CI)	1, 0.22 ( 0.12, 0.33)	1, 0.19 ( 0.07, 0.34)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC15.CF.KM.S6.FAS: EORTC Cognitive Functioning Score: Time to Deterioration of at least 15 points (Months) (Full Analysis Set)

Subgroup: Liver Metastasis from IRT Strata, Level: Yes

Time Point	Statistics	Enfortumab Vedotin (N=93)	Chemotherapy (N=95)
Overall	No. of Events (%)	46 ( 49.5)	42 ( 44.2)
	Median Survival Est. (95% CI)	1.31 ( 0.76, 2.69)	1.28 ( 0.62, 1.54)
	Hazard Ratio (95% CI)		0.888 ( 0.585, 1.350)
	Treatment P-value [a]		0.58275
	Interaction P-value [b]		0.83985
6 Months	Patients at Risk, Survival Est. (95% CI)	5, 0.29 ( 0.17, 0.42)	2, 0.25 ( 0.14, 0.38)
12 Months	Patients at Risk, Survival Est. (95% CI)	1, 0.12 ( 0.02, 0.28)	1, 0.25 ( 0.14, 0.38)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC15.CF.KM.S6.FAS: EORTC Cognitive Functioning Score: Time to Deterioration of at least 15 points (Months) (Full Analysis Set)

Subgroup: Liver Metastasis from IRT Strata, Level: No

Time Point	Statistics	Enfortumab Vedotin (N=208)	Chemotherapy (N=212)
Overall	No. of Events (%)	109 ( 52.4)	101 ( 47.6)
	Median Survival Est. (95% CI)	1.77 ( 1.41, 2.43)	1.45 ( 1.02, 2.37)
	Hazard Ratio (95% CI)		0.935 ( 0.713, 1.226)
	Treatment P-value [a]		0.63970
	Interaction P-value [b]		0.83985
6 Months	Patients at Risk, Survival Est. (95% CI)	13, 0.28 ( 0.19, 0.37)	13, 0.35 ( 0.26, 0.43)
12 Months	Patients at Risk, Survival Est. (95% CI)	0	1, 0.17 ( 0.07, 0.31)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC15.CF.KM.S7.FAS: EORTC Cognitive Functioning Score: Time to Deterioration of at least 15 points (Months) (Full Analysis Set)

Subgroup: Pre-selected Investigator's Choice of Paclitaxel/Docetaxel/Vinflunine, Level: Paclitaxel

Time Point	Statistics	Enfortumab Vedotin (N=141)	Chemotherapy (N=112)
Overall	No. of Events (%)	86 ( 61.0)	50 ( 44.6)
	Median Survival Est. (95% CI)	1.08 ( 0.82, 1.74)	1.51 ( 1.18, 3.78)
	Hazard Ratio (95% CI)		1.299 ( 0.916, 1.841)
	Treatment P-value [a]		0.13385
	Interaction P-value [b]		0.03084
6 Months	Patients at Risk, Survival Est. (95% CI)	4, 0.16 ( 0.08, 0.27)	5, 0.34 ( 0.22, 0.46)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC15.CF.KM.S7.FAS: EORTC Cognitive Functioning Score: Time to Deterioration of at least 15 points (Months) (Full Analysis Set)

Subgroup: Pre-selected Investigator's Choice of Paclitaxel/Docetaxel/Vinflunine, Level: Docetaxel

Time Point	Statistics	Enfortumab Vedotin (N=87)	Chemotherapy (N=117)
Overall	No. of Events (%)	43 ( 49.4)	61 ( 52.1)
	Median Survival Est. (95% CI)	2.20 ( 1.41, 5.52)	1.05 ( 0.79, 1.74)
	Hazard Ratio (95% CI)		0.689 ( 0.466, 1.018)
	Treatment P-value [a]		0.05651
	Interaction P-value [b]		0.03084
6 Months	Patients at Risk, Survival Est. (95% CI)	8, 0.36 ( 0.23, 0.49)	6, 0.25 ( 0.15, 0.36)
12 Months	Patients at Risk, Survival Est. (95% CI)	1, 0.20 ( 0.07, 0.38)	1, 0.10 ( 0.01, 0.31)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC15.CF.KM.S7.FAS: EORTC Cognitive Functioning Score: Time to Deterioration of at least 15 points (Months) (Full Analysis Set)

Subgroup: Pre-selected Investigator's Choice of Paclitaxel/Docetaxel/Vinflunine, Level: Vinflunine

Time Point	Statistics	Enfortumab Vedotin (N=73)	Chemotherapy (N=78)
Overall	No. of Events (%)	26 ( 35.6)	32 ( 41.0)
	Median Survival Est. (95% CI)	5.95 ( 1.45, NC)	1.28 ( 0.76, NC)
	Hazard Ratio (95% CI)		0.695 ( 0.414, 1.167)
	Treatment P-value [a]		0.19023
	Interaction P-value [b]		0.03084
6 Months	Patients at Risk, Survival Est. (95% CI)	6, 0.43 ( 0.24, 0.61)	4, 0.41 ( 0.28, 0.54)
12 Months	Patients at Risk, Survival Est. (95% CI)	0	1, 0.31 ( 0.13, 0.51)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC15.CF.KM.S8.FAS: EORTC Cognitive Functioning Score: Time to Deterioration of at least 15 points (Months) (Full Analysis Set)

Subgroup: Primary Site of Tumor, Level: Upper Tract

Time Point	Statistics	Enfortumab Vedotin (N=98)	Chemotherapy (N=107)
Overall	No. of Events (%)	55 ( 56.1)	59 ( 55.1)
	Median Survival Est. (95% CI)	1.08 ( 0.69, 1.91)	1.15 ( 0.79, 1.94)
	Hazard Ratio (95% CI)		1.016 ( 0.703, 1.467)
	Treatment P-value [a]		0.90530
	Interaction P-value [b]		0.61171
6 Months	Patients at Risk, Survival Est. (95% CI)	5, 0.22 ( 0.12, 0.34)	6, 0.28 ( 0.18, 0.40)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table EORTC15.CF.KM.S8.FAS: EORTC Cognitive Functioning Score: Time to Deterioration of at least 15 points (Months) (Full Analysis Set)

Subgroup: Primary Site of Tumor, Level: Other

Time Point	Statistics	Enfortumab Vedotin (N=203)	Chemotherapy (N=200)
Overall	No. of Events (%)	100 ( 49.3)	84 ( 42.0)
	Median Survival Est. (95% CI)	1.77 ( 1.48, 2.69)	1.48 ( 0.99, 2.37)
	Hazard Ratio (95% CI)		0.900 ( 0.673, 1.203)
	Treatment P-value [a]		0.48972
	Interaction P-value [b]		0.61171
6 Months	Patients at Risk, Survival Est. (95% CI)	13, 0.31 ( 0.22, 0.41)	9, 0.35 ( 0.26, 0.44)
12 Months	Patients at Risk, Survival Est. (95% CI)	1, 0.21 ( 0.11, 0.34)	2, 0.27 ( 0.15, 0.39)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC15.CF.KM.S9.FAS: EORTC Cognitive Functioning Score: Time to Deterioration of at least 15 points (Months) (Full Analysis Set)

Subgroup: Prior Lines of Systemic Therapy, Level: 1-2 lines

Time Point	Statistics	Enfortumab Vedotin (N=262)	Chemotherapy (N=270)
Overall	No. of Events (%)	133 ( 50.8)	124 ( 45.9)
	Median Survival Est. (95% CI)	1.74 ( 1.31, 2.40)	1.45 ( 1.02, 1.74)
	Hazard Ratio (95% CI)		0.898 ( 0.703, 1.147)
	Treatment P-value [a]		0.37183
	Interaction P-value [b]		0.50562
6 Months	Patients at Risk, Survival Est. (95% CI)	17, 0.28 ( 0.20, 0.36)	13, 0.32 ( 0.24, 0.39)
12 Months	Patients at Risk, Survival Est. (95% CI)	1, 0.20 ( 0.11, 0.31)	1, 0.13 ( 0.04, 0.28)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC15.CF.KM.S9.FAS: EORTC Cognitive Functioning Score: Time to Deterioration of at least 15 points (Months) (Full Analysis Set)

Subgroup: Prior Lines of Systemic Therapy, Level: &gt;=3 lines

Time Point	Statistics	Enfortumab Vedotin (N=39)	Chemotherapy (N=37)
Overall	No. of Events (%)	22 ( 56.4)	19 ( 51.4)
	Median Survival Est. (95% CI)	0.99 ( 0.59, 2.46)	1.25 ( 0.39, NC)
	Hazard Ratio (95% CI)		1.124 ( 0.608, 2.079)
	Treatment P-value [a]		0.78288
	Interaction P-value [b]		0.50562
6 Months	Patients at Risk, Survival Est. (95% CI)	1, 0.31 ( 0.15, 0.49)	2, 0.35 ( 0.19, 0.52)
12 Months	Patients at Risk, Survival Est. (95% CI)	0	1, 0.35 ( 0.19, 0.52)

Subgroup analyses are conducted if there exist at least 2 levels with >= 10 patients across treatment arms and >=10 events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table EORTC15.CF.KM.S10.FAS: EORTC Cognitive Functioning Score: Time to Deterioration of at least 15 points (Months) (Full Analysis Set)

Subgroup: Best Response to Prior CPI, Level: Responder

Time Point	Statistics	Enfortumab Vedotin (N=61)	Chemotherapy (N=50)
Overall	No. of Events (%)	34 ( 55.7)	35 ( 70.0)
	Median Survival Est. (95% CI)	1.74 ( 1.22, 2.63)	1.02 ( 0.76, 1.51)
	Hazard Ratio (95% CI)		0.585 ( 0.365, 0.939)
	Treatment P-value [a]		0.02623
	Interaction P-value [b]		0.02382
6 Months	Patients at Risk, Survival Est. (95% CI)	4, 0.25 ( 0.12, 0.42)	2, 0.14 ( 0.05, 0.28)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC15.CF.KM.S10.FAS: EORTC Cognitive Functioning Score: Time to Deterioration of at least 15 points (Months) (Full Analysis Set)

Subgroup: Best Response to Prior CPI, Level: Non-responder

Time Point	Statistics	Enfortumab Vedotin (N=207)	Chemotherapy (N=215)
Overall	No. of Events (%)	108 ( 52.2)	90 ( 41.9)
	Median Survival Est. (95% CI)	1.48 ( 0.99, 2.20)	1.48 ( 1.02, 2.37)
	Hazard Ratio (95% CI)		1.103 ( 0.833, 1.459)
	Treatment P-value [a]		0.49293
	Interaction P-value [b]		0.02382
6 Months	Patients at Risk, Survival Est. (95% CI)	12, 0.27 ( 0.19, 0.36)	12, 0.38 ( 0.30, 0.47)
12 Months	Patients at Risk, Survival Est. (95% CI)	1, 0.17 ( 0.08, 0.29)	2, 0.23 ( 0.09, 0.40)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

### 3.1.2.6 Soziale Funktion

Astellas: 7465-CL-0301

Table EORTC15.SF.KM.S1.FAS: EORTC Social Functioning Score: Time to Deterioration of at least 15 points (Months) (Full Analysis Set)

Subgroup: Age Group 1, Level: <65 years

Time Point	Statistics	Enfortumab Vedotin (N=108)	Chemotherapy (N=111)
Overall	No. of Events (%)	63 ( 58.3)	51 ( 45.9)
	Median Survival Est. (95% CI)	0.82 ( 0.56, 1.45)	0.99 ( 0.76, 1.68)
	Hazard Ratio (95% CI)		0.995 ( 0.687, 1.440)
	Treatment P-value [a]		0.85733
	Interaction P-value [b]		0.34577
6 Months	Patients at Risk, Survival Est. (95% CI)	8, 0.25 ( 0.14, 0.37)	3, 0.28 ( 0.17, 0.39)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC15.SF.KM.S1.FAS: EORTC Social Functioning Score: Time to Deterioration of at least 15 points (Months) (Full Analysis Set)

Subgroup: Age Group 1, Level: &gt;=65 years

Time Point	Statistics	Enfortumab Vedotin (N=193)	Chemotherapy (N=196)
Overall	No. of Events (%)	104 ( 53.9)	105 ( 53.6)
	Median Survival Est. (95% CI)	1.08 ( 0.79, 1.71)	0.85 ( 0.72, 1.08)
	Hazard Ratio (95% CI)		0.798 ( 0.608, 1.047)
	Treatment P-value [a]		0.12116
	Interaction P-value [b]		0.34577
6 Months	Patients at Risk, Survival Est. (95% CI)	14, 0.31 ( 0.23, 0.39)	8, 0.22 ( 0.14, 0.30)
12 Months	Patients at Risk, Survival Est. (95% CI)	1, 0.12 ( 0.01, 0.33)	1, 0.14 ( 0.05, 0.29)

Subgroup analyses are conducted if there exist at least 2 levels with >= 10 patients across treatment arms and >=10 events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC15.SF.KM.S2.FAS: EORTC Social Functioning Score: Time to Deterioration of at least 15 points (Months) (Full Analysis Set)

Subgroup: Age Group 2, Level: &lt;75 years

Time Point	Statistics	Enfortumab Vedotin (N=249)	Chemotherapy (N=239)
Overall	No. of Events (%)	143 ( 57.4)	118 ( 49.4)
	Median Survival Est. (95% CI)	0.99 ( 0.69, 1.41)	0.82 ( 0.72, 1.18)
	Hazard Ratio (95% CI)		0.868 ( 0.680, 1.108)
	Treatment P-value [a]		0.25345
	Interaction P-value [b]		0.83778
6 Months	Patients at Risk, Survival Est. (95% CI)	18, 0.28 ( 0.21, 0.36)	8, 0.24 ( 0.17, 0.32)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table EORTC15.SF.KM.S2.FAS: EORTC Social Functioning Score: Time to Deterioration of at least 15 points (Months) (Full Analysis Set)

Subgroup: Age Group 2, Level: &gt;=75 years

Time Point	Statistics	Enfortumab Vedotin (N=52)	Chemotherapy (N=68)
Overall	No. of Events (%)	24 ( 46.2)	38 ( 55.9)
	Median Survival Est. (95% CI)	1.02 ( 0.49, 1.94)	0.99 ( 0.72, 1.25)
	Hazard Ratio (95% CI)		0.818 ( 0.490, 1.365)
	Treatment P-value [a]		0.48766
	Interaction P-value [b]		0.83778
6 Months	Patients at Risk, Survival Est. (95% CI)	4, 0.34 ( 0.19, 0.50)	3, 0.21 ( 0.10, 0.35)
12 Months	Patients at Risk, Survival Est. (95% CI)	1, 0.34 ( 0.19, 0.50)	1, 0.11 ( 0.01, 0.32)

Subgroup analyses are conducted if there exist at least 2 levels with >= 10 patients across treatment arms and >=10 events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table EORTC15.SF.KM.S3.FAS: EORTC Social Functioning Score: Time to Deterioration of at least 15 points (Months) (Full Analysis Set)

Subgroup: Gender, Level: Male

Time Point	Statistics	Enfortumab Vedotin (N=238)	Chemotherapy (N=232)
Overall	No. of Events (%)	138 ( 58.0)	116 ( 50.0)
	Median Survival Est. (95% CI)	0.99 ( 0.76, 1.28)	0.89 ( 0.72, 1.18)
	Hazard Ratio (95% CI)		0.916 ( 0.715, 1.173)
	Treatment P-value [a]		0.49647
	Interaction P-value [b]		0.26530
6 Months	Patients at Risk, Survival Est. (95% CI)	18, 0.27 ( 0.20, 0.35)	9, 0.25 ( 0.17, 0.33)
12 Months	Patients at Risk, Survival Est. (95% CI)	1, 0.08 ( 0.01, 0.24)	1, 0.16 ( 0.05, 0.33)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table EORTC15.SF.KM.S3.FAS: EORTC Social Functioning Score: Time to Deterioration of at least 15 points (Months) (Full Analysis Set)

Subgroup: Gender, Level: Female

Time Point	Statistics	Enfortumab Vedotin (N=63)	Chemotherapy (N=75)
Overall	No. of Events (%)	29 ( 46.0)	40 ( 53.3)
	Median Survival Est. (95% CI)	1.22 ( 0.53, NC)	0.99 ( 0.76, 1.22)
	Hazard Ratio (95% CI)		0.675 ( 0.418, 1.089)
	Treatment P-value [a]		0.11310
	Interaction P-value [b]		0.26530
6 Months	Patients at Risk, Survival Est. (95% CI)	4, 0.36 ( 0.21, 0.52)	2, 0.20 ( 0.10, 0.33)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table EORTC15.SF.KM.S4.FAS: EORTC Social Functioning Score: Time to Deterioration of at least 15 points (Months) (Full Analysis Set)

Subgroup: Region, Level: Western Europe

Time Point	Statistics	Enfortumab Vedotin (N=126)	Chemotherapy (N=129)
Overall	No. of Events (%)	60 ( 47.6)	60 ( 46.5)
	Median Survival Est. (95% CI)	1.25 ( 0.69, 2.23)	0.72 ( 0.39, 1.05)
	Hazard Ratio (95% CI)		0.690 ( 0.482, 0.988)
	Treatment P-value [a]		0.04576
	Interaction P-value [b]		0.29901
6 Months	Patients at Risk, Survival Est. (95% CI)	7, 0.30 ( 0.19, 0.43)	5, 0.19 ( 0.10, 0.30)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC15.SF.KM.S4.FAS: EORTC Social Functioning Score: Time to Deterioration of at least 15 points (Months) (Full Analysis Set)

Subgroup: Region, Level: US

Time Point	Statistics	Enfortumab Vedotin (N=43)	Chemotherapy (N=44)
Overall	No. of Events (%)	18 ( 41.9)	17 ( 38.6)
	Median Survival Est. (95% CI)	1.51 ( 0.46, NC)	1.08 ( 0.72, NC)
	Hazard Ratio (95% CI)		0.901 ( 0.463, 1.756)
	Treatment P-value [a]		0.80334
	Interaction P-value [b]		0.29901
6 Months	Patients at Risk, Survival Est. (95% CI)	4, 0.38 ( 0.18, 0.57)	0
12 Months	Patients at Risk, Survival Est. (95% CI)	1, 0.19 ( 0.02, 0.50)	0

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC15.SF.KM.S4.FAS: EORTC Social Functioning Score: Time to Deterioration of at least 15 points (Months) (Full Analysis Set)

Subgroup: Region, Level: Rest of the World

Time Point	Statistics	Enfortumab Vedotin (N=132)	Chemotherapy (N=134)
Overall	No. of Events (%)	89 ( 67.4)	79 ( 59.0)
	Median Survival Est. (95% CI)	0.89 ( 0.59, 1.22)	0.92 ( 0.76, 1.41)
	Hazard Ratio (95% CI)		1.000 ( 0.738, 1.355)
	Treatment P-value [a]		0.94504
	Interaction P-value [b]		0.29901
6 Months	Patients at Risk, Survival Est. (95% CI)	11, 0.26 ( 0.17, 0.35)	6, 0.25 ( 0.17, 0.34)
12 Months	Patients at Risk, Survival Est. (95% CI)	0	1, 0.25 ( 0.17, 0.34)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC15.SF.KM.S5.FAS: EORTC Social Functioning Score: Time to Deterioration of at least 15 points (Months) (Full Analysis Set)

Subgroup: ECOG PS from IRT Strata, Level: 0

Time Point	Statistics	Enfortumab Vedotin (N=120)	Chemotherapy (N=124)
Overall	No. of Events (%)	77 ( 64.2)	64 ( 51.6)
	Median Survival Est. (95% CI)	0.99 ( 0.59, 1.45)	1.08 ( 0.82, 1.61)
	Hazard Ratio (95% CI)		1.090 ( 0.782, 1.520)
	Treatment P-value [a]		0.64690
	Interaction P-value [b]		0.05702
6 Months	Patients at Risk, Survival Est. (95% CI)	10, 0.23 ( 0.14, 0.34)	5, 0.32 ( 0.23, 0.42)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC15.SF.KM.S5.FAS: EORTC Social Functioning Score: Time to Deterioration of at least 15 points (Months) (Full Analysis Set)

Subgroup: ECOG PS from IRT Strata, Level: 1

Time Point	Statistics	Enfortumab Vedotin (N=181)	Chemotherapy (N=183)
Overall	No. of Events (%)	90 ( 49.7)	92 ( 50.3)
	Median Survival Est. (95% CI)	1.02 ( 0.69, 1.74)	0.76 ( 0.53, 0.99)
	Hazard Ratio (95% CI)		0.710 ( 0.531, 0.951)
	Treatment P-value [a]		0.02502
	Interaction P-value [b]		0.05702
6 Months	Patients at Risk, Survival Est. (95% CI)	12, 0.34 ( 0.25, 0.43)	6, 0.16 ( 0.09, 0.25)
12 Months	Patients at Risk, Survival Est. (95% CI)	1, 0.11 ( 0.01, 0.33)	1, 0.11 ( 0.03, 0.23)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC15.SF.KM.S6.FAS: EORTC Social Functioning Score: Time to Deterioration of at least 15 points (Months) (Full Analysis Set)

Subgroup: Liver Metastasis from IRT Strata, Level: Yes

Time Point	Statistics	Enfortumab Vedotin (N=93)	Chemotherapy (N=95)
Overall	No. of Events (%)	47 ( 50.5)	45 ( 47.4)
	Median Survival Est. (95% CI)	0.89 ( 0.59, 1.74)	0.76 ( 0.53, 1.28)
	Hazard Ratio (95% CI)		0.772 ( 0.512, 1.163)
	Treatment P-value [a]		0.24065
	Interaction P-value [b]		0.54068
6 Months	Patients at Risk, Survival Est. (95% CI)	7, 0.30 ( 0.18, 0.43)	1, 0.18 ( 0.09, 0.31)
12 Months	Patients at Risk, Survival Est. (95% CI)	1, 0.26 ( 0.13, 0.40)	0

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC15.SF.KM.S6.FAS: EORTC Social Functioning Score: Time to Deterioration of at least 15 points (Months) (Full Analysis Set)

Subgroup: Liver Metastasis from IRT Strata, Level: No

Time Point	Statistics	Enfortumab Vedotin (N=208)	Chemotherapy (N=212)
Overall	No. of Events (%)	120 ( 57.7)	111 ( 52.4)
	Median Survival Est. (95% CI)	1.02 ( 0.79, 1.45)	0.99 ( 0.76, 1.18)
	Hazard Ratio (95% CI)		0.898 ( 0.693, 1.163)
	Treatment P-value [a]		0.42875
	Interaction P-value [b]		0.54068
6 Months	Patients at Risk, Survival Est. (95% CI)	15, 0.29 ( 0.21, 0.37)	10, 0.25 ( 0.18, 0.33)
12 Months	Patients at Risk, Survival Est. (95% CI)	0	1, 0.17 ( 0.06, 0.33)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC15.SF.KM.S7.FAS: EORTC Social Functioning Score: Time to Deterioration of at least 15 points (Months) (Full Analysis Set)

Subgroup: Pre-selected Investigator's Choice of Paclitaxel/Docetaxel/Vinflunine, Level: Paclitaxel

Time Point	Statistics	Enfortumab Vedotin (N=141)	Chemotherapy (N=112)
Overall	No. of Events (%)	85 ( 60.3)	56 ( 50.0)
	Median Survival Est. (95% CI)	0.82 ( 0.59, 1.22)	1.05 ( 0.76, 1.61)
	Hazard Ratio (95% CI)		1.071 ( 0.764, 1.502)
	Treatment P-value [a]		0.68337
	Interaction P-value [b]		0.14897
6 Months	Patients at Risk, Survival Est. (95% CI)	10, 0.26 ( 0.17, 0.36)	5, 0.24 ( 0.14, 0.35)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC15.SF.KM.S7.FAS: EORTC Social Functioning Score: Time to Deterioration of at least 15 points (Months) (Full Analysis Set)

Subgroup: Pre-selected Investigator's Choice of Paclitaxel/Docetaxel/Vinflunine, Level: Docetaxel

Time Point	Statistics	Enfortumab Vedotin (N=87)	Chemotherapy (N=117)
Overall	No. of Events (%)	50 ( 57.5)	58 ( 49.6)
	Median Survival Est. (95% CI)	0.85 ( 0.53, 1.87)	0.76 ( 0.36, 1.08)
	Hazard Ratio (95% CI)		0.837 ( 0.573, 1.224)
	Treatment P-value [a]		0.45540
	Interaction P-value [b]		0.14897
6 Months	Patients at Risk, Survival Est. (95% CI)	8, 0.30 ( 0.19, 0.42)	3, 0.27 ( 0.17, 0.39)
12 Months	Patients at Risk, Survival Est. (95% CI)	1, 0.10 ( 0.01, 0.32)	1, 0.27 ( 0.17, 0.39)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC15.SF.KM.S7.FAS: EORTC Social Functioning Score: Time to Deterioration of at least 15 points (Months) (Full Analysis Set)

Subgroup: Pre-selected Investigator's Choice of Paclitaxel/Docetaxel/Vinflunine, Level: Vinflunine

Time Point	Statistics	Enfortumab Vedotin (N=73)	Chemotherapy (N=78)
Overall	No. of Events (%)	32 ( 43.8)	42 ( 53.8)
	Median Survival Est. (95% CI)	1.74 ( 0.95, 6.83)	0.82 ( 0.53, 1.51)
	Hazard Ratio (95% CI)		0.609 ( 0.384, 0.964)
	Treatment P-value [a]		0.02838
	Interaction P-value [b]		0.14897
6 Months	Patients at Risk, Survival Est. (95% CI)	4, 0.32 ( 0.16, 0.50)	3, 0.19 ( 0.09, 0.31)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table EORTC15.SF.KM.S8.FAS: EORTC Social Functioning Score: Time to Deterioration of at least 15 points (Months) (Full Analysis Set)

Subgroup: Primary Site of Tumor, Level: Upper Tract

Time Point	Statistics	Enfortumab Vedotin (N=98)	Chemotherapy (N=107)
Overall	No. of Events (%)	54 ( 55.1)	67 ( 62.6)
	Median Survival Est. (95% CI)	1.02 ( 0.72, 1.54)	0.76 ( 0.53, 0.99)
	Hazard Ratio (95% CI)		0.719 ( 0.502, 1.029)
	Treatment P-value [a]		0.06791
	Interaction P-value [b]		0.19738
6 Months	Patients at Risk, Survival Est. (95% CI)	8, 0.29 ( 0.18, 0.40)	4, 0.19 ( 0.11, 0.29)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC15.SF.KM.S8.FAS: EORTC Social Functioning Score: Time to Deterioration of at least 15 points (Months) (Full Analysis Set)

Subgroup: Primary Site of Tumor, Level: Other

Time Point	Statistics	Enfortumab Vedotin (N=203)	Chemotherapy (N=200)
Overall	No. of Events (%)	113 ( 55.7)	89 ( 44.5)
	Median Survival Est. (95% CI)	0.99 ( 0.59, 1.71)	1.05 ( 0.76, 1.28)
	Hazard Ratio (95% CI)		0.969 ( 0.733, 1.280)
	Treatment P-value [a]		0.82409
	Interaction P-value [b]		0.19738
6 Months	Patients at Risk, Survival Est. (95% CI)	14, 0.29 ( 0.20, 0.38)	7, 0.26 ( 0.18, 0.36)
12 Months	Patients at Risk, Survival Est. (95% CI)	1, 0.09 ( 0.01, 0.28)	1, 0.26 ( 0.18, 0.36)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC15.SF.KM.S9.FAS: EORTC Social Functioning Score: Time to Deterioration of at least 15 points (Months) (Full Analysis Set)

Subgroup: Prior Lines of Systemic Therapy, Level: 1-2 lines

Time Point	Statistics	Enfortumab Vedotin (N=262)	Chemotherapy (N=270)
Overall	No. of Events (%)	144 ( 55.0)	136 ( 50.4)
	Median Survival Est. (95% CI)	0.99 ( 0.69, 1.28)	0.92 ( 0.76, 1.18)
	Hazard Ratio (95% CI)		0.846 ( 0.669, 1.071)
	Treatment P-value [a]		0.17045
	Interaction P-value [b]		0.67784
6 Months	Patients at Risk, Survival Est. (95% CI)	21, 0.30 ( 0.23, 0.38)	8, 0.22 ( 0.15, 0.29)
12 Months	Patients at Risk, Survival Est. (95% CI)	1, 0.10 ( 0.01, 0.30)	0

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC15.SF.KM.S9.FAS: EORTC Social Functioning Score: Time to Deterioration of at least 15 points (Months) (Full Analysis Set)

Subgroup: Prior Lines of Systemic Therapy, Level: &gt;=3 lines

Time Point	Statistics	Enfortumab Vedotin (N=39)	Chemotherapy (N=37)
Overall	No. of Events (%)	23 ( 59.0)	20 ( 54.1)
	Median Survival Est. (95% CI)	1.41 ( 0.69, 5.42)	0.76 ( 0.36, 10.87)
	Hazard Ratio (95% CI)		0.971 ( 0.532, 1.771)
	Treatment P-value [a]		0.97898
	Interaction P-value [b]		0.67784
6 Months	Patients at Risk, Survival Est. (95% CI)	1, 0.19 ( 0.05, 0.41)	3, 0.35 ( 0.19, 0.53)
12 Months	Patients at Risk, Survival Est. (95% CI)	0	1, 0.18 ( 0.02, 0.48)

Subgroup analyses are conducted if there exist at least 2 levels with >= 10 patients across treatment arms and >=10 events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table EORTC15.SF.KM.S10.FAS: EORTC Social Functioning Score: Time to Deterioration of at least 15 points (Months) (Full Analysis Set)

Subgroup: Best Response to Prior CPI, Level: Responder

Time Point	Statistics	Enfortumab Vedotin (N=61)	Chemotherapy (N=50)
Overall	No. of Events (%)	42 ( 68.9)	32 ( 64.0)
	Median Survival Est. (95% CI)	0.69 ( 0.53, 1.41)	0.76 ( 0.33, 1.51)
	Hazard Ratio (95% CI)		0.842 ( 0.531, 1.333)
	Treatment P-value [a]		0.44750
	Interaction P-value [b]		0.89989
6 Months	Patients at Risk, Survival Est. (95% CI)	3, 0.20 ( 0.09, 0.33)	2, 0.15 ( 0.05, 0.29)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table EORTC15.SF.KM.S10.FAS: EORTC Social Functioning Score: Time to Deterioration of at least 15 points (Months) (Full Analysis Set)

Subgroup: Best Response to Prior CPI, Level: Non-responder

Time Point	Statistics	Enfortumab Vedotin (N=207)	Chemotherapy (N=215)
Overall	No. of Events (%)	106 ( 51.2)	105 ( 48.8)
	Median Survival Est. (95% CI)	0.99 ( 0.69, 1.54)	0.89 ( 0.76, 1.18)
	Hazard Ratio (95% CI)		0.871 ( 0.665, 1.141)
	Treatment P-value [a]		0.31953
	Interaction P-value [b]		0.89989
6 Months	Patients at Risk, Survival Est. (95% CI)	16, 0.32 ( 0.24, 0.41)	8, 0.25 ( 0.17, 0.33)
12 Months	Patients at Risk, Survival Est. (95% CI)	1, 0.20 ( 0.11, 0.32)	1, 0.17 ( 0.05, 0.33)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level. The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a 2-sided unstratified log-rank test.

[b] Based on an unstratified Cox proportional hazard model including adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_KM.SAS

Date/time of run: 07MAY2021 10:06

Analysis Plan: 15FEB2021

Confidential

### 3.1.3 MMRM-Modell

#### 3.1.3.1 Globaler Gesundheitsstatus

Table EORTC.QL.MM.S1.FAS: Mixed Model Repeated Measures (MMRM) Analysis: Change from Baseline - EORTC Global Health Status (Week 1 to Week 24) (Full Analysis Set)

Subgroup: Age Group 1

Subgroup Level	Statistic	Enfortumab Vedotin	Chemotherapy	Enfortumab Vedotin vs Chemotherapy Mean Difference (95% CI)
<65 years	N, n	108, 85	111, 68	
	Baseline Mean (SD)	62.25 (19.27)	66.91 (19.21)	
	Change from Baseline LS Mean (SE)	-1.28 ( 1.28)	-3.96 ( 1.43)	2.68 ( -1.09, 6.46)
	Treatment P-value			0.16300
	Hedge's g (95% CI)			0.18 (-0.14, 0.49)
>=65 years	N, n	193, 147	196, 128	
	Baseline Mean (SD)	65.76 (18.99)	67.32 (18.13)	
	Change from Baseline LS Mean (SE)	-4.34 ( 0.98)	-9.42 ( 1.07)	5.09 ( 2.23, 7.94)
	Treatment P-value			0.00050
	Hedge's g (95% CI)			0.31 ( 0.08, 0.55)
Interaction P-value [b]				0.23777

Subgroup analyses are conducted if there exists at least 2 levels with  $\geq 10$  patients across treatment arms that have a baseline score and at least one post-baseline score up to Week 24.

N: Number of patients in the subgroup level. n: Number of patients with a baseline and at least one post-baseline score up to Week 24.

Estimates are based on a mixed model which included treatment, baseline PRO, scheduled visit, scheduled visit\*baseline PRO and scheduled visit\*treatment as fixed effects. Scheduled visit was treated as a repeated measure within patients.

Hedge's g statistic has a bias correction applied.

[a] The Overall analysis included an adjustment for Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[b] Subgroup analysis included an adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_MM.SAS

Date/time of run: 02JUL2021 12:13

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC.QL.MM.S2.FAS: Mixed Model Repeated Measures (MMRM) Analysis: Change from Baseline - EORTC Global Health Status (Week 1 to Week 24) (Full Analysis Set)

Subgroup: Age Group 2

Subgroup Level	Statistic	Enfortumab Vedotin	Chemotherapy	Enfortumab Vedotin vs Chemotherapy Mean Difference (95% CI)
<75 years	N, n	249, 195	239, 150	
	Baseline Mean (SD)	63.85 (19.37)	67.00 (18.92)	
	Change from Baseline LS Mean (SE)	-2.68 ( 0.85)	-6.75 ( 0.98)	4.07 ( 1.51, 6.62)
	Treatment P-value			0.00191
	Hedge's g (95% CI)			0.25 ( 0.04, 0.47)
>=75 years	N, n	52, 37	68, 46	
	Baseline Mean (SD)	67.79 (17.70)	67.75 (17.09)	
	Change from Baseline LS Mean (SE)	-6.31 ( 2.02)	-9.89 ( 1.80)	3.58 ( -1.75, 8.90)
	Treatment P-value			0.18766
	Hedge's g (95% CI)			0.23 (-0.20, 0.66)
Interaction P-value [b]				0.79636

Subgroup analyses are conducted if there exists at least 2 levels with >= 10 patients across treatment arms that have a baseline score and at least one post-baseline score up to Week 24.

N: Number of patients in the subgroup level. n: Number of patients with a baseline and at least one post-baseline score up to Week 24.

Estimates are based on a mixed model which included treatment, baseline PRO, scheduled visit, scheduled visit\*baseline PRO and scheduled visit\*treatment as fixed effects. Scheduled visit was treated as a repeated measure within patients.

Hedge's g statistic has a bias correction applied.

[a] The Overall analysis included an adjustment for Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[b] Subgroup analysis included an adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_MM.SAS

Date/time of run: 02JUL2021 12:13

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table EORTC.QL.MM.S3.FAS: Mixed Model Repeated Measures (MMRM) Analysis: Change from Baseline - EORTC Global Health Status (Week 1 to Week 24) (Full Analysis Set)

Subgroup: Gender

Subgroup Level	Statistic	Enfortumab Vedotin	Chemotherapy	Enfortumab Vedotin vs Chemotherapy Mean Difference (95% CI)
Male	N, n	238, 182	232, 150	
	Baseline Mean (SD)	64.93 (18.87)	66.78 (18.27)	
	Change from Baseline LS Mean (SE)	-3.67 ( 0.89)	-7.20 ( 0.99)	3.53 ( 0.92, 6.15)
	Treatment P-value			0.00820
	Hedge's g (95% CI)			0.22 ( 0.01, 0.44)
	Interaction P-value [b]			0.54596

Subgroup analyses are conducted if there exists at least 2 levels with  $\geq 10$  patients across treatment arms that have a baseline score and at least one post-baseline score up to Week 24.

N: Number of patients in the subgroup level. n: Number of patients with a baseline and at least one post-baseline score up to Week 24.

Estimates are based on a mixed model which included treatment, baseline PRO, scheduled visit, scheduled visit\*baseline PRO and scheduled visit\*treatment as fixed effects. Scheduled visit was treated as a repeated measure within patients.

Hedge's g statistic has a bias correction applied.

[a] The Overall analysis included an adjustment for Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[b] Subgroup analysis included an adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_MM.SAS

Date/time of run: 02JUL2021 12:13

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC.QL.MM.S4.FAS: Mixed Model Repeated Measures (MMRM) Analysis: Change from Baseline - EORTC Global Health Status (Week 1 to Week 24) (Full Analysis Set)

Subgroup: Region

Subgroup Level	Statistic	Enfortumab Vedotin	Chemotherapy	Enfortumab Vedotin vs Chemotherapy Mean Difference (95% CI)
Western Europe	N, n	126, 90	129, 70	
	Baseline Mean (SD)	64.91 (18.76)	64.64 (20.73)	
	Change from Baseline LS Mean (SE)	-2.24 ( 1.27)	-8.97 ( 1.47)	6.72 ( 2.91, 10.54)
	Treatment P-value			0.00058
	Hedge's g (95% CI)			0.43 ( 0.11, 0.74)
US	N, n	43, 28	44, 24	
	Baseline Mean (SD)	75.89 (18.33)	73.61 (15.28)	
	Change from Baseline LS Mean (SE)	-6.91 ( 2.34)	-6.36 ( 2.48)	-0.55 ( -7.24, 6.14)
	Treatment P-value			0.87170
	Hedge's g (95% CI)			-0.04 (-0.57, 0.50)

Subgroup analyses are conducted if there exists at least 2 levels with  $\geq 10$  patients across treatment arms that have a baseline score and at least one post-baseline score up to Week 24.

N: Number of patients in the subgroup level. n: Number of patients with a baseline and at least one post-baseline score up to Week 24.

Estimates are based on a mixed model which included treatment, baseline PRO, scheduled visit, scheduled visit\*baseline PRO and scheduled visit\*treatment as fixed effects. Scheduled visit was treated as a repeated measure within patients.

Hedge's g statistic has a bias correction applied.

[a] The Overall analysis included an adjustment for Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[b] Subgroup analysis included an adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_MM.SAS

Date/time of run: 02JUL2021 12:13

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table EORTC.QL.MM.S4.FAS: Mixed Model Repeated Measures (MMRM) Analysis: Change from Baseline - EORTC Global Health Status (Week 1 to Week 24) (Full Analysis Set)

Subgroup: Region

Subgroup Level	Statistic	Enfortumab Vedotin	Chemotherapy	Enfortumab Vedotin vs Chemotherapy Mean Difference (95% CI)
Rest of the World	N, n	132, 114	134, 102	
	Baseline Mean (SD)	61.33 (18.65)	67.40 (17.24)	
	Change from Baseline LS Mean (SE)	-3.35 ( 1.11)	-6.78 ( 1.19)	3.44 ( 0.24, 6.63)
	Treatment P-value			0.03525
	Hedge's g (95% CI)			0.21 (-0.06, 0.48)
	Interaction P-value [b]			0.30329

Subgroup analyses are conducted if there exists at least 2 levels with  $\geq 10$  patients across treatment arms that have a baseline score and at least one post-baseline score up to Week 24.

N: Number of patients in the subgroup level. n: Number of patients with a baseline and at least one post-baseline score up to Week 24.

Estimates are based on a mixed model which included treatment, baseline PRO, scheduled visit, scheduled visit\*baseline PRO and scheduled visit\*treatment as fixed effects. Scheduled visit was treated as a repeated measure within patients.

Hedge's g statistic has a bias correction applied.

[a] The Overall analysis included an adjustment for Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[b] Subgroup analysis included an adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_MM.SAS

Date/time of run: 02JUL2021 12:13

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC.QL.MM.S5.FAS: Mixed Model Repeated Measures (MMRM) Analysis: Change from Baseline - EORTC Global Health Status (Week 1 to Week 24) (Full Analysis Set)

Subgroup: ECOG PS from IRT Strata

Subgroup Level	Statistic	Enfortumab Vedotin	Chemotherapy	Enfortumab Vedotin vs Chemotherapy Mean Difference (95% CI)
0	N, n	120, 102	124, 92	
	Baseline Mean (SD)	69.61 (17.58)	71.47 (17.26)	
	Change from Baseline LS Mean (SE)	-5.35 ( 1.16)	-6.16 ( 1.23)	0.82 ( -2.51, 4.14)
	Treatment P-value			0.62970
	Hedge's g (95% CI)			0.05 (-0.23, 0.33)
1	N, n	181, 130	183, 104	
	Baseline Mean (SD)	60.45 (19.39)	63.38 (18.74)	
	Change from Baseline LS Mean (SE)	-1.33 ( 1.06)	-8.61 ( 1.19)	7.28 ( 4.15, 10.41)
	Treatment P-value			<.00001
	Hedge's g (95% CI)			0.44 ( 0.18, 0.70)
	Interaction P-value [b]			0.03222

Subgroup analyses are conducted if there exists at least 2 levels with  $\geq 10$  patients across treatment arms that have a baseline score and at least one post-baseline score up to Week 24.

N: Number of patients in the subgroup level. n: Number of patients with a baseline and at least one post-baseline score up to Week 24.

Estimates are based on a mixed model which included treatment, baseline PRO, scheduled visit, scheduled visit\*baseline PRO and scheduled visit\*treatment as fixed effects. Scheduled visit was treated as a repeated measure within patients.

Hedge's g statistic has a bias correction applied.

[a] The Overall analysis included an adjustment for Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[b] Subgroup analysis included an adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_MM.SAS

Date/time of run: 02JUL2021 12:13

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table EORTC.QL.MM.S6.FAS: Mixed Model Repeated Measures (MMRM) Analysis: Change from Baseline - EORTC Global Health Status (Week 1 to Week 24) (Full Analysis Set)

Subgroup: Liver Metastasis from IRT Strata

Subgroup Level	Statistic	Enfortumab Vedotin	Chemotherapy	Enfortumab Vedotin vs Chemotherapy Mean Difference (95% CI)
Yes	N, n	93, 63	95, 52	
	Baseline Mean (SD)	58.47 (19.37)	65.71 (18.28)	
	Change from Baseline LS Mean (SE)	0.94 ( 1.52)	-9.62 ( 1.70)	10.57 ( 6.08, 15.05)
	Treatment P-value			<.00001
	Hedge's g (95% CI)			0.58 ( 0.21, 0.95)
	Interaction P-value [b]			0.10712

Subgroup analyses are conducted if there exists at least 2 levels with  $\geq 10$  patients across treatment arms that have a baseline score and at least one post-baseline score up to Week 24.

N: Number of patients in the subgroup level. n: Number of patients with a baseline and at least one post-baseline score up to Week 24.

Estimates are based on a mixed model which included treatment, baseline PRO, scheduled visit, scheduled visit\*baseline PRO and scheduled visit\*treatment as fixed effects. Scheduled visit was treated as a repeated measure within patients.

Hedge's g statistic has a bias correction applied.

[a] The Overall analysis included an adjustment for Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[b] Subgroup analysis included an adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_MM.SAS

Date/time of run: 02JUL2021 12:13

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC.QL.MM.S7.FAS: Mixed Model Repeated Measures (MMRM) Analysis: Change from Baseline - EORTC Global Health Status (Week 1 to Week 24) (Full Analysis Set)

Subgroup: Pre-selected Investigator's Choice of Paclitaxel/Docetaxel/Vinflunine

Subgroup Level	Statistic	Enfortumab Vedotin	Chemotherapy	Enfortumab Vedotin vs Chemotherapy Mean Difference (95% CI)
Paclitaxel	N, n	141, 115	112, 72	
	Baseline Mean (SD)	62.17 (18.84)	70.02 (16.23)	
	Change from Baseline LS Mean (SE)	-2.39 ( 1.11)	-7.57 ( 1.41)	5.17 ( 1.65, 8.70)
	Treatment P-value			0.00409
	Hedge's g (95% CI)			0.33 ( 0.03, 0.62)
Docetaxel	N, n	87, 65	117, 77	
	Baseline Mean (SD)	68.21 (18.27)	68.94 (17.76)	
	Change from Baseline LS Mean (SE)	-5.85 ( 1.49)	-7.85 ( 1.40)	2.00 ( -2.01, 6.00)
	Treatment P-value			0.32838
	Hedge's g (95% CI)			0.12 (-0.20, 0.45)

Subgroup analyses are conducted if there exists at least 2 levels with  $\geq 10$  patients across treatment arms that have a baseline score and at least one post-baseline score up to Week 24.

N: Number of patients in the subgroup level. n: Number of patients with a baseline and at least one post-baseline score up to Week 24.

Estimates are based on a mixed model which included treatment, baseline PRO, scheduled visit, scheduled visit\*baseline PRO and scheduled visit\*treatment as fixed effects. Scheduled visit was treated as a repeated measure within patients.

Hedge's g statistic has a bias correction applied.

[a] The Overall analysis included an adjustment for Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[b] Subgroup analysis included an adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_MM.SAS

Date/time of run: 02JUL2021 12:13

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table EORTC.QL.MM.S7.FAS: Mixed Model Repeated Measures (MMRM) Analysis: Change from Baseline - EORTC Global Health Status (Week 1 to Week 24) (Full Analysis Set)

Subgroup: Pre-selected Investigator's Choice of Paclitaxel/Docetaxel/Vinflunine

Subgroup Level	Statistic	Enfortumab Vedotin	Chemotherapy	Enfortumab Vedotin vs Chemotherapy Mean Difference (95% CI)
Vinflunine	N, n	73, 52	78, 47	
	Baseline Mean (SD)	64.90 (20.37)	59.93 (21.11)	
	Change from Baseline LS Mean (SE)	-1.57 ( 1.71)	-6.52 ( 1.79)	4.95 ( 0.09, 9.82)
	Treatment P-value			0.04573
	Hedge's g (95% CI)			0.30 (-0.09, 0.70)
	Interaction P-value [b]			0.46018

Subgroup analyses are conducted if there exists at least 2 levels with  $\geq 10$  patients across treatment arms that have a baseline score and at least one post-baseline score up to Week 24.

N: Number of patients in the subgroup level. n: Number of patients with a baseline and at least one post-baseline score up to Week 24.

Estimates are based on a mixed model which included treatment, baseline PRO, scheduled visit, scheduled visit\*baseline PRO and scheduled visit\*treatment as fixed effects. Scheduled visit was treated as a repeated measure within patients.

Hedge's g statistic has a bias correction applied.

[a] The Overall analysis included an adjustment for Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[b] Subgroup analysis included an adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_MM.SAS

Date/time of run: 02JUL2021 12:13

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC.QL.MM.S8.FAS: Mixed Model Repeated Measures (MMRM) Analysis: Change from Baseline - EORTC Global Health Status (Week 1 to Week 24) (Full Analysis Set)

Subgroup: Primary Site of Tumor

Subgroup Level	Statistic	Enfortumab Vedotin	Chemotherapy	Enfortumab Vedotin vs Chemotherapy Mean Difference (95% CI)
Upper Tract	N, n	98, 75	107, 76	
	Baseline Mean (SD)	62.22 (19.34)	68.20 (15.68)	
	Change from Baseline LS Mean (SE)	-2.69 ( 1.38)	-8.55 ( 1.38)	5.87 ( 2.04, 9.70)
	Treatment P-value			0.00275
	Hedge's g (95% CI)			0.35 ( 0.03, 0.67)
Other	N, n	203, 157	200, 120	
	Baseline Mean (SD)	65.55 (18.99)	66.53 (20.07)	
	Change from Baseline LS Mean (SE)	-3.48 ( 0.96)	-6.75 ( 1.11)	3.27 ( 0.38, 6.16)
	Treatment P-value			0.02687
	Hedge's g (95% CI)			0.21 (-0.03, 0.45)
Interaction P-value [b]				0.71107

Subgroup analyses are conducted if there exists at least 2 levels with  $\geq 10$  patients across treatment arms that have a baseline score and at least one post-baseline score up to Week 24.

N: Number of patients in the subgroup level. n: Number of patients with a baseline and at least one post-baseline score up to Week 24.

Estimates are based on a mixed model which included treatment, baseline PRO, scheduled visit, scheduled visit\*baseline PRO and scheduled visit\*treatment as fixed effects. Scheduled visit was treated as a repeated measure within patients.

Hedge's g statistic has a bias correction applied.

[a] The Overall analysis included an adjustment for Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[b] Subgroup analysis included an adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_MM.SAS

Date/time of run: 02JUL2021 12:13

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC.QL.MM.S9.FAS: Mixed Model Repeated Measures (MMRM) Analysis: Change from Baseline - EORTC Global Health Status (Week 1 to Week 24) (Full Analysis Set)

Subgroup: Prior Lines of Systemic Therapy

Subgroup Level	Statistic	Enfortumab Vedotin	Chemotherapy	Enfortumab Vedotin vs Chemotherapy Mean Difference (95% CI)
1-2 lines	N, n	262, 203	270, 169	
	Baseline Mean (SD)	63.96 (19.18)	67.50 (18.82)	
	Change from Baseline LS Mean (SE)	-3.12 ( 0.85)	-7.83 ( 0.93)	4.71 ( 2.23, 7.19)
	Treatment P-value			0.00021
	Hedge's g (95% CI)			0.29 ( 0.09, 0.50)
>=3 lines	N, n	39, 29	37, 27	
	Baseline Mean (SD)	68.10 (18.64)	65.12 (16.18)	
	Change from Baseline LS Mean (SE)	-3.74 ( 2.14)	-5.14 ( 2.34)	1.40 ( -4.83, 7.63)
	Treatment P-value			0.65919
	Hedge's g (95% CI)			0.09 (-0.43, 0.61)
Interaction P-value [b]				0.59893

Subgroup analyses are conducted if there exists at least 2 levels with >= 10 patients across treatment arms that have a baseline score and at least one post-baseline score up to Week 24.

N: Number of patients in the subgroup level. n: Number of patients with a baseline and at least one post-baseline score up to Week 24.

Estimates are based on a mixed model which included treatment, baseline PRO, scheduled visit, scheduled visit\*baseline PRO and scheduled visit\*treatment as fixed effects. Scheduled visit was treated as a repeated measure within patients.

Hedge's g statistic has a bias correction applied.

[a] The Overall analysis included an adjustment for Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[b] Subgroup analysis included an adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_MM.SAS

Date/time of run: 02JUL2021 12:13

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC.QL.MM.S10.FAS: Mixed Model Repeated Measures (MMRM) Analysis: Change from Baseline - EORTC Global Health Status (Week 1 to Week 24) (Full Analysis Set)

Subgroup: Best Response to Prior CPI

Subgroup Level	Statistic	Enfortumab Vedotin	Chemotherapy	Enfortumab Vedotin vs Chemotherapy Mean Difference (95% CI)
Responder	N, n	61, 49	50, 34	
	Baseline Mean (SD)	70.24 (16.49)	67.65 (20.28)	
	Change from Baseline LS Mean (SE)	-7.04 ( 1.68)	-9.37 ( 2.05)	2.33 ( -2.88, 7.54)
	Treatment P-value			0.38027
	Hedge's g (95% CI)			0.16 (-0.28, 0.59)
	Interaction P-value [b]			0.86176

Subgroup analyses are conducted if there exists at least 2 levels with  $\geq 10$  patients across treatment arms that have a baseline score and at least one post-baseline score up to Week 24.

N: Number of patients in the subgroup level. n: Number of patients with a baseline and at least one post-baseline score up to Week 24.

Estimates are based on a mixed model which included treatment, baseline PRO, scheduled visit, scheduled visit\*baseline PRO and scheduled visit\*treatment as fixed effects. Scheduled visit was treated as a repeated measure within patients.

Hedge's g statistic has a bias correction applied.

[a] The Overall analysis included an adjustment for Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[b] Subgroup analysis included an adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_MM.SAS

Date/time of run: 02JUL2021 12:13

Analysis Plan: 15FEB2021

Confidential

### 3.1.3.2 Körperliche Funktion

Astellas: 7465-CL-0301

Table EORTC.PF.MM.S1.FAS: Mixed Model Repeated Measures (MMRM) Analysis: Change from Baseline - EORTC Physical Functioning Score (Week 1 to Week 24) (Full Analysis Set)

Subgroup: Age Group 1

Subgroup Level	Statistic	Enfortumab Vedotin	Chemotherapy	Enfortumab Vedotin vs Chemotherapy Mean Difference (95% CI)
<65 years	N, n	108, 85	111, 68	
	Baseline Mean (SD)	76.47 (20.09)	79.41 (20.24)	
	Change from Baseline LS Mean (SE)	-1.57 ( 1.37)	-2.30 ( 1.53)	0.73 ( -3.31, 4.78)
	Treatment P-value			0.72229
	Hedge's g (95% CI)			0.05 (-0.27, 0.37)
	Interaction P-value [b]			0.05659

Subgroup analyses are conducted if there exists at least 2 levels with  $\geq 10$  patients across treatment arms that have a baseline score and at least one post-baseline score up to Week 24.

N: Number of patients in the subgroup level. n: Number of patients with a baseline and at least one post-baseline score up to Week 24.

Estimates are based on a mixed model which included treatment, baseline PRO, scheduled visit, scheduled visit\*baseline PRO and scheduled visit\*treatment as fixed effects. Scheduled visit was treated as a repeated measure within patients.

Hedge's g statistic has a bias correction applied.

[a] The Overall analysis included an adjustment for Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[b] Subgroup analysis included an adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_MM.SAS

Date/time of run: 02JUL2021 12:13

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table EORTC.PF.MM.S2.FAS: Mixed Model Repeated Measures (MMRM) Analysis: Change from Baseline - EORTC Physical Functioning Score (Week 1 to Week 24) (Full Analysis Set)

Subgroup: Age Group 2

Subgroup Level	Statistic	Enfortumab Vedotin	Chemotherapy	Enfortumab Vedotin vs Chemotherapy Mean Difference (95% CI)
<75 years	N, n	249, 195	239, 150	
	Baseline Mean (SD)	76.44 (20.80)	78.13 (21.14)	
	Change from Baseline LS Mean (SE)	-2.38 ( 0.92)	-4.97 ( 1.05)	2.59 ( -0.15, 5.33)
	Treatment P-value			0.06436
	Hedge's g (95% CI)			0.17 (-0.04, 0.38)
	Interaction P-value [b]			0.30847

Subgroup analyses are conducted if there exists at least 2 levels with  $\geq 10$  patients across treatment arms that have a baseline score and at least one post-baseline score up to Week 24.

N: Number of patients in the subgroup level. n: Number of patients with a baseline and at least one post-baseline score up to Week 24.

Estimates are based on a mixed model which included treatment, baseline PRO, scheduled visit, scheduled visit\*baseline PRO and scheduled visit\*treatment as fixed effects. Scheduled visit was treated as a repeated measure within patients.

Hedge's g statistic has a bias correction applied.

[a] The Overall analysis included an adjustment for Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[b] Subgroup analysis included an adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_MM.SAS

Date/time of run: 02JUL2021 12:13

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table EORTC.PF.MM.S3.FAS: Mixed Model Repeated Measures (MMRM) Analysis: Change from Baseline - EORTC Physical Functioning Score (Week 1 to Week 24) (Full Analysis Set)

Subgroup: Gender

Subgroup Level	Statistic	Enfortumab Vedotin	Chemotherapy	Enfortumab Vedotin vs Chemotherapy Mean Difference (95% CI)
Male	N, n	238, 182	232, 150	
	Baseline Mean (SD)	77.25 (20.10)	77.60 (21.13)	
	Change from Baseline LS Mean (SE)	-3.19 ( 0.96)	-5.79 ( 1.07)	2.60 ( -0.22, 5.42)
	Treatment P-value			0.07061
	Hedge's g (95% CI)			0.16 (-0.05, 0.38)
	Interaction P-value [b]			0.29539

Subgroup analyses are conducted if there exists at least 2 levels with  $\geq 10$  patients across treatment arms that have a baseline score and at least one post-baseline score up to Week 24.

N: Number of patients in the subgroup level. n: Number of patients with a baseline and at least one post-baseline score up to Week 24.

Estimates are based on a mixed model which included treatment, baseline PRO, scheduled visit, scheduled visit\*baseline PRO and scheduled visit\*treatment as fixed effects. Scheduled visit was treated as a repeated measure within patients.

Hedge's g statistic has a bias correction applied.

[a] The Overall analysis included an adjustment for Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[b] Subgroup analysis included an adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_MM.SAS

Date/time of run: 02JUL2021 12:13

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table EORTC.PF.MM.S4.FAS: Mixed Model Repeated Measures (MMRM) Analysis: Change from Baseline - EORTC Physical Functioning Score (Week 1 to Week 24) (Full Analysis Set)

Subgroup: Region

Subgroup Level	Statistic	Enfortumab Vedotin	Chemotherapy	Enfortumab Vedotin vs Chemotherapy Mean Difference (95% CI)
Western Europe	N, n	126, 90	129, 70	
	Baseline Mean (SD)	74.74 (22.71)	73.52 (23.62)	
	Change from Baseline LS Mean (SE)	-2.46 ( 1.36)	-7.86 ( 1.57)	5.40 ( 1.32, 9.48)
	Treatment P-value			0.00955
	Hedge's g (95% CI)			0.33 ( 0.02, 0.64)
US	N, n	43, 28	44, 24	
	Baseline Mean (SD)	83.57 (16.07)	80.00 (16.33)	
	Change from Baseline LS Mean (SE)	-1.89 ( 2.47)	-4.15 ( 2.66)	2.26 ( -4.89, 9.40)
	Treatment P-value			0.53511
	Hedge's g (95% CI)			0.18 (-0.36, 0.72)

Subgroup analyses are conducted if there exists at least 2 levels with  $\geq 10$  patients across treatment arms that have a baseline score and at least one post-baseline score up to Week 24.

N: Number of patients in the subgroup level. n: Number of patients with a baseline and at least one post-baseline score up to Week 24.

Estimates are based on a mixed model which included treatment, baseline PRO, scheduled visit, scheduled visit\*baseline PRO and scheduled visit\*treatment as fixed effects. Scheduled visit was treated as a repeated measure within patients.

Hedge's g statistic has a bias correction applied.

[a] The Overall analysis included an adjustment for Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[b] Subgroup analysis included an adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_MM.SAS

Date/time of run: 02JUL2021 12:13

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table EORTC.PF.MM.S4.FAS: Mixed Model Repeated Measures (MMRM) Analysis: Change from Baseline - EORTC Physical Functioning Score (Week 1 to Week 24) (Full Analysis Set)

Subgroup: Region

Subgroup Level	Statistic	Enfortumab Vedotin	Chemotherapy	Enfortumab Vedotin vs Chemotherapy Mean Difference (95% CI)
Rest of the World	N, n	132, 114	134, 102	
	Baseline Mean (SD)	75.56 (20.43)	79.61 (18.24)	
	Change from Baseline LS Mean (SE)	-3.22 ( 1.20)	-5.32 ( 1.28)	2.11 ( -1.33, 5.55)
	Treatment P-value			0.22934
	Hedge's g (95% CI)			0.14 (-0.13, 0.40)
	Interaction P-value [b]			0.38253

Subgroup analyses are conducted if there exists at least 2 levels with  $\geq 10$  patients across treatment arms that have a baseline score and at least one post-baseline score up to Week 24.

N: Number of patients in the subgroup level. n: Number of patients with a baseline and at least one post-baseline score up to Week 24.

Estimates are based on a mixed model which included treatment, baseline PRO, scheduled visit, scheduled visit\*baseline PRO and scheduled visit\*treatment as fixed effects. Scheduled visit was treated as a repeated measure within patients.

Hedge's g statistic has a bias correction applied.

[a] The Overall analysis included an adjustment for Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[b] Subgroup analysis included an adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_MM.SAS

Date/time of run: 02JUL2021 12:13

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table EORTC.PF.MM.S5.FAS: Mixed Model Repeated Measures (MMRM) Analysis: Change from Baseline - EORTC Physical Functioning Score (Week 1 to Week 24) (Full Analysis Set)

Subgroup: ECOG PS from IRT Strata

Subgroup Level	Statistic	Enfortumab Vedotin	Chemotherapy	Enfortumab Vedotin vs Chemotherapy Mean Difference (95% CI)
0	N, n	120, 102	124, 92	
	Baseline Mean (SD)	85.29 (14.14)	83.99 (15.88)	
	Change from Baseline LS Mean (SE)	-4.43 ( 1.23)	-4.25 ( 1.31)	-0.18 ( -3.71, 3.34)
	Treatment P-value			0.91938
	Hedge's g (95% CI)			-0.01 (-0.29, 0.27)
1	N, n	181, 130	183, 104	
	Baseline Mean (SD)	69.08 (22.72)	71.73 (21.95)	
	Change from Baseline LS Mean (SE)	-1.18 ( 1.11)	-7.57 ( 1.26)	6.39 ( 3.09, 9.69)
	Treatment P-value			0.00016
	Hedge's g (95% CI)			0.38 ( 0.12, 0.64)
Interaction P-value [b]				0.02097

Subgroup analyses are conducted if there exists at least 2 levels with  $\geq 10$  patients across treatment arms that have a baseline score and at least one post-baseline score up to Week 24.

N: Number of patients in the subgroup level. n: Number of patients with a baseline and at least one post-baseline score up to Week 24.

Estimates are based on a mixed model which included treatment, baseline PRO, scheduled visit, scheduled visit\*baseline PRO and scheduled visit\*treatment as fixed effects. Scheduled visit was treated as a repeated measure within patients.

Hedge's g statistic has a bias correction applied.

[a] The Overall analysis included an adjustment for Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[b] Subgroup analysis included an adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_MM.SAS

Date/time of run: 02JUL2021 12:13

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table EORTC.PF.MM.S6.FAS: Mixed Model Repeated Measures (MMRM) Analysis: Change from Baseline - EORTC Physical Functioning Score (Week 1 to Week 24) (Full Analysis Set)

Subgroup: Liver Metastasis from IRT Strata

Subgroup Level	Statistic	Enfortumab Vedotin	Chemotherapy	Enfortumab Vedotin vs Chemotherapy Mean Difference (95% CI)
Yes	N, n	93, 63	95, 52	
	Baseline Mean (SD)	70.16 (20.46)	78.21 (18.06)	
	Change from Baseline LS Mean (SE)	0.91 ( 1.62)	-9.56 ( 1.82)	10.47 ( 5.67, 15.26)
	Treatment P-value			0.00002
	Hedge's g (95% CI)			0.58 ( 0.21, 0.95)
	Interaction P-value [b]			0.07346

Subgroup analyses are conducted if there exists at least 2 levels with  $\geq 10$  patients across treatment arms that have a baseline score and at least one post-baseline score up to Week 24.

N: Number of patients in the subgroup level. n: Number of patients with a baseline and at least one post-baseline score up to Week 24.

Estimates are based on a mixed model which included treatment, baseline PRO, scheduled visit, scheduled visit\*baseline PRO and scheduled visit\*treatment as fixed effects. Scheduled visit was treated as a repeated measure within patients.

Hedge's g statistic has a bias correction applied.

[a] The Overall analysis included an adjustment for Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[b] Subgroup analysis included an adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_MM.SAS

Date/time of run: 02JUL2021 12:13

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table EORTC.PF.MM.S7.FAS: Mixed Model Repeated Measures (MMRM) Analysis: Change from Baseline - EORTC Physical Functioning Score (Week 1 to Week 24) (Full Analysis Set)

Subgroup: Pre-selected Investigator's Choice of Paclitaxel/Docetaxel/Vinflunine

Subgroup Level	Statistic	Enfortumab Vedotin	Chemotherapy	Enfortumab Vedotin vs Chemotherapy Mean Difference (95% CI)
Paclitaxel	N, n	141, 115	112, 72	
	Baseline Mean (SD)	75.71 (20.39)	80.65 (18.42)	
	Change from Baseline LS Mean (SE)	-2.60 ( 1.20)	-5.81 ( 1.51)	3.20 ( -0.58, 6.99)
	Treatment P-value			0.09696
	Hedge's g (95% CI)			0.21 (-0.08, 0.50)
Docetaxel	N, n	87, 65	117, 77	
	Baseline Mean (SD)	78.87 (20.43)	78.44 (18.41)	
	Change from Baseline LS Mean (SE)	-2.97 ( 1.59)	-5.48 ( 1.49)	2.50 ( -1.78, 6.79)
	Treatment P-value			0.25169
	Hedge's g (95% CI)			0.17 (-0.16, 0.50)

Subgroup analyses are conducted if there exists at least 2 levels with  $\geq 10$  patients across treatment arms that have a baseline score and at least one post-baseline score up to Week 24.

N: Number of patients in the subgroup level. n: Number of patients with a baseline and at least one post-baseline score up to Week 24.

Estimates are based on a mixed model which included treatment, baseline PRO, scheduled visit, scheduled visit\*baseline PRO and scheduled visit\*treatment as fixed effects. Scheduled visit was treated as a repeated measure within patients.

Hedge's g statistic has a bias correction applied.

[a] The Overall analysis included an adjustment for Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[b] Subgroup analysis included an adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_MM.SAS

Date/time of run: 02JUL2021 12:13

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table EORTC.PF.MM.S7.FAS: Mixed Model Repeated Measures (MMRM) Analysis: Change from Baseline - EORTC Physical Functioning Score (Week 1 to Week 24) (Full Analysis Set)

Subgroup: Pre-selected Investigator's Choice of Paclitaxel/Docetaxel/Vinflunine

Subgroup Level	Statistic	Enfortumab Vedotin	Chemotherapy	Enfortumab Vedotin vs Chemotherapy Mean Difference (95% CI)
Vinflunine	N, n	73, 52	78, 47	
	Baseline Mean (SD)	73.97 (22.99)	71.06 (24.37)	
	Change from Baseline LS Mean (SE)	-2.52 ( 1.81)	-7.37 ( 1.92)	4.84 ( -0.34, 10.03)
	Treatment P-value			0.06674
	Hedge's g (95% CI)			0.28 (-0.11, 0.67)
	Interaction P-value [b]			0.44347

Subgroup analyses are conducted if there exists at least 2 levels with  $\geq 10$  patients across treatment arms that have a baseline score and at least one post-baseline score up to Week 24.

N: Number of patients in the subgroup level. n: Number of patients with a baseline and at least one post-baseline score up to Week 24.

Estimates are based on a mixed model which included treatment, baseline PRO, scheduled visit, scheduled visit\*baseline PRO and scheduled visit\*treatment as fixed effects. Scheduled visit was treated as a repeated measure within patients.

Hedge's g statistic has a bias correction applied.

[a] The Overall analysis included an adjustment for Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[b] Subgroup analysis included an adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_MM.SAS

Date/time of run: 02JUL2021 12:13

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC.PF.MM.S8.FAS: Mixed Model Repeated Measures (MMRM) Analysis: Change from Baseline - EORTC Physical Functioning Score (Week 1 to Week 24) (Full Analysis Set)

Subgroup: Primary Site of Tumor

Subgroup Level	Statistic	Enfortumab Vedotin	Chemotherapy	Enfortumab Vedotin vs Chemotherapy Mean Difference (95% CI)
Upper Tract	N, n	98, 75	107, 76	
	Baseline Mean (SD)	73.87 (22.83)	77.54 (20.71)	
	Change from Baseline LS Mean (SE)	-2.01 ( 1.49)	-6.30 ( 1.49)	4.30 ( 0.16, 8.43)
	Treatment P-value			0.04163
	Hedge's g (95% CI)			0.27 (-0.05, 0.59)
	Interaction P-value [b]			0.83321

Subgroup analyses are conducted if there exists at least 2 levels with  $\geq 10$  patients across treatment arms that have a baseline score and at least one post-baseline score up to Week 24.

N: Number of patients in the subgroup level. n: Number of patients with a baseline and at least one post-baseline score up to Week 24.

Estimates are based on a mixed model which included treatment, baseline PRO, scheduled visit, scheduled visit\*baseline PRO and scheduled visit\*treatment as fixed effects. Scheduled visit was treated as a repeated measure within patients.

Hedge's g statistic has a bias correction applied.

[a] The Overall analysis included an adjustment for Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[b] Subgroup analysis included an adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_MM.SAS

Date/time of run: 02JUL2021 12:13

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC.PF.MM.S9.FAS: Mixed Model Repeated Measures (MMRM) Analysis: Change from Baseline - EORTC Physical Functioning Score (Week 1 to Week 24) (Full Analysis Set)

Subgroup: Prior Lines of Systemic Therapy

Subgroup Level	Statistic	Enfortumab Vedotin	Chemotherapy	Enfortumab Vedotin vs Chemotherapy Mean Difference (95% CI)
1-2 lines	N, n	262, 203	270, 169	
	Baseline Mean (SD)	75.63 (21.46)	78.07 (19.44)	
	Change from Baseline LS Mean (SE)	-2.38 ( 0.91)	-6.99 ( 1.00)	4.61 ( 1.95, 7.27)
	Treatment P-value			0.00073
	Hedge's g (95% CI)			0.30 ( 0.09, 0.50)
>=3 lines	N, n	39, 29	37, 27	
	Baseline Mean (SD)	80.23 (17.13)	73.83 (24.80)	
	Change from Baseline LS Mean (SE)	-4.92 ( 2.31)	-0.28 ( 2.50)	-4.64 (-11.33, 2.05)
	Treatment P-value			0.17340
	Hedge's g (95% CI)			-0.28 (-0.80, 0.24)
Interaction P-value [b]				0.03880

Subgroup analyses are conducted if there exists at least 2 levels with  $\geq 10$  patients across treatment arms that have a baseline score and at least one post-baseline score up to Week 24.

N: Number of patients in the subgroup level. n: Number of patients with a baseline and at least one post-baseline score up to Week 24.

Estimates are based on a mixed model which included treatment, baseline PRO, scheduled visit, scheduled visit\*baseline PRO and scheduled visit\*treatment as fixed effects. Scheduled visit was treated as a repeated measure within patients.

Hedge's g statistic has a bias correction applied.

[a] The Overall analysis included an adjustment for Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[b] Subgroup analysis included an adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_MM.SAS

Date/time of run: 02JUL2021 12:13

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table EORTC.PF.MM.S10.FAS: Mixed Model Repeated Measures (MMRM) Analysis: Change from Baseline - EORTC Physical Functioning Score (Week 1 to Week 24) (Full Analysis Set)

Subgroup: Best Response to Prior CPI

Subgroup Level	Statistic	Enfortumab Vedotin	Chemotherapy	Enfortumab Vedotin vs Chemotherapy Mean Difference (95% CI)
Responder	N, n	61, 49	50, 34	
	Baseline Mean (SD)	81.63 (17.51)	79.80 (20.86)	
	Change from Baseline LS Mean (SE)	-6.90 ( 1.84)	-7.84 ( 2.23)	0.95 ( -4.74, 6.63)
	Treatment P-value			0.74347
	Hedge's g (95% CI)			0.06 (-0.38, 0.49)
Non-responder	N, n	207, 156	215, 136	
	Baseline Mean (SD)	74.44 (21.55)	76.08 (20.36)	
	Change from Baseline LS Mean (SE)	-1.43 ( 1.05)	-5.32 ( 1.14)	3.89 ( 0.85, 6.94)
	Treatment P-value			0.01231
	Hedge's g (95% CI)			0.26 ( 0.03, 0.49)
Interaction P-value [b]				0.66630

Subgroup analyses are conducted if there exists at least 2 levels with  $\geq 10$  patients across treatment arms that have a baseline score and at least one post-baseline score up to Week 24.

N: Number of patients in the subgroup level. n: Number of patients with a baseline and at least one post-baseline score up to Week 24.

Estimates are based on a mixed model which included treatment, baseline PRO, scheduled visit, scheduled visit\*baseline PRO and scheduled visit\*treatment as fixed effects. Scheduled visit was treated as a repeated measure within patients.

Hedge's g statistic has a bias correction applied.

[a] The Overall analysis included an adjustment for Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[b] Subgroup analysis included an adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_MM.SAS

Date/time of run: 02JUL2021 12:13

Analysis Plan: 15FEB2021

Confidential

### 3.1.3.3 Rollenfunktion

Astellas: 7465-CL-0301

Table EORTC.RF.MM.S1.FAS: Mixed Model Repeated Measures (MMRM) Analysis: Change from Baseline - EORTC Role Functioning Score (Week 1 to Week 24) (Full Analysis Set)

Subgroup: Age Group 1

Subgroup Level	Statistic	Enfortumab Vedotin	Chemotherapy	Enfortumab Vedotin vs Chemotherapy Mean Difference (95% CI)
<65 years	N, n	108, 85	111, 68	
	Baseline Mean (SD)	75.49 (25.14)	76.23 (25.48)	
	Change from Baseline LS Mean (SE)	-7.23 ( 1.94)	-8.38 ( 2.16)	1.15 ( -4.56, 6.86)
	Treatment P-value			0.69326
	Hedge's g (95% CI)			0.05 (-0.27, 0.37)
>=65 years	N, n	193, 147	196, 128	
	Baseline Mean (SD)	75.96 (27.94)	75.39 (25.36)	
	Change from Baseline LS Mean (SE)	-6.89 ( 1.48)	-12.91 ( 1.61)	6.02 ( 1.72, 10.33)
	Treatment P-value			0.00615
	Hedge's g (95% CI)			0.26 ( 0.03, 0.50)
Interaction P-value [b]				0.08107

Subgroup analyses are conducted if there exists at least 2 levels with >= 10 patients across treatment arms that have a baseline score and at least one post-baseline score up to Week 24.

N: Number of patients in the subgroup level. n: Number of patients with a baseline and at least one post-baseline score up to Week 24.

Estimates are based on a mixed model which included treatment, baseline PRO, scheduled visit, scheduled visit\*baseline PRO and scheduled visit\*treatment as fixed effects. Scheduled visit was treated as a repeated measure within patients.

Hedge's g statistic has a bias correction applied.

[a] The Overall analysis included an adjustment for Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[b] Subgroup analysis included an adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_MM.SAS

Date/time of run: 02JUL2021 12:13

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table EORTC.RF.MM.S2.FAS: Mixed Model Repeated Measures (MMRM) Analysis: Change from Baseline - EORTC Role Functioning Score (Week 1 to Week 24) (Full Analysis Set)

Subgroup: Age Group 2

Subgroup Level	Statistic	Enfortumab Vedotin	Chemotherapy	Enfortumab Vedotin vs Chemotherapy Mean Difference (95% CI)
<75 years	N, n	249, 195	239, 150	
	Baseline Mean (SD)	74.87 (27.93)	75.56 (25.52)	
	Change from Baseline LS Mean (SE)	-6.33 ( 1.29)	-10.32 ( 1.48)	3.99 ( 0.15, 7.83)
	Treatment P-value			0.04195
	Hedge's g (95% CI)			0.17 (-0.04, 0.39)
>=75 years	N, n	52, 37	68, 46	
	Baseline Mean (SD)	80.63 (20.23)	76.09 (25.01)	
	Change from Baseline LS Mean (SE)	-10.85 ( 2.99)	-14.66 ( 2.70)	3.81 ( -4.11, 11.74)
	Treatment P-value			0.34489
	Hedge's g (95% CI)			0.16 (-0.27, 0.59)
Interaction P-value [b]				0.91324

Subgroup analyses are conducted if there exists at least 2 levels with >= 10 patients across treatment arms that have a baseline score and at least one post-baseline score up to Week 24.

N: Number of patients in the subgroup level. n: Number of patients with a baseline and at least one post-baseline score up to Week 24.

Estimates are based on a mixed model which included treatment, baseline PRO, scheduled visit, scheduled visit\*baseline PRO and scheduled visit\*treatment as fixed effects. Scheduled visit was treated as a repeated measure within patients.

Hedge's g statistic has a bias correction applied.

[a] The Overall analysis included an adjustment for Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[b] Subgroup analysis included an adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_MM.SAS

Date/time of run: 02JUL2021 12:13

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table EORTC.RF.MM.S3.FAS: Mixed Model Repeated Measures (MMRM) Analysis: Change from Baseline - EORTC Role Functioning Score (Week 1 to Week 24) (Full Analysis Set)

Subgroup: Gender

Subgroup Level	Statistic	Enfortumab Vedotin	Chemotherapy	Enfortumab Vedotin vs Chemotherapy Mean Difference (95% CI)
Male	N, n	238, 182	232, 150	
	Baseline Mean (SD)	76.28 (27.21)	76.00 (25.72)	
	Change from Baseline LS Mean (SE)	-7.79 (1.34)	-10.79 (1.48)	3.01 (-0.92, 6.93)
	Treatment P-value			0.13297
	Hedge's g (95% CI)			0.13 (-0.09, 0.34)
	Interaction P-value [b]			0.23030

Subgroup analyses are conducted if there exists at least 2 levels with  $\geq 10$  patients across treatment arms that have a baseline score and at least one post-baseline score up to Week 24.

N: Number of patients in the subgroup level. n: Number of patients with a baseline and at least one post-baseline score up to Week 24.

Estimates are based on a mixed model which included treatment, baseline PRO, scheduled visit, scheduled visit\*baseline PRO and scheduled visit\*treatment as fixed effects. Scheduled visit was treated as a repeated measure within patients.

Hedge's g statistic has a bias correction applied.

[a] The Overall analysis included an adjustment for Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[b] Subgroup analysis included an adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_MM.SAS

Date/time of run: 02JUL2021 12:13

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table EORTC.RF.MM.S4.FAS: Mixed Model Repeated Measures (MMRM) Analysis: Change from Baseline - EORTC Role Functioning Score (Week 1 to Week 24) (Full Analysis Set)

Subgroup: Region

Subgroup Level	Statistic	Enfortumab Vedotin	Chemotherapy	Enfortumab Vedotin vs Chemotherapy Mean Difference (95% CI)
Western Europe	N, n	126, 90	129, 70	
	Baseline Mean (SD)	73.89 (28.60)	71.19 (30.29)	
	Change from Baseline LS Mean (SE)	-6.91 ( 1.87)	-17.03 ( 2.16)	10.13 ( 4.51, 15.75)
	Treatment P-value			0.00044
	Hedge's g (95% CI)			0.41 ( 0.10, 0.73)
US	N, n	43, 28	44, 24	
	Baseline Mean (SD)	83.93 (23.34)	85.42 (21.60)	
	Change from Baseline LS Mean (SE)	-9.46 ( 3.42)	-15.60 ( 3.68)	6.15 ( -3.73, 16.02)
	Treatment P-value			0.22201
	Hedge's g (95% CI)			0.28 (-0.26, 0.82)

Subgroup analyses are conducted if there exists at least 2 levels with  $\geq 10$  patients across treatment arms that have a baseline score and at least one post-baseline score up to Week 24.

N: Number of patients in the subgroup level. n: Number of patients with a baseline and at least one post-baseline score up to Week 24.

Estimates are based on a mixed model which included treatment, baseline PRO, scheduled visit, scheduled visit\*baseline PRO and scheduled visit\*treatment as fixed effects. Scheduled visit was treated as a repeated measure within patients.

Hedge's g statistic has a bias correction applied.

[a] The Overall analysis included an adjustment for Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[b] Subgroup analysis included an adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_MM.SAS

Date/time of run: 02JUL2021 12:13

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table EORTC.RF.MM.S4.FAS: Mixed Model Repeated Measures (MMRM) Analysis: Change from Baseline - EORTC Role Functioning Score (Week 1 to Week 24) (Full Analysis Set)

Subgroup: Region

Subgroup Level	Statistic	Enfortumab Vedotin	Chemotherapy	Enfortumab Vedotin vs Chemotherapy Mean Difference (95% CI)
Rest of the World	N, n	132, 114	134, 102	
	Baseline Mean (SD)	75.29 (26.16)	76.47 (21.67)	
	Change from Baseline LS Mean (SE)	-6.60 ( 1.65)	-6.58 ( 1.75)	-0.02 ( -4.75, 4.71)
	Treatment P-value			0.99391
	Hedge's g (95% CI)			-0.00 (-0.27, 0.27)
	Interaction P-value [b]			0.02478

Subgroup analyses are conducted if there exists at least 2 levels with  $\geq 10$  patients across treatment arms that have a baseline score and at least one post-baseline score up to Week 24.

N: Number of patients in the subgroup level. n: Number of patients with a baseline and at least one post-baseline score up to Week 24.

Estimates are based on a mixed model which included treatment, baseline PRO, scheduled visit, scheduled visit\*baseline PRO and scheduled visit\*treatment as fixed effects. Scheduled visit was treated as a repeated measure within patients.

Hedge's g statistic has a bias correction applied.

[a] The Overall analysis included an adjustment for Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[b] Subgroup analysis included an adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_MM.SAS

Date/time of run: 02JUL2021 12:13

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC.RF.MM.S5.FAS: Mixed Model Repeated Measures (MMRM) Analysis: Change from Baseline - EORTC Role Functioning Score (Week 1 to Week 24) (Full Analysis Set)

Subgroup: ECOG PS from IRT Strata

Subgroup Level	Statistic	Enfortumab Vedotin	Chemotherapy	Enfortumab Vedotin vs Chemotherapy Mean Difference (95% CI)
0	N, n	120, 102	124, 92	
	Baseline Mean (SD)	84.97 (20.51)	82.07 (21.29)	
	Change from Baseline LS Mean (SE)	-8.79 ( 1.73)	-9.68 ( 1.84)	0.90 ( -4.07, 5.86)
	Treatment P-value			0.72239
	Hedge's g (95% CI)			0.04 (-0.24, 0.32)
1	N, n	181, 130	183, 104	
	Baseline Mean (SD)	68.59 (29.10)	70.03 (27.32)	
	Change from Baseline LS Mean (SE)	-5.36 ( 1.57)	-12.63 ( 1.77)	7.28 ( 2.62, 11.93)
	Treatment P-value			0.00226
	Hedge's g (95% CI)			0.30 ( 0.04, 0.56)
	Interaction P-value [b]			0.16277

Subgroup analyses are conducted if there exists at least 2 levels with  $\geq 10$  patients across treatment arms that have a baseline score and at least one post-baseline score up to Week 24.

N: Number of patients in the subgroup level. n: Number of patients with a baseline and at least one post-baseline score up to Week 24.

Estimates are based on a mixed model which included treatment, baseline PRO, scheduled visit, scheduled visit\*baseline PRO and scheduled visit\*treatment as fixed effects. Scheduled visit was treated as a repeated measure within patients.

Hedge's g statistic has a bias correction applied.

[a] The Overall analysis included an adjustment for Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[b] Subgroup analysis included an adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_MM.SAS

Date/time of run: 02JUL2021 12:13

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC.RF.MM.S6.FAS: Mixed Model Repeated Measures (MMRM) Analysis: Change from Baseline - EORTC Role Functioning Score (Week 1 to Week 24) (Full Analysis Set)

Subgroup: Liver Metastasis from IRT Strata

Subgroup Level	Statistic	Enfortumab Vedotin	Chemotherapy	Enfortumab Vedotin vs Chemotherapy Mean Difference (95% CI)
Yes	N, n	93, 63	95, 52	
	Baseline Mean (SD)	70.11 (27.13)	75.32 (23.68)	
	Change from Baseline LS Mean (SE)	-2.63 ( 2.27)	-14.86 ( 2.56)	12.23 ( 5.52, 18.95)
	Treatment P-value			0.00038
	Hedge's g (95% CI)			0.49 ( 0.12, 0.86)
	Interaction P-value [b]			0.15890

Subgroup analyses are conducted if there exists at least 2 levels with  $\geq 10$  patients across treatment arms that have a baseline score and at least one post-baseline score up to Week 24.

N: Number of patients in the subgroup level. n: Number of patients with a baseline and at least one post-baseline score up to Week 24.

Estimates are based on a mixed model which included treatment, baseline PRO, scheduled visit, scheduled visit\*baseline PRO and scheduled visit\*treatment as fixed effects. Scheduled visit was treated as a repeated measure within patients.

Hedge's g statistic has a bias correction applied.

[a] The Overall analysis included an adjustment for Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[b] Subgroup analysis included an adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_MM.SAS

Date/time of run: 02JUL2021 12:13

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table EORTC.RF.MM.S7.FAS: Mixed Model Repeated Measures (MMRM) Analysis: Change from Baseline - EORTC Role Functioning Score (Week 1 to Week 24) (Full Analysis Set)

Subgroup: Pre-selected Investigator's Choice of Paclitaxel/Docetaxel/Vinflunine

Subgroup Level	Statistic	Enfortumab Vedotin	Chemotherapy	Enfortumab Vedotin vs Chemotherapy Mean Difference (95% CI)
Paclitaxel	N, n	141, 115	112, 72	
	Baseline Mean (SD)	74.93 (26.53)	79.40 (22.11)	
	Change from Baseline LS Mean (SE)	-6.55 ( 1.65)	-8.64 ( 2.09)	2.09 ( -3.14, 7.32)
	Treatment P-value			0.43293
	Hedge's g (95% CI)			0.09 (-0.20, 0.39)
Docetaxel	N, n	87, 65	117, 77	
	Baseline Mean (SD)	78.72 (25.60)	77.27 (22.28)	
	Change from Baseline LS Mean (SE)	-8.16 ( 2.20)	-12.24 ( 2.07)	4.09 ( -1.86, 10.03)
	Treatment P-value			0.17717
	Hedge's g (95% CI)			0.19 (-0.14, 0.52)

Subgroup analyses are conducted if there exists at least 2 levels with  $\geq 10$  patients across treatment arms that have a baseline score and at least one post-baseline score up to Week 24.

N: Number of patients in the subgroup level. n: Number of patients with a baseline and at least one post-baseline score up to Week 24.

Estimates are based on a mixed model which included treatment, baseline PRO, scheduled visit, scheduled visit\*baseline PRO and scheduled visit\*treatment as fixed effects. Scheduled visit was treated as a repeated measure within patients.

Hedge's g statistic has a bias correction applied.

[a] The Overall analysis included an adjustment for Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[b] Subgroup analysis included an adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_MM.SAS

Date/time of run: 02JUL2021 12:13

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table EORTC.RF.MM.S7.FAS: Mixed Model Repeated Measures (MMRM) Analysis: Change from Baseline - EORTC Role Functioning Score (Week 1 to Week 24) (Full Analysis Set)

Subgroup: Pre-selected Investigator's Choice of Paclitaxel/Docetaxel/Vinflunine

Subgroup Level	Statistic	Enfortumab Vedotin	Chemotherapy	Enfortumab Vedotin vs Chemotherapy Mean Difference (95% CI)
Vinflunine	N, n	73, 52	78, 47	
	Baseline Mean (SD)	74.04 (29.41)	67.38 (32.41)	
	Change from Baseline LS Mean (SE)	-6.25 ( 2.52)	-13.93 ( 2.65)	7.68 ( 0.49, 14.87)
	Treatment P-value			0.03630
	Hedge's g (95% CI)			0.30 (-0.09, 0.69)
	Interaction P-value [b]			0.13415

Subgroup analyses are conducted if there exists at least 2 levels with  $\geq 10$  patients across treatment arms that have a baseline score and at least one post-baseline score up to Week 24.

N: Number of patients in the subgroup level. n: Number of patients with a baseline and at least one post-baseline score up to Week 24.

Estimates are based on a mixed model which included treatment, baseline PRO, scheduled visit, scheduled visit\*baseline PRO and scheduled visit\*treatment as fixed effects. Scheduled visit was treated as a repeated measure within patients.

Hedge's g statistic has a bias correction applied.

[a] The Overall analysis included an adjustment for Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[b] Subgroup analysis included an adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_MM.SAS

Date/time of run: 02JUL2021 12:13

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC.RF.MM.S8.FAS: Mixed Model Repeated Measures (MMRM) Analysis: Change from Baseline - EORTC Role Functioning Score (Week 1 to Week 24) (Full Analysis Set)

Subgroup: Primary Site of Tumor

Subgroup Level	Statistic	Enfortumab Vedotin	Chemotherapy	Enfortumab Vedotin vs Chemotherapy Mean Difference (95% CI)
Upper Tract	N, n	98, 75	107, 76	
	Baseline Mean (SD)	72.89 (27.37)	76.54 (25.27)	
	Change from Baseline LS Mean (SE)	-5.40 ( 2.07)	-12.80 ( 2.07)	7.39 ( 1.64, 13.14)
	Treatment P-value			0.01190
	Hedge's g (95% CI)			0.31 (-0.01, 0.63)
Other	N, n	203, 157	200, 120	
	Baseline Mean (SD)	77.18 (26.64)	75.14 (25.47)	
	Change from Baseline LS Mean (SE)	-7.82 ( 1.45)	-10.34 ( 1.67)	2.52 ( -1.81, 6.86)
	Treatment P-value			0.25363
	Hedge's g (95% CI)			0.11 (-0.13, 0.35)
Interaction P-value [b]				0.52114

Subgroup analyses are conducted if there exists at least 2 levels with  $\geq 10$  patients across treatment arms that have a baseline score and at least one post-baseline score up to Week 24.

N: Number of patients in the subgroup level. n: Number of patients with a baseline and at least one post-baseline score up to Week 24.

Estimates are based on a mixed model which included treatment, baseline PRO, scheduled visit, scheduled visit\*baseline PRO and scheduled visit\*treatment as fixed effects. Scheduled visit was treated as a repeated measure within patients.

Hedge's g statistic has a bias correction applied.

[a] The Overall analysis included an adjustment for Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[b] Subgroup analysis included an adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_MM.SAS

Date/time of run: 02JUL2021 12:13

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC.RF.MM.S9.FAS: Mixed Model Repeated Measures (MMRM) Analysis: Change from Baseline - EORTC Role Functioning Score (Week 1 to Week 24) (Full Analysis Set)

Subgroup: Prior Lines of Systemic Therapy

Subgroup Level	Statistic	Enfortumab Vedotin	Chemotherapy	Enfortumab Vedotin vs Chemotherapy Mean Difference (95% CI)
1-2 lines	N, n	262, 203	270, 169	
	Baseline Mean (SD)	75.29 (27.67)	75.94 (25.06)	
	Change from Baseline LS Mean (SE)	-6.95 ( 1.28)	-12.13 ( 1.40)	5.18 ( 1.46, 8.90)
	Treatment P-value			0.00644
	Hedge's g (95% CI)			0.22 ( 0.02, 0.43)
>=3 lines	N, n	39, 29	37, 27	
	Baseline Mean (SD)	79.31 (20.73)	74.07 (27.48)	
	Change from Baseline LS Mean (SE)	-7.43 ( 3.21)	-6.15 ( 3.51)	-1.28 (-10.63, 8.07)
	Treatment P-value			0.78756
	Hedge's g (95% CI)			-0.06 (-0.57, 0.46)
Interaction P-value [b]				0.34125

Subgroup analyses are conducted if there exists at least 2 levels with >= 10 patients across treatment arms that have a baseline score and at least one post-baseline score up to Week 24.

N: Number of patients in the subgroup level. n: Number of patients with a baseline and at least one post-baseline score up to Week 24.

Estimates are based on a mixed model which included treatment, baseline PRO, scheduled visit, scheduled visit\*baseline PRO and scheduled visit\*treatment as fixed effects. Scheduled visit was treated as a repeated measure within patients.

Hedge's g statistic has a bias correction applied.

[a] The Overall analysis included an adjustment for Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[b] Subgroup analysis included an adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_MM.SAS

Date/time of run: 02JUL2021 12:13

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table EORTC.RF.MM.S10.FAS: Mixed Model Repeated Measures (MMRM) Analysis: Change from Baseline - EORTC Role Functioning Score (Week 1 to Week 24) (Full Analysis Set)

Subgroup: Best Response to Prior CPI

Subgroup Level	Statistic	Enfortumab Vedotin	Chemotherapy	Enfortumab Vedotin vs Chemotherapy Mean Difference (95% CI)
Responder	N, n	61, 49	50, 34	
	Baseline Mean (SD)	79.59 (22.63)	76.96 (25.63)	
	Change from Baseline LS Mean (SE)	-9.37 ( 2.59)	-12.39 ( 3.15)	3.01 ( -5.00, 11.03)
	Treatment P-value			0.46016
	Hedge's g (95% CI)			0.13 (-0.31, 0.56)
	Interaction P-value [b]			0.80967

Subgroup analyses are conducted if there exists at least 2 levels with  $\geq 10$  patients across treatment arms that have a baseline score and at least one post-baseline score up to Week 24.

N: Number of patients in the subgroup level. n: Number of patients with a baseline and at least one post-baseline score up to Week 24.

Estimates are based on a mixed model which included treatment, baseline PRO, scheduled visit, scheduled visit\*baseline PRO and scheduled visit\*treatment as fixed effects. Scheduled visit was treated as a repeated measure within patients.

Hedge's g statistic has a bias correction applied.

[a] The Overall analysis included an adjustment for Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[b] Subgroup analysis included an adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_MM.SAS

Date/time of run: 02JUL2021 12:13

Analysis Plan: 15FEB2021

Confidential

### 3.1.3.4 Emotionale Funktion

Astellas: 7465-CL-0301

Table EORTC.EF.MM.S1.FAS: Mixed Model Repeated Measures (MMRM) Analysis: Change from Baseline - EORTC Emotional Functioning Score (Week 1 to Week 24) (Full Analysis Set)

Subgroup: Age Group 1

Subgroup Level	Statistic	Enfortumab Vedotin	Chemotherapy	Enfortumab Vedotin vs Chemotherapy Mean Difference (95% CI)
<65 years	N, n	108, 85	111, 68	
	Baseline Mean (SD)	75.00 (23.54)	75.37 (21.71)	
	Change from Baseline LS Mean (SE)	4.01 ( 1.30)	1.27 ( 1.45)	2.74 ( -1.09, 6.57)
	Treatment P-value			0.16072
	Hedge's g (95% CI)			0.18 (-0.14, 0.50)
	Interaction P-value [b]			0.86443

Subgroup analyses are conducted if there exists at least 2 levels with  $\geq 10$  patients across treatment arms that have a baseline score and at least one post-baseline score up to Week 24.

N: Number of patients in the subgroup level. n: Number of patients with a baseline and at least one post-baseline score up to Week 24.

Estimates are based on a mixed model which included treatment, baseline PRO, scheduled visit, scheduled visit\*baseline PRO and scheduled visit\*treatment as fixed effects. Scheduled visit was treated as a repeated measure within patients.

Hedge's g statistic has a bias correction applied.

[a] The Overall analysis included an adjustment for Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[b] Subgroup analysis included an adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_MM.SAS

Date/time of run: 02JUL2021 12:13

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table EORTC.EF.MM.S2.FAS: Mixed Model Repeated Measures (MMRM) Analysis: Change from Baseline - EORTC Emotional Functioning Score (Week 1 to Week 24) (Full Analysis Set)

Subgroup: Age Group 2

Subgroup Level	Statistic	Enfortumab Vedotin	Chemotherapy	Enfortumab Vedotin vs Chemotherapy Mean Difference (95% CI)
<75 years	N, n	249, 195	239, 150	
	Baseline Mean (SD)	77.48 (20.92)	76.44 (21.58)	
	Change from Baseline LS Mean (SE)	1.99 ( 0.87)	0.46 ( 1.00)	1.53 ( -1.07, 4.13)
	Treatment P-value			0.24880
	Hedge's g (95% CI)			0.10 (-0.12, 0.31)
	Interaction P-value [b]			0.22521

Subgroup analyses are conducted if there exists at least 2 levels with  $\geq 10$  patients across treatment arms that have a baseline score and at least one post-baseline score up to Week 24.

N: Number of patients in the subgroup level. n: Number of patients with a baseline and at least one post-baseline score up to Week 24.

Estimates are based on a mixed model which included treatment, baseline PRO, scheduled visit, scheduled visit\*baseline PRO and scheduled visit\*treatment as fixed effects. Scheduled visit was treated as a repeated measure within patients.

Hedge's g statistic has a bias correction applied.

[a] The Overall analysis included an adjustment for Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[b] Subgroup analysis included an adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_MM.SAS

Date/time of run: 02JUL2021 12:13

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table EORTC.EF.MM.S3.FAS: Mixed Model Repeated Measures (MMRM) Analysis: Change from Baseline - EORTC Emotional Functioning Score (Week 1 to Week 24) (Full Analysis Set)

Subgroup: Gender

Subgroup Level	Statistic	Enfortumab Vedotin	Chemotherapy	Enfortumab Vedotin vs Chemotherapy Mean Difference (95% CI)
Male	N, n	238, 182	232, 150	
	Baseline Mean (SD)	79.40 (20.33)	78.11 (20.58)	
	Change from Baseline LS Mean (SE)	0.78 ( 0.91)	-1.08 ( 1.01)	1.87 ( -0.80, 4.53)
	Treatment P-value			0.16925
	Hedge's g (95% CI)			0.12 (-0.10, 0.33)
	Interaction P-value [b]			0.49393

Subgroup analyses are conducted if there exists at least 2 levels with  $\geq 10$  patients across treatment arms that have a baseline score and at least one post-baseline score up to Week 24.

N: Number of patients in the subgroup level. n: Number of patients with a baseline and at least one post-baseline score up to Week 24.

Estimates are based on a mixed model which included treatment, baseline PRO, scheduled visit, scheduled visit\*baseline PRO and scheduled visit\*treatment as fixed effects. Scheduled visit was treated as a repeated measure within patients.

Hedge's g statistic has a bias correction applied.

[a] The Overall analysis included an adjustment for Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[b] Subgroup analysis included an adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_MM.SAS

Date/time of run: 02JUL2021 12:13

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table EORTC.EF.MM.S4.FAS: Mixed Model Repeated Measures (MMRM) Analysis: Change from Baseline - EORTC Emotional Functioning Score (Week 1 to Week 24) (Full Analysis Set)

Subgroup: Region

Subgroup Level	Statistic	Enfortumab Vedotin	Chemotherapy	Enfortumab Vedotin vs Chemotherapy Mean Difference (95% CI)
Western Europe	N, n	126, 90	129, 70	
	Baseline Mean (SD)	78.89 (21.02)	73.81 (22.98)	
	Change from Baseline LS Mean (SE)	2.07 ( 1.28)	-2.85 ( 1.48)	4.92 ( 1.08, 8.76)
	Treatment P-value			0.01221
	Hedge's g (95% CI)			0.29 (-0.02, 0.60)
US	N, n	43, 28	44, 24	
	Baseline Mean (SD)	76.49 (20.92)	79.17 (17.38)	
	Change from Baseline LS Mean (SE)	-0.11 ( 2.33)	-1.59 ( 2.48)	1.48 ( -5.22, 8.18)
	Treatment P-value			0.66405
	Hedge's g (95% CI)			0.10 (-0.43, 0.64)

Subgroup analyses are conducted if there exists at least 2 levels with  $\geq 10$  patients across treatment arms that have a baseline score and at least one post-baseline score up to Week 24.

N: Number of patients in the subgroup level. n: Number of patients with a baseline and at least one post-baseline score up to Week 24.

Estimates are based on a mixed model which included treatment, baseline PRO, scheduled visit, scheduled visit\*baseline PRO and scheduled visit\*treatment as fixed effects. Scheduled visit was treated as a repeated measure within patients.

Hedge's g statistic has a bias correction applied.

[a] The Overall analysis included an adjustment for Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[b] Subgroup analysis included an adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_MM.SAS

Date/time of run: 02JUL2021 12:13

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table EORTC.EF.MM.S4.FAS: Mixed Model Repeated Measures (MMRM) Analysis: Change from Baseline - EORTC Emotional Functioning Score (Week 1 to Week 24) (Full Analysis Set)

Subgroup: Region

Subgroup Level	Statistic	Enfortumab Vedotin	Chemotherapy	Enfortumab Vedotin vs Chemotherapy Mean Difference (95% CI)
Rest of the World	N, n	132, 114	134, 102	
	Baseline Mean (SD)	77.12 (20.79)	79.90 (18.85)	
	Change from Baseline LS Mean (SE)	1.60 ( 1.12)	0.01 ( 1.20)	1.59 ( -1.64, 4.81)
	Treatment P-value			0.33360
	Hedge's g (95% CI)			0.10 (-0.16, 0.37)
	Interaction P-value [b]			0.06120

Subgroup analyses are conducted if there exists at least 2 levels with  $\geq 10$  patients across treatment arms that have a baseline score and at least one post-baseline score up to Week 24.

N: Number of patients in the subgroup level. n: Number of patients with a baseline and at least one post-baseline score up to Week 24.

Estimates are based on a mixed model which included treatment, baseline PRO, scheduled visit, scheduled visit\*baseline PRO and scheduled visit\*treatment as fixed effects. Scheduled visit was treated as a repeated measure within patients.

Hedge's g statistic has a bias correction applied.

[a] The Overall analysis included an adjustment for Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[b] Subgroup analysis included an adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_MM.SAS

Date/time of run: 02JUL2021 12:13

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table EORTC.EF.MM.S5.FAS: Mixed Model Repeated Measures (MMRM) Analysis: Change from Baseline - EORTC Emotional Functioning Score (Week 1 to Week 24) (Full Analysis Set)

Subgroup: ECOG PS from IRT Strata

Subgroup Level	Statistic	Enfortumab Vedotin	Chemotherapy	Enfortumab Vedotin vs Chemotherapy Mean Difference (95% CI)
0	N, n	120, 102	124, 92	
	Baseline Mean (SD)	82.43 (18.01)	79.53 (19.39)	
	Change from Baseline LS Mean (SE)	0.66 ( 1.17)	0.96 ( 1.24)	-0.30 ( -3.65, 3.05)
	Treatment P-value			0.86115
	Hedge's g (95% CI)			-0.02 (-0.30, 0.26)
1	N, n	181, 130	183, 104	
	Baseline Mean (SD)	74.04 (22.17)	75.96 (21.14)	
	Change from Baseline LS Mean (SE)	2.52 ( 1.07)	-3.19 ( 1.20)	5.71 ( 2.55, 8.87)
	Treatment P-value			0.00042
	Hedge's g (95% CI)			0.34 ( 0.08, 0.59)
	Interaction P-value [b]			0.14263

Subgroup analyses are conducted if there exists at least 2 levels with  $\geq 10$  patients across treatment arms that have a baseline score and at least one post-baseline score up to Week 24.

N: Number of patients in the subgroup level. n: Number of patients with a baseline and at least one post-baseline score up to Week 24.

Estimates are based on a mixed model which included treatment, baseline PRO, scheduled visit, scheduled visit\*baseline PRO and scheduled visit\*treatment as fixed effects. Scheduled visit was treated as a repeated measure within patients.

Hedge's g statistic has a bias correction applied.

[a] The Overall analysis included an adjustment for Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[b] Subgroup analysis included an adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_MM.SAS

Date/time of run: 02JUL2021 12:13

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table EORTC.EF.MM.S6.FAS: Mixed Model Repeated Measures (MMRM) Analysis: Change from Baseline - EORTC Emotional Functioning Score (Week 1 to Week 24) (Full Analysis Set)

Subgroup: Liver Metastasis from IRT Strata

Subgroup Level	Statistic	Enfortumab Vedotin	Chemotherapy	Enfortumab Vedotin vs Chemotherapy Mean Difference (95% CI)
Yes	N, n	93, 63	95, 52	
	Baseline Mean (SD)	72.75 (22.46)	79.97 (19.05)	
	Change from Baseline LS Mean (SE)	4.57 ( 1.53)	-4.41 ( 1.73)	8.97 ( 4.44, 13.51)
	Treatment P-value			0.00012
	Hedge's g (95% CI)			0.54 ( 0.17, 0.91)
	Interaction P-value [b]			0.48972

Subgroup analyses are conducted if there exists at least 2 levels with  $\geq 10$  patients across treatment arms that have a baseline score and at least one post-baseline score up to Week 24.

N: Number of patients in the subgroup level. n: Number of patients with a baseline and at least one post-baseline score up to Week 24.

Estimates are based on a mixed model which included treatment, baseline PRO, scheduled visit, scheduled visit\*baseline PRO and scheduled visit\*treatment as fixed effects. Scheduled visit was treated as a repeated measure within patients.

Hedge's g statistic has a bias correction applied.

[a] The Overall analysis included an adjustment for Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[b] Subgroup analysis included an adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_MM.SAS

Date/time of run: 02JUL2021 12:13

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table EORTC.EF.MM.S7.FAS: Mixed Model Repeated Measures (MMRM) Analysis: Change from Baseline - EORTC Emotional Functioning Score (Week 1 to Week 24) (Full Analysis Set)

Subgroup: Pre-selected Investigator's Choice of Paclitaxel/Docetaxel/Vinflunine

Subgroup Level	Statistic	Enfortumab Vedotin	Chemotherapy	Enfortumab Vedotin vs Chemotherapy Mean Difference (95% CI)
Paclitaxel	N, n	141, 115	112, 72	
	Baseline Mean (SD)	75.65 (21.75)	78.12 (20.14)	
	Change from Baseline LS Mean (SE)	2.58 ( 1.11)	1.78 ( 1.41)	0.80 ( -2.72, 4.33)
	Treatment P-value			0.65395
	Hedge's g (95% CI)			0.05 (-0.24, 0.34)
Docetaxel	N, n	87, 65	117, 77	
	Baseline Mean (SD)	80.90 (18.85)	80.52 (17.29)	
	Change from Baseline LS Mean (SE)	-1.40 ( 1.48)	-2.39 ( 1.39)	0.99 ( -3.00, 4.97)
	Treatment P-value			0.62670
	Hedge's g (95% CI)			0.07 (-0.26, 0.40)

Subgroup analyses are conducted if there exists at least 2 levels with  $\geq 10$  patients across treatment arms that have a baseline score and at least one post-baseline score up to Week 24.

N: Number of patients in the subgroup level. n: Number of patients with a baseline and at least one post-baseline score up to Week 24.

Estimates are based on a mixed model which included treatment, baseline PRO, scheduled visit, scheduled visit\*baseline PRO and scheduled visit\*treatment as fixed effects. Scheduled visit was treated as a repeated measure within patients.

Hedge's g statistic has a bias correction applied.

[a] The Overall analysis included an adjustment for Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[b] Subgroup analysis included an adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_MM.SAS

Date/time of run: 02JUL2021 12:13

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC.EF.MM.S7.FAS: Mixed Model Repeated Measures (MMRM) Analysis: Change from Baseline - EORTC Emotional Functioning Score (Week 1 to Week 24) (Full Analysis Set)

Subgroup: Pre-selected Investigator's Choice of Paclitaxel/Docetaxel/Vinflunine

Subgroup Level	Statistic	Enfortumab Vedotin	Chemotherapy	Enfortumab Vedotin vs Chemotherapy Mean Difference (95% CI)
Vinflunine	N, n	73, 52	78, 47	
	Baseline Mean (SD)	78.37 (20.96)	72.16 (24.34)	
	Change from Baseline LS Mean (SE)	3.46 ( 1.70)	-3.95 ( 1.78)	7.41 ( 2.57, 12.24)
	Treatment P-value			0.00274
	Hedge's g (95% CI)			0.44 ( 0.04, 0.83)
	Interaction P-value [b]			0.01545

Subgroup analyses are conducted if there exists at least 2 levels with  $\geq 10$  patients across treatment arms that have a baseline score and at least one post-baseline score up to Week 24.

N: Number of patients in the subgroup level. n: Number of patients with a baseline and at least one post-baseline score up to Week 24.

Estimates are based on a mixed model which included treatment, baseline PRO, scheduled visit, scheduled visit\*baseline PRO and scheduled visit\*treatment as fixed effects. Scheduled visit was treated as a repeated measure within patients.

Hedge's g statistic has a bias correction applied.

[a] The Overall analysis included an adjustment for Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[b] Subgroup analysis included an adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_MM.SAS

Date/time of run: 02JUL2021 12:13

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table EORTC.EF.MM.S8.FAS: Mixed Model Repeated Measures (MMRM) Analysis: Change from Baseline - EORTC Emotional Functioning Score (Week 1 to Week 24) (Full Analysis Set)

Subgroup: Primary Site of Tumor

Subgroup Level	Statistic	Enfortumab Vedotin	Chemotherapy	Enfortumab Vedotin vs Chemotherapy Mean Difference (95% CI)
Upper Tract	N, n	98, 75	107, 76	
	Baseline Mean (SD)	75.67 (21.30)	75.88 (20.66)	
	Change from Baseline LS Mean (SE)	1.61 ( 1.39)	0.64 ( 1.39)	0.97 ( -2.89, 4.84)
	Treatment P-value			0.62077
	Hedge's g (95% CI)			0.06 (-0.26, 0.37)
Other	N, n	203, 157	200, 120	
	Baseline Mean (SD)	78.72 (20.59)	78.75 (20.18)	
	Change from Baseline LS Mean (SE)	1.62 ( 0.98)	-2.43 ( 1.13)	4.05 ( 1.12, 6.98)
	Treatment P-value			0.00689
	Hedge's g (95% CI)			0.27 ( 0.03, 0.51)
Interaction P-value [b]				0.23133

Subgroup analyses are conducted if there exists at least 2 levels with  $\geq 10$  patients across treatment arms that have a baseline score and at least one post-baseline score up to Week 24.

N: Number of patients in the subgroup level. n: Number of patients with a baseline and at least one post-baseline score up to Week 24.

Estimates are based on a mixed model which included treatment, baseline PRO, scheduled visit, scheduled visit\*baseline PRO and scheduled visit\*treatment as fixed effects. Scheduled visit was treated as a repeated measure within patients.

Hedge's g statistic has a bias correction applied.

[a] The Overall analysis included an adjustment for Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[b] Subgroup analysis included an adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_MM.SAS

Date/time of run: 02JUL2021 12:13

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table EORTC.EF.MM.S9.FAS: Mixed Model Repeated Measures (MMRM) Analysis: Change from Baseline - EORTC Emotional Functioning Score (Week 1 to Week 24) (Full Analysis Set)

Subgroup: Prior Lines of Systemic Therapy

Subgroup Level	Statistic	Enfortumab Vedotin	Chemotherapy	Enfortumab Vedotin vs Chemotherapy Mean Difference (95% CI)
1-2 lines	N, n	262, 203	270, 169	
	Baseline Mean (SD)	77.05 (21.12)	77.76 (20.51)	
	Change from Baseline LS Mean (SE)	1.83 ( 0.87)	-1.76 ( 0.95)	3.59 ( 1.07, 6.12)
	Treatment P-value			0.00542
	Hedge's g (95% CI)			0.22 ( 0.02, 0.43)
>=3 lines	N, n	39, 29	37, 27	
	Baseline Mean (SD)	82.47 (18.28)	76.85 (19.79)	
	Change from Baseline LS Mean (SE)	0.54 ( 2.14)	2.30 ( 2.35)	-1.77 ( -8.02, 4.49)
	Treatment P-value			0.57893
	Hedge's g (95% CI)			-0.12 (-0.64, 0.39)
Interaction P-value [b]				0.66829

Subgroup analyses are conducted if there exists at least 2 levels with >= 10 patients across treatment arms that have a baseline score and at least one post-baseline score up to Week 24.

N: Number of patients in the subgroup level. n: Number of patients with a baseline and at least one post-baseline score up to Week 24.

Estimates are based on a mixed model which included treatment, baseline PRO, scheduled visit, scheduled visit\*baseline PRO and scheduled visit\*treatment as fixed effects. Scheduled visit was treated as a repeated measure within patients.

Hedge's g statistic has a bias correction applied.

[a] The Overall analysis included an adjustment for Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[b] Subgroup analysis included an adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_MM.SAS

Date/time of run: 02JUL2021 12:13

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC.EF.MM.S10.FAS: Mixed Model Repeated Measures (MMRM) Analysis: Change from Baseline - EORTC Emotional Functioning Score (Week 1 to Week 24) (Full Analysis Set)

Subgroup: Best Response to Prior CPI

Subgroup Level	Statistic	Enfortumab Vedotin	Chemotherapy	Enfortumab Vedotin vs Chemotherapy Mean Difference (95% CI)
Responder	N, n	61, 49	50, 34	
	Baseline Mean (SD)	79.93 (16.83)	75.74 (23.42)	
	Change from Baseline LS Mean (SE)	-1.43 ( 1.68)	2.73 ( 2.06)	-4.16 ( -9.39, 1.08)
	Treatment P-value			0.11941
	Hedge's g (95% CI)			-0.25 (-0.69, 0.18)
	Interaction P-value [b]			0.09163

Subgroup analyses are conducted if there exists at least 2 levels with  $\geq 10$  patients across treatment arms that have a baseline score and at least one post-baseline score up to Week 24.

N: Number of patients in the subgroup level. n: Number of patients with a baseline and at least one post-baseline score up to Week 24.

Estimates are based on a mixed model which included treatment, baseline PRO, scheduled visit, scheduled visit\*baseline PRO and scheduled visit\*treatment as fixed effects. Scheduled visit was treated as a repeated measure within patients.

Hedge's g statistic has a bias correction applied.

[a] The Overall analysis included an adjustment for Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[b] Subgroup analysis included an adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_MM.SAS

Date/time of run: 02JUL2021 12:13

Analysis Plan: 15FEB2021

Confidential

### 3.1.3.5 Kognitive Funktion

Astellas: 7465-CL-0301

Table EORTC.CF.MM.S1.FAS: Mixed Model Repeated Measures (MMRM) Analysis: Change from Baseline - EORTC Cognitive Functioning Score (Week 1 to Week 24) (Full Analysis Set)

Subgroup: Age Group 1

Subgroup Level	Statistic	Enfortumab Vedotin	Chemotherapy	Enfortumab Vedotin vs Chemotherapy Mean Difference (95% CI)
<65 years	N, n	108, 85	111, 68	
	Baseline Mean (SD)	86.86 (16.49)	84.80 (17.92)	
	Change from Baseline LS Mean (SE)	-0.88 ( 1.34)	-0.54 ( 1.48)	-0.34 ( -4.27, 3.59)
	Treatment P-value			0.86440
	Hedge's g (95% CI)			-0.02 (-0.34, 0.29)
>=65 years	N, n	193, 147	196, 128	
	Baseline Mean (SD)	85.71 (17.77)	85.94 (19.67)	
	Change from Baseline LS Mean (SE)	-2.86 ( 1.03)	-4.12 ( 1.12)	1.26 ( -1.72, 4.24)
	Treatment P-value			0.40799
	Hedge's g (95% CI)			0.08 (-0.16, 0.31)
Interaction P-value [b]		0.57227		

Subgroup analyses are conducted if there exists at least 2 levels with >= 10 patients across treatment arms that have a baseline score and at least one post-baseline score up to Week 24.

N: Number of patients in the subgroup level. n: Number of patients with a baseline and at least one post-baseline score up to Week 24.

Estimates are based on a mixed model which included treatment, baseline PRO, scheduled visit, scheduled visit\*baseline PRO and scheduled visit\*treatment as fixed effects. Scheduled visit was treated as a repeated measure within patients.

Hedge's g statistic has a bias correction applied.

[a] The Overall analysis included an adjustment for Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[b] Subgroup analysis included an adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_MM.SAS

Date/time of run: 02JUL2021 12:13

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC.CF.MM.S2.FAS: Mixed Model Repeated Measures (MMRM) Analysis: Change from Baseline - EORTC Cognitive Functioning Score (Week 1 to Week 24) (Full Analysis Set)

Subgroup: Age Group 2

Subgroup Level	Statistic	Enfortumab Vedotin	Chemotherapy	Enfortumab Vedotin vs Chemotherapy Mean Difference (95% CI)
<75 years	N, n	249, 195	239, 150	
	Baseline Mean (SD)	86.67 (16.89)	86.44 (17.84)	
	Change from Baseline LS Mean (SE)	-1.96 ( 0.89)	-1.77 ( 1.02)	-0.19 ( -2.85, 2.46)
	Treatment P-value			0.88688
	Hedge's g (95% CI)			-0.01 (-0.22, 0.20)
	Interaction P-value [b]			0.08948

Subgroup analyses are conducted if there exists at least 2 levels with  $\geq 10$  patients across treatment arms that have a baseline score and at least one post-baseline score up to Week 24.

N: Number of patients in the subgroup level. n: Number of patients with a baseline and at least one post-baseline score up to Week 24.

Estimates are based on a mixed model which included treatment, baseline PRO, scheduled visit, scheduled visit\*baseline PRO and scheduled visit\*treatment as fixed effects. Scheduled visit was treated as a repeated measure within patients.

Hedge's g statistic has a bias correction applied.

[a] The Overall analysis included an adjustment for Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[b] Subgroup analysis included an adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_MM.SAS

Date/time of run: 02JUL2021 12:13

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table EORTC.CF.MM.S3.FAS: Mixed Model Repeated Measures (MMRM) Analysis: Change from Baseline - EORTC Cognitive Functioning Score (Week 1 to Week 24) (Full Analysis Set)

Subgroup: Gender

Subgroup Level	Statistic	Enfortumab Vedotin	Chemotherapy	Enfortumab Vedotin vs Chemotherapy Mean Difference (95% CI)
Male	N, n	238, 182	232, 150	
	Baseline Mean (SD)	86.54 (17.71)	86.00 (19.60)	
	Change from Baseline LS Mean (SE)	-2.40 ( 0.93)	-2.73 ( 1.03)	0.33 ( -2.40, 3.06)
	Treatment P-value			0.81045
	Hedge's g (95% CI)			0.02 (-0.20, 0.24)
	Interaction P-value [b]			0.40614

Subgroup analyses are conducted if there exists at least 2 levels with  $\geq 10$  patients across treatment arms that have a baseline score and at least one post-baseline score up to Week 24.

N: Number of patients in the subgroup level. n: Number of patients with a baseline and at least one post-baseline score up to Week 24.

Estimates are based on a mixed model which included treatment, baseline PRO, scheduled visit, scheduled visit\*baseline PRO and scheduled visit\*treatment as fixed effects. Scheduled visit was treated as a repeated measure within patients.

Hedge's g statistic has a bias correction applied.

[a] The Overall analysis included an adjustment for Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[b] Subgroup analysis included an adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_MM.SAS

Date/time of run: 02JUL2021 12:13

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC.CF.MM.S4.FAS: Mixed Model Repeated Measures (MMRM) Analysis: Change from Baseline - EORTC Cognitive Functioning Score (Week 1 to Week 24) (Full Analysis Set)

Subgroup: Region

Subgroup Level	Statistic	Enfortumab Vedotin	Chemotherapy	Enfortumab Vedotin vs Chemotherapy Mean Difference (95% CI)
Western Europe	N, n	126, 90	129, 70	
	Baseline Mean (SD)	87.22 (15.41)	82.38 (21.96)	
	Change from Baseline LS Mean (SE)	-1.57 ( 1.31)	-3.25 ( 1.51)	1.68 ( -2.26, 5.61)
	Treatment P-value			0.40245
	Hedge's g (95% CI)			0.10 (-0.21, 0.41)
US	N, n	43, 28	44, 24	
	Baseline Mean (SD)	89.88 (17.18)	83.33 (21.42)	
	Change from Baseline LS Mean (SE)	-0.81 ( 2.40)	-3.42 ( 2.54)	2.60 ( -4.27, 9.48)
	Treatment P-value			0.45742
	Hedge's g (95% CI)			0.19 (-0.35, 0.72)

Subgroup analyses are conducted if there exists at least 2 levels with  $\geq 10$  patients across treatment arms that have a baseline score and at least one post-baseline score up to Week 24.

N: Number of patients in the subgroup level. n: Number of patients with a baseline and at least one post-baseline score up to Week 24.

Estimates are based on a mixed model which included treatment, baseline PRO, scheduled visit, scheduled visit\*baseline PRO and scheduled visit\*treatment as fixed effects. Scheduled visit was treated as a repeated measure within patients.

Hedge's g statistic has a bias correction applied.

[a] The Overall analysis included an adjustment for Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[b] Subgroup analysis included an adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_MM.SAS

Date/time of run: 02JUL2021 12:13

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table EORTC.CF.MM.S4.FAS: Mixed Model Repeated Measures (MMRM) Analysis: Change from Baseline - EORTC Cognitive Functioning Score (Week 1 to Week 24) (Full Analysis Set)

Subgroup: Region

Subgroup Level	Statistic	Enfortumab Vedotin	Chemotherapy	Enfortumab Vedotin vs Chemotherapy Mean Difference (95% CI)
Rest of the World	N, n	132, 114	134, 102	
	Baseline Mean (SD)	84.36 (18.59)	88.24 (15.84)	
	Change from Baseline LS Mean (SE)	-3.00 (1.16)	-2.40 (1.23)	-0.60 (-3.91, 2.71)
	Treatment P-value			0.72196
	Hedge's g (95% CI)			-0.04 (-0.30, 0.23)
	Interaction P-value [b]			0.06049

Subgroup analyses are conducted if there exists at least 2 levels with  $\geq 10$  patients across treatment arms that have a baseline score and at least one post-baseline score up to Week 24.

N: Number of patients in the subgroup level. n: Number of patients with a baseline and at least one post-baseline score up to Week 24.

Estimates are based on a mixed model which included treatment, baseline PRO, scheduled visit, scheduled visit\*baseline PRO and scheduled visit\*treatment as fixed effects. Scheduled visit was treated as a repeated measure within patients.

Hedge's g statistic has a bias correction applied.

[a] The Overall analysis included an adjustment for Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[b] Subgroup analysis included an adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_MM.SAS

Date/time of run: 02JUL2021 12:13

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC.CF.MM.S5.FAS: Mixed Model Repeated Measures (MMRM) Analysis: Change from Baseline - EORTC Cognitive Functioning Score (Week 1 to Week 24) (Full Analysis Set)

Subgroup: ECOG PS from IRT Strata

Subgroup Level	Statistic	Enfortumab Vedotin	Chemotherapy	Enfortumab Vedotin vs Chemotherapy Mean Difference (95% CI)
0	N, n	120, 102	124, 92	
	Baseline Mean (SD)	91.99 (14.21)	88.95 (16.07)	
	Change from Baseline LS Mean (SE)	-4.21 ( 1.20)	-0.94 ( 1.27)	-3.28 ( -6.72, 0.17)
	Treatment P-value			0.06215
	Hedge's g (95% CI)			-0.23 (-0.52, 0.05)
1	N, n	181, 130	183, 104	
	Baseline Mean (SD)	81.54 (18.12)	82.53 (20.95)	
	Change from Baseline LS Mean (SE)	-0.29 ( 1.09)	-4.51 ( 1.23)	4.22 ( 0.99, 7.46)
	Treatment P-value			0.01068
	Hedge's g (95% CI)			0.24 (-0.02, 0.50)
	Interaction P-value [b]			0.01584

Subgroup analyses are conducted if there exists at least 2 levels with  $\geq 10$  patients across treatment arms that have a baseline score and at least one post-baseline score up to Week 24.

N: Number of patients in the subgroup level. n: Number of patients with a baseline and at least one post-baseline score up to Week 24.

Estimates are based on a mixed model which included treatment, baseline PRO, scheduled visit, scheduled visit\*baseline PRO and scheduled visit\*treatment as fixed effects. Scheduled visit was treated as a repeated measure within patients.

Hedge's g statistic has a bias correction applied.

[a] The Overall analysis included an adjustment for Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[b] Subgroup analysis included an adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_MM.SAS

Date/time of run: 02JUL2021 12:13

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC.CF.MM.S6.FAS: Mixed Model Repeated Measures (MMRM) Analysis: Change from Baseline - EORTC Cognitive Functioning Score (Week 1 to Week 24) (Full Analysis Set)

Subgroup: Liver Metastasis from IRT Strata

Subgroup Level	Statistic	Enfortumab Vedotin	Chemotherapy	Enfortumab Vedotin vs Chemotherapy Mean Difference (95% CI)
Yes	N, n	93, 63	95, 52	
	Baseline Mean (SD)	83.33 (18.93)	85.58 (15.84)	
	Change from Baseline LS Mean (SE)	-0.54 ( 1.57)	-4.32 ( 1.76)	3.79 ( -0.85, 8.43)
	Treatment P-value			0.10913
	Hedge's g (95% CI)			0.22 (-0.15, 0.58)
	Interaction P-value [b]			0.69083

Subgroup analyses are conducted if there exists at least 2 levels with  $\geq 10$  patients across treatment arms that have a baseline score and at least one post-baseline score up to Week 24.

N: Number of patients in the subgroup level. n: Number of patients with a baseline and at least one post-baseline score up to Week 24.

Estimates are based on a mixed model which included treatment, baseline PRO, scheduled visit, scheduled visit\*baseline PRO and scheduled visit\*treatment as fixed effects. Scheduled visit was treated as a repeated measure within patients.

Hedge's g statistic has a bias correction applied.

[a] The Overall analysis included an adjustment for Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[b] Subgroup analysis included an adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_MM.SAS

Date/time of run: 02JUL2021 12:13

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table EORTC.CF.MM.S7.FAS: Mixed Model Repeated Measures (MMRM) Analysis: Change from Baseline - EORTC Cognitive Functioning Score (Week 1 to Week 24) (Full Analysis Set)

Subgroup: Pre-selected Investigator's Choice of Paclitaxel/Docetaxel/Vinflunine

Subgroup Level	Statistic	Enfortumab Vedotin	Chemotherapy	Enfortumab Vedotin vs Chemotherapy Mean Difference (95% CI)
Paclitaxel	N, n	141, 115	112, 72	
	Baseline Mean (SD)	85.65 (16.50)	90.28 (15.76)	
	Change from Baseline LS Mean (SE)	-2.76 ( 1.16)	-2.75 ( 1.45)	-0.01 ( -3.66, 3.64)
	Treatment P-value			0.99566
	Hedge's g (95% CI)			-0.00 (-0.29, 0.29)
Docetaxel	N, n	87, 65	117, 77	
	Baseline Mean (SD)	87.44 (16.41)	85.71 (16.60)	
	Change from Baseline LS Mean (SE)	-2.80 ( 1.53)	-3.69 ( 1.44)	0.89 ( -3.25, 5.02)
	Treatment P-value			0.67433
	Hedge's g (95% CI)			0.06 (-0.27, 0.39)

Subgroup analyses are conducted if there exists at least 2 levels with  $\geq 10$  patients across treatment arms that have a baseline score and at least one post-baseline score up to Week 24.

N: Number of patients in the subgroup level. n: Number of patients with a baseline and at least one post-baseline score up to Week 24.

Estimates are based on a mixed model which included treatment, baseline PRO, scheduled visit, scheduled visit\*baseline PRO and scheduled visit\*treatment as fixed effects. Scheduled visit was treated as a repeated measure within patients.

Hedge's g statistic has a bias correction applied.

[a] The Overall analysis included an adjustment for Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[b] Subgroup analysis included an adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_MM.SAS

Date/time of run: 02JUL2021 12:13

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table EORTC.CF.MM.S7.FAS: Mixed Model Repeated Measures (MMRM) Analysis: Change from Baseline - EORTC Cognitive Functioning Score (Week 1 to Week 24) (Full Analysis Set)

Subgroup: Pre-selected Investigator's Choice of Paclitaxel/Docetaxel/Vinflunine

Subgroup Level	Statistic	Enfortumab Vedotin	Chemotherapy	Enfortumab Vedotin vs Chemotherapy Mean Difference (95% CI)
Vinflunine	N, n	73, 52	78, 47	
	Baseline Mean (SD)	85.58 (20.08)	78.01 (24.60)	
	Change from Baseline LS Mean (SE)	0.32 ( 1.76)	-1.39 ( 1.84)	1.71 ( -3.30, 6.71)
	Treatment P-value			0.50286
	Hedge's g (95% CI)			0.10 (-0.30, 0.49)
	Interaction P-value [b]			0.24659

Subgroup analyses are conducted if there exists at least 2 levels with  $\geq 10$  patients across treatment arms that have a baseline score and at least one post-baseline score up to Week 24.

N: Number of patients in the subgroup level. n: Number of patients with a baseline and at least one post-baseline score up to Week 24.

Estimates are based on a mixed model which included treatment, baseline PRO, scheduled visit, scheduled visit\*baseline PRO and scheduled visit\*treatment as fixed effects. Scheduled visit was treated as a repeated measure within patients.

Hedge's g statistic has a bias correction applied.

[a] The Overall analysis included an adjustment for Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[b] Subgroup analysis included an adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_MM.SAS

Date/time of run: 02JUL2021 12:13

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC.CF.MM.S8.FAS: Mixed Model Repeated Measures (MMRM) Analysis: Change from Baseline - EORTC Cognitive Functioning Score (Week 1 to Week 24) (Full Analysis Set)

Subgroup: Primary Site of Tumor

Subgroup Level	Statistic	Enfortumab Vedotin	Chemotherapy	Enfortumab Vedotin vs Chemotherapy Mean Difference (95% CI)
Upper Tract	N, n	98, 75	107, 76	
	Baseline Mean (SD)	83.56 (19.08)	83.99 (21.33)	
	Change from Baseline LS Mean (SE)	-1.95 ( 1.42)	-2.54 ( 1.43)	0.59 ( -3.37, 4.55)
	Treatment P-value			0.76872
	Hedge's g (95% CI)			0.03 (-0.28, 0.35)
	Interaction P-value [b]			0.85652

Subgroup analyses are conducted if there exists at least 2 levels with  $\geq 10$  patients across treatment arms that have a baseline score and at least one post-baseline score up to Week 24.

N: Number of patients in the subgroup level. n: Number of patients with a baseline and at least one post-baseline score up to Week 24.

Estimates are based on a mixed model which included treatment, baseline PRO, scheduled visit, scheduled visit\*baseline PRO and scheduled visit\*treatment as fixed effects. Scheduled visit was treated as a repeated measure within patients.

Hedge's g statistic has a bias correction applied.

[a] The Overall analysis included an adjustment for Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[b] Subgroup analysis included an adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_MM.SAS

Date/time of run: 02JUL2021 12:13

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table EORTC.CF.MM.S9.FAS: Mixed Model Repeated Measures (MMRM) Analysis: Change from Baseline - EORTC Cognitive Functioning Score (Week 1 to Week 24) (Full Analysis Set)

Subgroup: Prior Lines of Systemic Therapy

Subgroup Level	Statistic	Enfortumab Vedotin	Chemotherapy	Enfortumab Vedotin vs Chemotherapy Mean Difference (95% CI)
1-2 lines	N, n	262, 203	270, 169	
	Baseline Mean (SD)	85.30 (17.36)	85.11 (19.59)	
	Change from Baseline LS Mean (SE)	-1.68 ( 0.89)	-2.76 ( 0.97)	1.08 ( -1.51, 3.68)
	Treatment P-value			0.41094
	Hedge's g (95% CI)			0.07 (-0.14, 0.27)
	Interaction P-value [b]			0.73387

Subgroup analyses are conducted if there exists at least 2 levels with  $\geq 10$  patients across treatment arms that have a baseline score and at least one post-baseline score up to Week 24.

N: Number of patients in the subgroup level. n: Number of patients with a baseline and at least one post-baseline score up to Week 24.

Estimates are based on a mixed model which included treatment, baseline PRO, scheduled visit, scheduled visit\*baseline PRO and scheduled visit\*treatment as fixed effects. Scheduled visit was treated as a repeated measure within patients.

Hedge's g statistic has a bias correction applied.

[a] The Overall analysis included an adjustment for Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[b] Subgroup analysis included an adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_MM.SAS

Date/time of run: 02JUL2021 12:13

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC.CF.MM.S10.FAS: Mixed Model Repeated Measures (MMRM) Analysis: Change from Baseline - EORTC Cognitive Functioning Score (Week 1 to Week 24) (Full Analysis Set)

Subgroup: Best Response to Prior CPI

Subgroup Level	Statistic	Enfortumab Vedotin	Chemotherapy	Enfortumab Vedotin vs Chemotherapy Mean Difference (95% CI)
Responder	N, n	61, 49	50, 34	
	Baseline Mean (SD)	86.73 (14.02)	89.71 (13.62)	
	Change from Baseline LS Mean (SE)	-5.24 ( 1.75)	-4.21 ( 2.12)	-1.03 ( -6.44, 4.38)
	Treatment P-value			0.70770
	Hedge's g (95% CI)			-0.06 (-0.50, 0.37)
	Interaction P-value [b]			0.19873

Subgroup analyses are conducted if there exists at least 2 levels with  $\geq 10$  patients across treatment arms that have a baseline score and at least one post-baseline score up to Week 24.

N: Number of patients in the subgroup level. n: Number of patients with a baseline and at least one post-baseline score up to Week 24.

Estimates are based on a mixed model which included treatment, baseline PRO, scheduled visit, scheduled visit\*baseline PRO and scheduled visit\*treatment as fixed effects. Scheduled visit was treated as a repeated measure within patients.

Hedge's g statistic has a bias correction applied.

[a] The Overall analysis included an adjustment for Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[b] Subgroup analysis included an adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_MM.SAS

Date/time of run: 02JUL2021 12:13

Analysis Plan: 15FEB2021

Confidential

### 3.1.3.6 Soziale Funktion

Astellas: 7465-CL-0301

Table EORTC.SF.MM.S1.FAS: Mixed Model Repeated Measures (MMRM) Analysis: Change from Baseline - EORTC Social Functioning Score (Week 1 to Week 24) (Full Analysis Set)

Subgroup: Age Group 1

Subgroup Level	Statistic	Enfortumab Vedotin	Chemotherapy	Enfortumab Vedotin vs Chemotherapy Mean Difference (95% CI)
<65 years	N, n	108, 85	111, 68	
	Baseline Mean (SD)	78.82 (24.99)	79.66 (24.91)	
	Change from Baseline LS Mean (SE)	-4.93 (1.88)	-7.64 (2.09)	2.71 (-2.81, 8.23)
	Treatment P-value			0.33432
	Hedge's g (95% CI)			0.14 (-0.18, 0.46)
>=65 years	N, n	193, 147	196, 128	
	Baseline Mean (SD)	82.43 (23.95)	81.77 (22.57)	
	Change from Baseline LS Mean (SE)	-5.67 (1.43)	-10.66 (1.55)	4.99 (0.84, 9.14)
	Treatment P-value			0.01858
	Hedge's g (95% CI)			0.22 (-0.01, 0.46)
Interaction P-value [b]		0.35427		

Subgroup analyses are conducted if there exists at least 2 levels with >= 10 patients across treatment arms that have a baseline score and at least one post-baseline score up to Week 24.

N: Number of patients in the subgroup level. n: Number of patients with a baseline and at least one post-baseline score up to Week 24.

Estimates are based on a mixed model which included treatment, baseline PRO, scheduled visit, scheduled visit\*baseline PRO and scheduled visit\*treatment as fixed effects. Scheduled visit was treated as a repeated measure within patients. Hedge's g statistic has a bias correction applied.

[a] The Overall analysis included an adjustment for Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[b] Subgroup analysis included an adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_MM.SAS

Date/time of run: 02JUL2021 12:13

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC.SF.MM.S2.FAS: Mixed Model Repeated Measures (MMRM) Analysis: Change from Baseline - EORTC Social Functioning Score (Week 1 to Week 24) (Full Analysis Set)

Subgroup: Age Group 2

Subgroup Level	Statistic	Enfortumab Vedotin	Chemotherapy	Enfortumab Vedotin vs Chemotherapy Mean Difference (95% CI)
<75 years	N, n	249, 195	239, 150	
	Baseline Mean (SD)	80.77 (24.45)	80.56 (24.46)	
	Change from Baseline LS Mean (SE)	-5.64 (1.24)	-8.83 (1.42)	3.19 (-0.51, 6.90)
	Treatment P-value			0.09099
	Hedge's g (95% CI)			0.15 (-0.06, 0.37)
	Interaction P-value [b]			0.30387
>=75 years				
>=75 years	N, n	52, 37	68, 46	
	Baseline Mean (SD)	82.88 (24.05)	82.61 (19.55)	
	Change from Baseline LS Mean (SE)	-4.03 (2.91)	-12.14 (2.60)	8.11 (0.44, 15.78)
	Treatment P-value			0.03832
	Hedge's g (95% CI)			0.35 (-0.08, 0.78)
	Interaction P-value [b]			0.30387

Subgroup analyses are conducted if there exists at least 2 levels with >= 10 patients across treatment arms that have a baseline score and at least one post-baseline score up to Week 24.

N: Number of patients in the subgroup level. n: Number of patients with a baseline and at least one post-baseline score up to Week 24.

Estimates are based on a mixed model which included treatment, baseline PRO, scheduled visit, scheduled visit\*baseline PRO and scheduled visit\*treatment as fixed effects. Scheduled visit was treated as a repeated measure within patients.

Hedge's g statistic has a bias correction applied.

[a] The Overall analysis included an adjustment for Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[b] Subgroup analysis included an adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_MM.SAS

Date/time of run: 02JUL2021 12:13

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table EORTC.SF.MM.S3.FAS: Mixed Model Repeated Measures (MMRM) Analysis: Change from Baseline - EORTC Social Functioning Score (Week 1 to Week 24) (Full Analysis Set)

Subgroup: Gender

Subgroup Level	Statistic	Enfortumab Vedotin	Chemotherapy	Enfortumab Vedotin vs Chemotherapy Mean Difference (95% CI)
Male	N, n	238, 182	232, 150	
	Baseline Mean (SD)	81.78 (23.62)	80.78 (23.23)	
	Change from Baseline LS Mean (SE)	-5.90 ( 1.29)	-9.17 ( 1.43)	3.26 ( -0.51, 7.04)
	Treatment P-value			0.09019
	Hedge's g (95% CI)			0.15 (-0.07, 0.37)
	Interaction P-value [b]			0.35877

Subgroup analyses are conducted if there exists at least 2 levels with  $\geq 10$  patients across treatment arms that have a baseline score and at least one post-baseline score up to Week 24.

N: Number of patients in the subgroup level. n: Number of patients with a baseline and at least one post-baseline score up to Week 24.

Estimates are based on a mixed model which included treatment, baseline PRO, scheduled visit, scheduled visit\*baseline PRO and scheduled visit\*treatment as fixed effects. Scheduled visit was treated as a repeated measure within patients.

Hedge's g statistic has a bias correction applied.

[a] The Overall analysis included an adjustment for Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[b] Subgroup analysis included an adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_MM.SAS

Date/time of run: 02JUL2021 12:13

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC.SF.MM.S4.FAS: Mixed Model Repeated Measures (MMRM) Analysis: Change from Baseline - EORTC Social Functioning Score (Week 1 to Week 24) (Full Analysis Set)

Subgroup: Region

Subgroup Level	Statistic	Enfortumab Vedotin	Chemotherapy	Enfortumab Vedotin vs Chemotherapy Mean Difference (95% CI)
Western Europe	N, n	126, 90	129, 70	
	Baseline Mean (SD)	82.59 (23.02)	76.19 (29.29)	
	Change from Baseline LS Mean (SE)	-5.52 ( 1.81)	-14.38 ( 2.09)	8.86 ( 3.42, 14.29)
	Treatment P-value			0.00146
	Hedge's g (95% CI)			0.38 ( 0.07, 0.70)
US	N, n	43, 28	44, 24	
	Baseline Mean (SD)	83.93 (22.90)	82.64 (20.55)	
	Change from Baseline LS Mean (SE)	-0.62 ( 3.32)	-6.42 ( 3.55)	5.80 ( -3.76, 15.35)
	Treatment P-value			0.23380
	Hedge's g (95% CI)			0.27 (-0.27, 0.81)

Subgroup analyses are conducted if there exists at least 2 levels with  $\geq 10$  patients across treatment arms that have a baseline score and at least one post-baseline score up to Week 24.

N: Number of patients in the subgroup level. n: Number of patients with a baseline and at least one post-baseline score up to Week 24.

Estimates are based on a mixed model which included treatment, baseline PRO, scheduled visit, scheduled visit\*baseline PRO and scheduled visit\*treatment as fixed effects. Scheduled visit was treated as a repeated measure within patients.

Hedge's g statistic has a bias correction applied.

[a] The Overall analysis included an adjustment for Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[b] Subgroup analysis included an adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_MM.SAS

Date/time of run: 02JUL2021 12:13

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table EORTC.SF.MM.S4.FAS: Mixed Model Repeated Measures (MMRM) Analysis: Change from Baseline - EORTC Social Functioning Score (Week 1 to Week 24) (Full Analysis Set)

Subgroup: Region

Subgroup Level	Statistic	Enfortumab Vedotin	Chemotherapy	Enfortumab Vedotin vs Chemotherapy Mean Difference (95% CI)
Rest of the World	N, n	132, 114	134, 102	
	Baseline Mean (SD)	79.24 (25.72)	83.99 (18.60)	
	Change from Baseline LS Mean (SE)	-6.41 ( 1.60)	-7.14 ( 1.69)	0.74 ( -3.83, 5.31)
	Treatment P-value			0.75085
	Hedge's g (95% CI)			0.04 (-0.23, 0.30)
	Interaction P-value [b]			0.02088

Subgroup analyses are conducted if there exists at least 2 levels with  $\geq 10$  patients across treatment arms that have a baseline score and at least one post-baseline score up to Week 24.

N: Number of patients in the subgroup level. n: Number of patients with a baseline and at least one post-baseline score up to Week 24.

Estimates are based on a mixed model which included treatment, baseline PRO, scheduled visit, scheduled visit\*baseline PRO and scheduled visit\*treatment as fixed effects. Scheduled visit was treated as a repeated measure within patients.

Hedge's g statistic has a bias correction applied.

[a] The Overall analysis included an adjustment for Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[b] Subgroup analysis included an adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_MM.SAS

Date/time of run: 02JUL2021 12:13

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table EORTC.SF.MM.S5.FAS: Mixed Model Repeated Measures (MMRM) Analysis: Change from Baseline - EORTC Social Functioning Score (Week 1 to Week 24) (Full Analysis Set)

Subgroup: ECOG PS from IRT Strata

Subgroup Level	Statistic	Enfortumab Vedotin	Chemotherapy	Enfortumab Vedotin vs Chemotherapy Mean Difference (95% CI)
0	N, n	120, 102	124, 92	
	Baseline Mean (SD)	89.05 (18.98)	84.78 (21.20)	
	Change from Baseline LS Mean (SE)	-9.59 (1.66)	-5.52 (1.76)	-4.08 (-8.84, 0.68)
	Treatment P-value			0.09307
	Hedge's g (95% CI)			-0.20 (-0.48, 0.08)
1	N, n	181, 130	183, 104	
	Baseline Mean (SD)	74.87 (26.27)	77.72 (24.75)	
	Change from Baseline LS Mean (SE)	-1.73 (1.51)	-13.28 (1.70)	11.55 (7.09, 16.01)
	Treatment P-value			<.00001
	Hedge's g (95% CI)			0.52 (0.26, 0.78)
	Interaction P-value [b]			0.00039

Subgroup analyses are conducted if there exists at least 2 levels with  $\geq 10$  patients across treatment arms that have a baseline score and at least one post-baseline score up to Week 24.

N: Number of patients in the subgroup level. n: Number of patients with a baseline and at least one post-baseline score up to Week 24.

Estimates are based on a mixed model which included treatment, baseline PRO, scheduled visit, scheduled visit\*baseline PRO and scheduled visit\*treatment as fixed effects. Scheduled visit was treated as a repeated measure within patients.

Hedge's g statistic has a bias correction applied.

[a] The Overall analysis included an adjustment for Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[b] Subgroup analysis included an adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_MM.SAS

Date/time of run: 02JUL2021 12:13

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table EORTC.SF.MM.S6.FAS: Mixed Model Repeated Measures (MMRM) Analysis: Change from Baseline - EORTC Social Functioning Score (Week 1 to Week 24) (Full Analysis Set)

Subgroup: Liver Metastasis from IRT Strata

Subgroup Level	Statistic	Enfortumab Vedotin	Chemotherapy	Enfortumab Vedotin vs Chemotherapy Mean Difference (95% CI)
Yes	N, n	93, 63	95, 52	
	Baseline Mean (SD)	77.25 (25.80)	81.09 (21.14)	
	Change from Baseline LS Mean (SE)	-2.40 ( 2.20)	-9.89 ( 2.46)	7.49 ( 1.01, 13.97)
	Treatment P-value			0.02351
	Hedge's g (95% CI)			0.34 (-0.03, 0.70)
	Interaction P-value [b]			0.79856

Subgroup analyses are conducted if there exists at least 2 levels with  $\geq 10$  patients across treatment arms that have a baseline score and at least one post-baseline score up to Week 24.

N: Number of patients in the subgroup level. n: Number of patients with a baseline and at least one post-baseline score up to Week 24.

Estimates are based on a mixed model which included treatment, baseline PRO, scheduled visit, scheduled visit\*baseline PRO and scheduled visit\*treatment as fixed effects. Scheduled visit was treated as a repeated measure within patients.

Hedge's g statistic has a bias correction applied.

[a] The Overall analysis included an adjustment for Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[b] Subgroup analysis included an adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_MM.SAS

Date/time of run: 02JUL2021 12:13

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC.SF.MM.S7.FAS: Mixed Model Repeated Measures (MMRM) Analysis: Change from Baseline - EORTC Social Functioning Score (Week 1 to Week 24) (Full Analysis Set)

Subgroup: Pre-selected Investigator's Choice of Paclitaxel/Docetaxel/Vinflunine

Subgroup Level	Statistic	Enfortumab Vedotin	Chemotherapy	Enfortumab Vedotin vs Chemotherapy Mean Difference (95% CI)
Paclitaxel	N, n	141, 115	112, 72	
	Baseline Mean (SD)	79.42 (24.42)	83.80 (22.37)	
	Change from Baseline LS Mean (SE)	-5.00 ( 1.60)	-7.53 ( 2.01)	2.53 ( -2.51, 7.56)
	Treatment P-value			0.32446
	Hedge's g (95% CI)			0.12 (-0.17, 0.41)
Docetaxel	N, n	87, 65	117, 77	
	Baseline Mean (SD)	85.64 (19.52)	84.20 (19.10)	
	Change from Baseline LS Mean (SE)	-7.28 ( 2.13)	-9.03 ( 1.99)	1.76 ( -3.97, 7.49)
	Treatment P-value			0.54700
	Hedge's g (95% CI)			0.09 (-0.24, 0.42)

Subgroup analyses are conducted if there exists at least 2 levels with  $\geq 10$  patients across treatment arms that have a baseline score and at least one post-baseline score up to Week 24.

N: Number of patients in the subgroup level. n: Number of patients with a baseline and at least one post-baseline score up to Week 24.

Estimates are based on a mixed model which included treatment, baseline PRO, scheduled visit, scheduled visit\*baseline PRO and scheduled visit\*treatment as fixed effects. Scheduled visit was treated as a repeated measure within patients.

Hedge's g statistic has a bias correction applied.

[a] The Overall analysis included an adjustment for Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[b] Subgroup analysis included an adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_MM.SAS

Date/time of run: 02JUL2021 12:13

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table EORTC.SF.MM.S7.FAS: Mixed Model Repeated Measures (MMRM) Analysis: Change from Baseline - EORTC Social Functioning Score (Week 1 to Week 24) (Full Analysis Set)

Subgroup: Pre-selected Investigator's Choice of Paclitaxel/Docetaxel/Vinflunine

Subgroup Level	Statistic	Enfortumab Vedotin	Chemotherapy	Enfortumab Vedotin vs Chemotherapy Mean Difference (95% CI)
Vinflunine	N, n	73, 52	78, 47	
	Baseline Mean (SD)	79.17 (28.94)	71.63 (28.64)	
	Change from Baseline LS Mean (SE)	-3.53 (2.43)	-13.68 (2.55)	10.15 (3.23, 17.07)
	Treatment P-value			0.00415
	Hedge's g (95% CI)			0.43 (0.03, 0.82)
	Interaction P-value [b]			0.06204

Subgroup analyses are conducted if there exists at least 2 levels with  $\geq 10$  patients across treatment arms that have a baseline score and at least one post-baseline score up to Week 24.

N: Number of patients in the subgroup level. n: Number of patients with a baseline and at least one post-baseline score up to Week 24.

Estimates are based on a mixed model which included treatment, baseline PRO, scheduled visit, scheduled visit\*baseline PRO and scheduled visit\*treatment as fixed effects. Scheduled visit was treated as a repeated measure within patients.

Hedge's g statistic has a bias correction applied.

[a] The Overall analysis included an adjustment for Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[b] Subgroup analysis included an adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_MM.SAS

Date/time of run: 02JUL2021 12:13

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table EORTC.SF.MM.S8.FAS: Mixed Model Repeated Measures (MMRM) Analysis: Change from Baseline - EORTC Social Functioning Score (Week 1 to Week 24) (Full Analysis Set)

Subgroup: Primary Site of Tumor

Subgroup Level	Statistic	Enfortumab Vedotin	Chemotherapy	Enfortumab Vedotin vs Chemotherapy Mean Difference (95% CI)
Upper Tract	N, n	98, 75	107, 76	
	Baseline Mean (SD)	78.89 (26.75)	81.58 (22.70)	
	Change from Baseline LS Mean (SE)	-4.35 ( 1.99)	-7.90 ( 1.99)	3.55 ( -1.99, 9.08)
	Treatment P-value			0.20828
	Hedge's g (95% CI)			0.16 (-0.16, 0.48)
	Interaction P-value [b]			0.54363

Subgroup analyses are conducted if there exists at least 2 levels with  $\geq 10$  patients across treatment arms that have a baseline score and at least one post-baseline score up to Week 24.

N: Number of patients in the subgroup level. n: Number of patients with a baseline and at least one post-baseline score up to Week 24.

Estimates are based on a mixed model which included treatment, baseline PRO, scheduled visit, scheduled visit\*baseline PRO and scheduled visit\*treatment as fixed effects. Scheduled visit was treated as a repeated measure within patients.

Hedge's g statistic has a bias correction applied.

[a] The Overall analysis included an adjustment for Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[b] Subgroup analysis included an adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_MM.SAS

Date/time of run: 02JUL2021 12:13

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table EORTC.SF.MM.S9.FAS: Mixed Model Repeated Measures (MMRM) Analysis: Change from Baseline - EORTC Social Functioning Score (Week 1 to Week 24) (Full Analysis Set)

Subgroup: Prior Lines of Systemic Therapy

Subgroup Level	Statistic	Enfortumab Vedotin	Chemotherapy	Enfortumab Vedotin vs Chemotherapy Mean Difference (95% CI)
1-2 lines	N, n	262, 203	270, 169	
	Baseline Mean (SD)	80.87 (24.92)	81.07 (23.42)	
	Change from Baseline LS Mean (SE)	-5.60 ( 1.23)	-9.71 ( 1.35)	4.12 ( 0.54, 7.69)
	Treatment P-value			0.02424
	Hedge's g (95% CI)			0.19 (-0.01, 0.40)
	Interaction P-value [b]			0.95659

Subgroup analyses are conducted if there exists at least 2 levels with  $\geq 10$  patients across treatment arms that have a baseline score and at least one post-baseline score up to Week 24.

N: Number of patients in the subgroup level. n: Number of patients with a baseline and at least one post-baseline score up to Week 24.

Estimates are based on a mixed model which included treatment, baseline PRO, scheduled visit, scheduled visit\*baseline PRO and scheduled visit\*treatment as fixed effects. Scheduled visit was treated as a repeated measure within patients.

Hedge's g statistic has a bias correction applied.

[a] The Overall analysis included an adjustment for Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[b] Subgroup analysis included an adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_MM.SAS

Date/time of run: 02JUL2021 12:13

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table EORTC.SF.MM.S10.FAS: Mixed Model Repeated Measures (MMRM) Analysis: Change from Baseline - EORTC Social Functioning Score (Week 1 to Week 24) (Full Analysis Set)

Subgroup: Best Response to Prior CPI

Subgroup Level	Statistic	Enfortumab Vedotin	Chemotherapy	Enfortumab Vedotin vs Chemotherapy Mean Difference (95% CI)
Responder	N, n	61, 49	50, 34	
	Baseline Mean (SD)	85.71 (17.68)	78.43 (26.76)	
	Change from Baseline LS Mean (SE)	-10.54 ( 2.47)	-9.04 ( 2.99)	-1.50 ( -9.13, 6.12)
	Treatment P-value			0.69854
	Hedge's g (95% CI)			-0.06 (-0.50, 0.37)
Non-responder	N, n	207, 156	215, 136	
	Baseline Mean (SD)	78.42 (26.59)	81.00 (22.88)	
	Change from Baseline LS Mean (SE)	-3.81 ( 1.41)	-10.24 ( 1.53)	6.43 ( 2.35, 10.51)
	Treatment P-value			0.00209
	Hedge's g (95% CI)			0.30 ( 0.07, 0.54)
Interaction P-value [b]				0.33803

Subgroup analyses are conducted if there exists at least 2 levels with  $\geq 10$  patients across treatment arms that have a baseline score and at least one post-baseline score up to Week 24.

N: Number of patients in the subgroup level. n: Number of patients with a baseline and at least one post-baseline score up to Week 24.

Estimates are based on a mixed model which included treatment, baseline PRO, scheduled visit, scheduled visit\*baseline PRO and scheduled visit\*treatment as fixed effects. Scheduled visit was treated as a repeated measure within patients.

Hedge's g statistic has a bias correction applied.

[a] The Overall analysis included an adjustment for Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[b] Subgroup analysis included an adjustment for subgroup and treatment\*subgroup interaction.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_QOL\_MM.SAS

Date/time of run: 02JUL2021 12:13

Analysis Plan: 15FEB2021

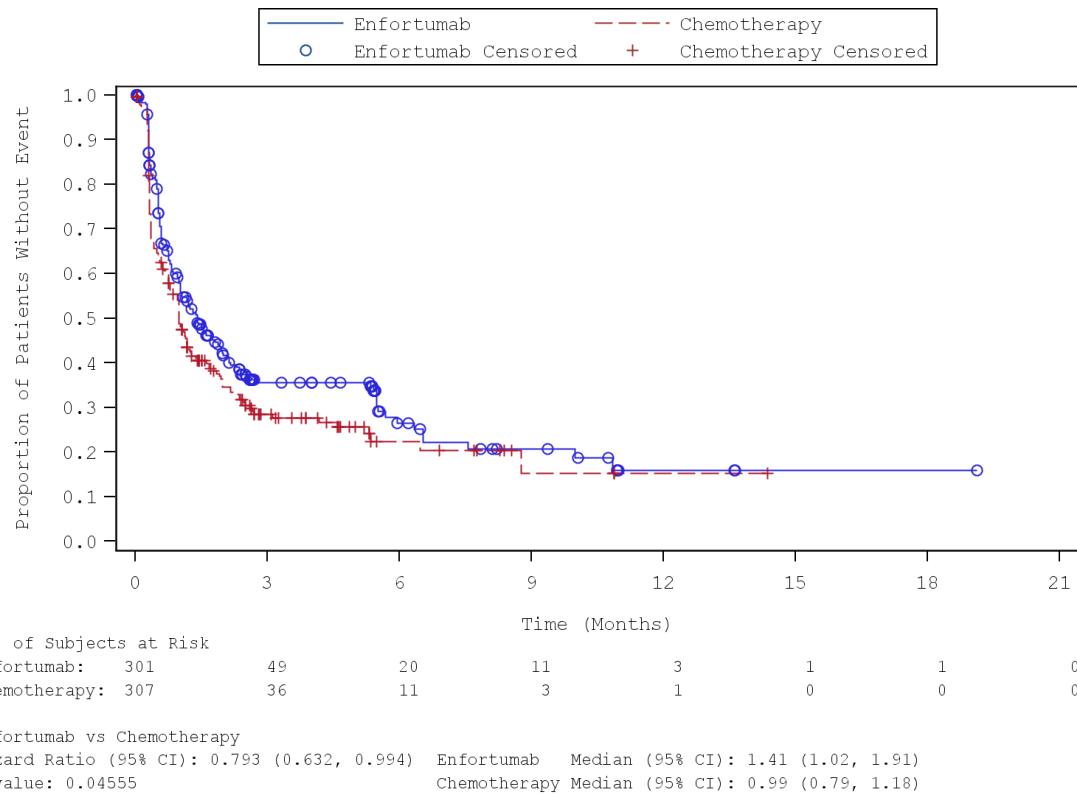
Confidential

### **3.2 Kaplan-Meier Kurven zur gesundheitsbezogenen Lebensqualität anhand des EORTC QLQ-C30 – Sensitivitätsanalyse (Responderschwelle $\geq 15$ Punkte)**

Astellas: 7465-CL-0301

Figure EORTC15.QL.KM.FAS: EORTC Global Health Status: Time to Deterioration of at least 15 points (Months) (Full Analysis Set)

Subgroup: Overall, Level: NA



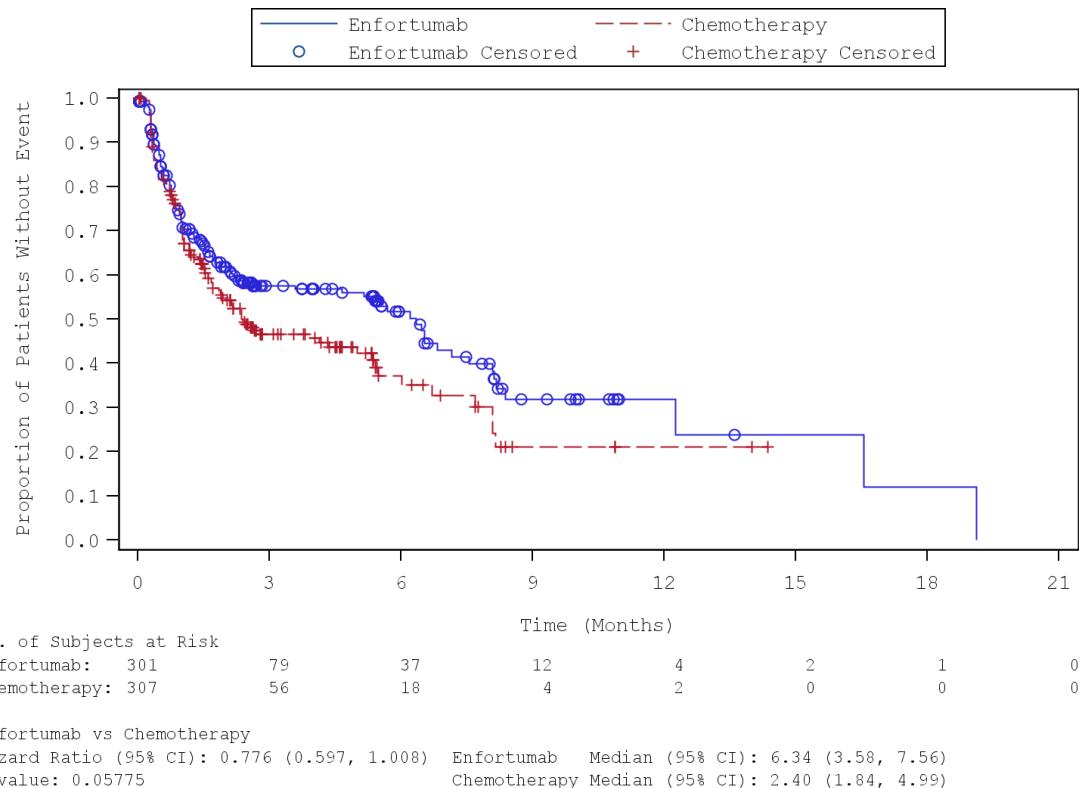
NA: Not Available. NC: Not Calculable.

### Reference Table: Tab EORTC15 KM FAS

Astellas: 7465-CL-0301

Figure EORTC15.PF.KM.FAS: EORTC Physical Functioning Score: Time to Deterioration of at least 15 points (Months) (Full Analysis Set)

Subgroup: Overall, Level: NA



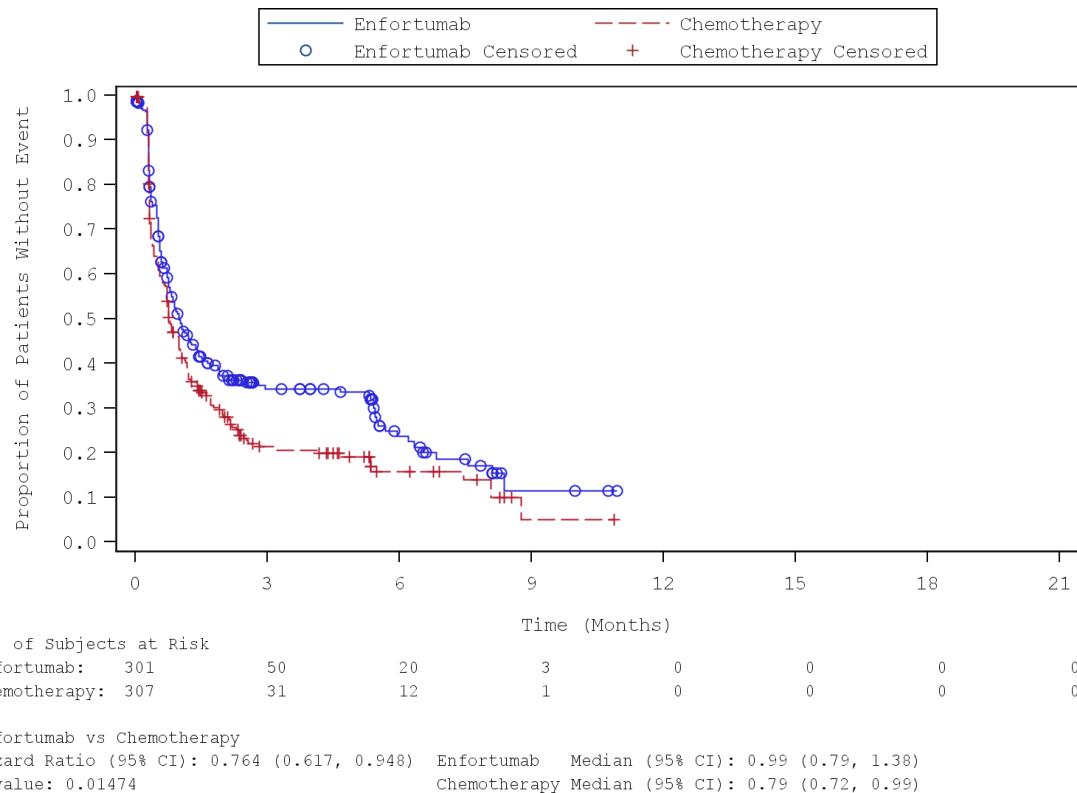
NA: Not Available. NC: Not Calculable.

Reference Table: Tab\_EORTC15\_KM\_FAS

Astellas: 7465-CL-0301

Figure EORTC15.RF.KM.FAS: EORTC Role Functioning Score: Time to Deterioration of at least 15 points (Months) (Full Analysis Set)

Subgroup: Overall, Level: NA



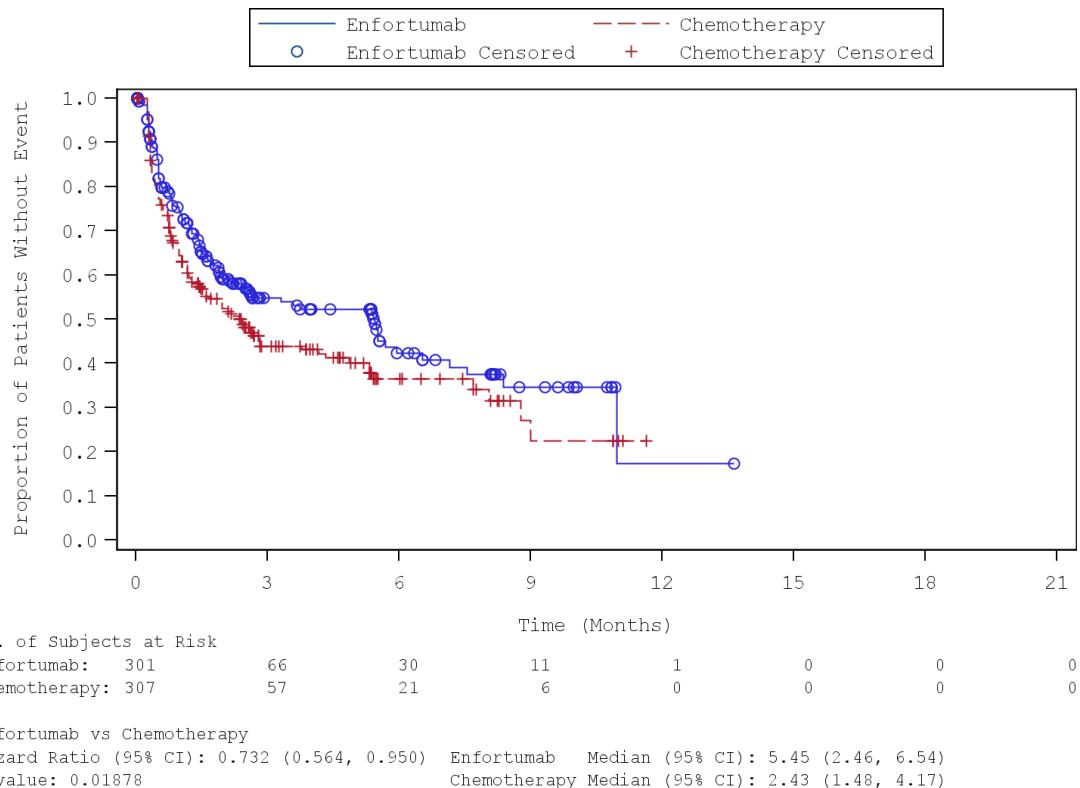
NA: Not Available. NC: Not Calculable.

### Reference Table: Tab EORTC15 KM FAS

Astellas: 7465-CL-0301

Figure EORTC15.EF.KM.FAS: EORTC Emotional Functioning Score: Time to Deterioration of at least 15 points (Months) (Full Analysis Set)

Subgroup: Overall, Level: NA



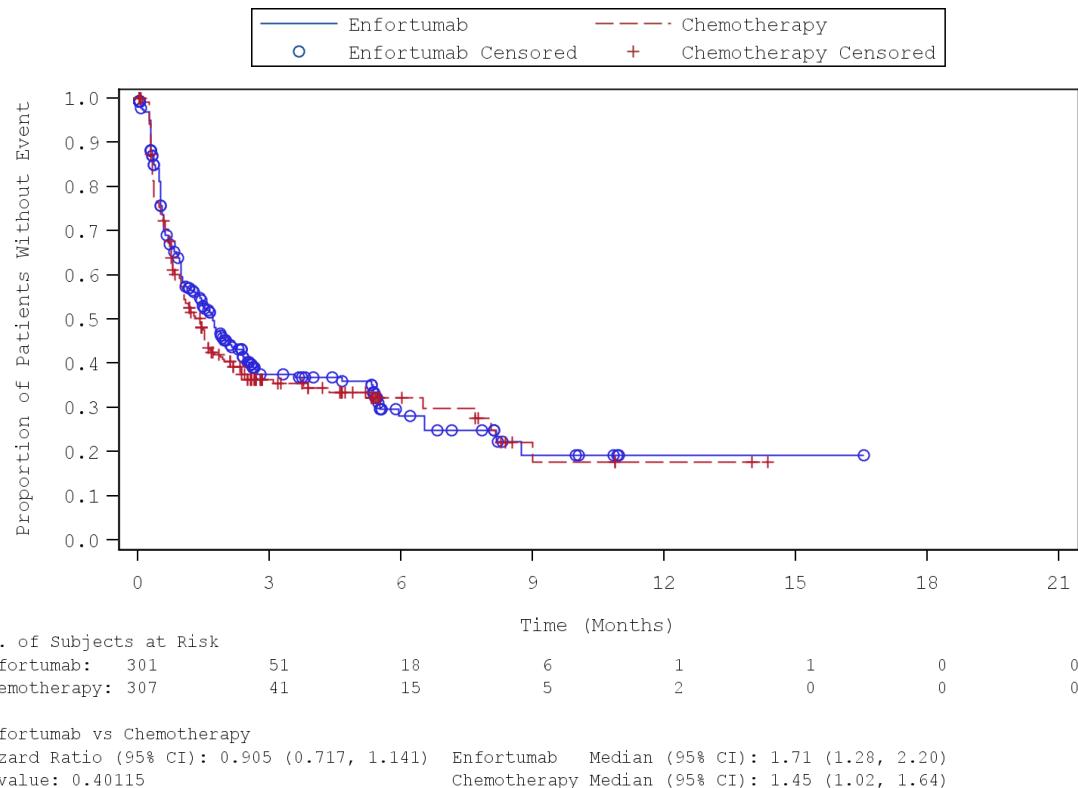
NA: Not Available. NC: Not Calculable.

Reference Table: Tab\_EORTC15\_KM\_FAS

Astellas: 7465-CL-0301

Figure EORTC15.CF.KM.FAS: EORTC Cognitive Functioning Score: Time to Deterioration of at least 15 points (Months) (Full Analysis Set)

Subgroup: Overall, Level: NA



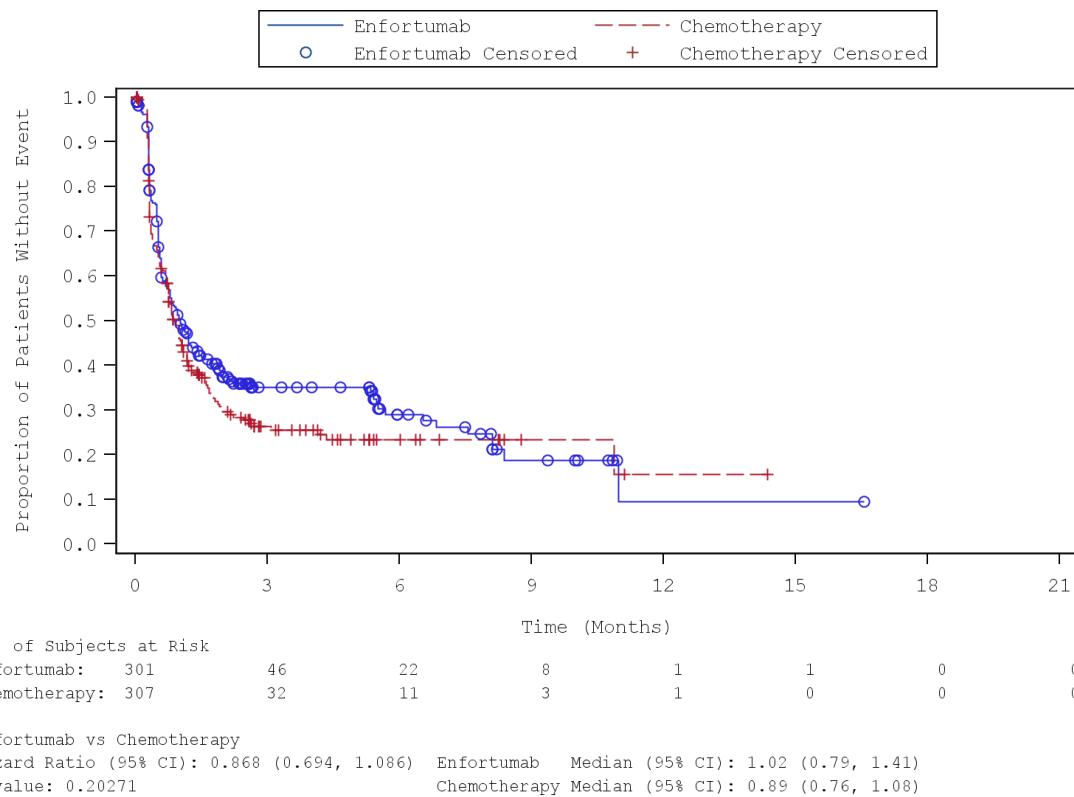
NA: Not Available. NC: Not Calculable.

Reference Table: Tab\_EORTC15\_KM\_FAS

Astellas: 7465-CL-0301

Figure EORTC15.SF.KM.FAS: EORTC Social Functioning Score: Time to Deterioration of at least 15 points (Months) (Full Analysis Set)

Subgroup: Overall, Level: NA



NA: Not Available. NC: Not Calculable.

Reference Table: Tab\_EORTC15\_KM\_FAS

## 4 Sicherheit

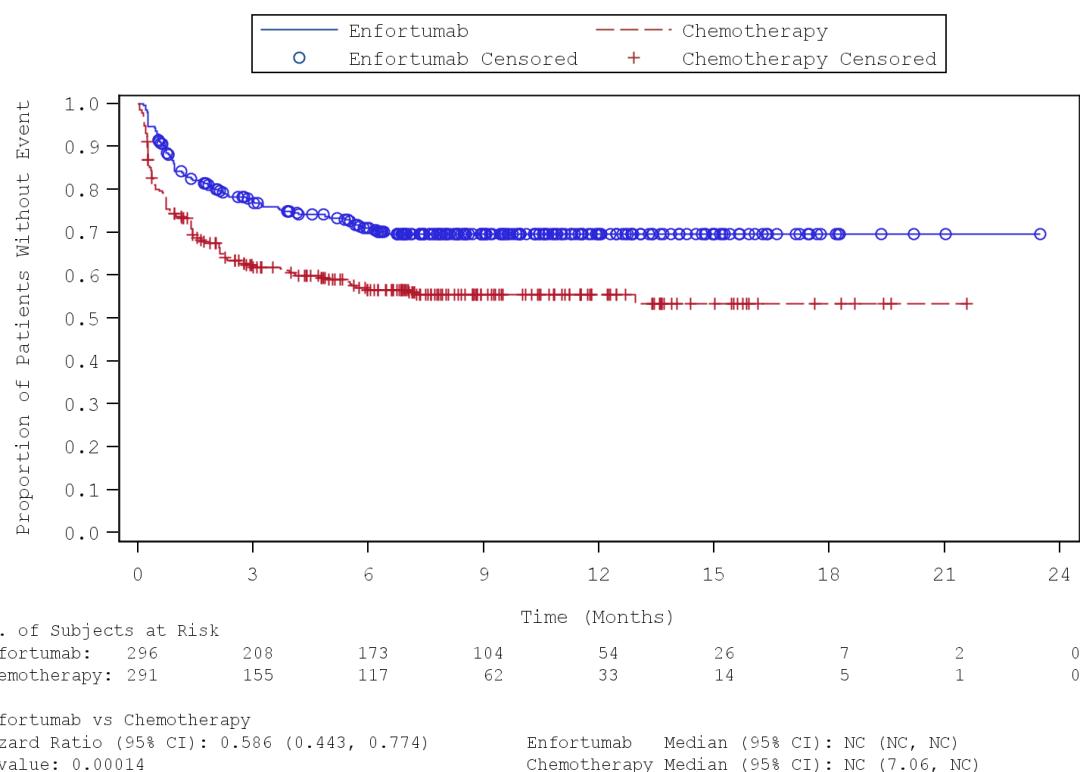
### 4.1 Kaplan-Meier Kurven zu den SOC und PT der unerwünschten Ereignisse

#### 4.1.1 Gesamtrate

Astellas: 7465-CL-0301

Figure TEAE.KM.SAF: Time to First Treatment Emergent Adverse Event (Months) - Blood and lymphatic system disorders (Safety Analysis Set)

Subgroup: Overall, Level: NA



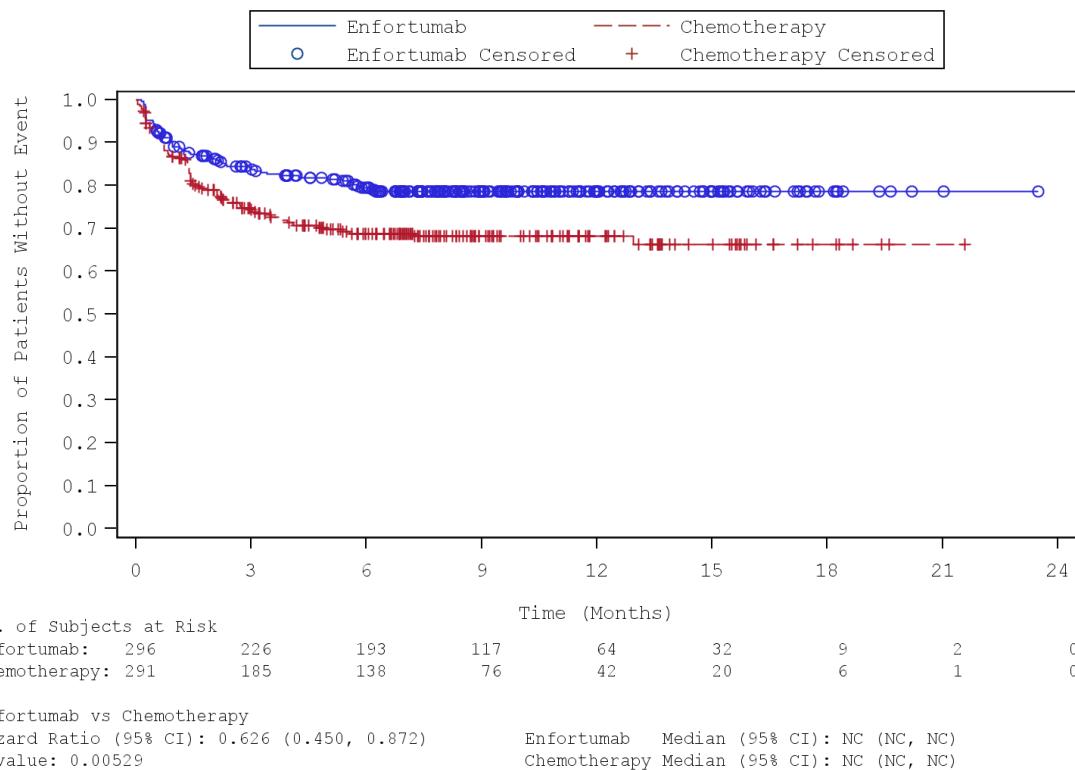
NA: Not Available. NC: Not Calculable.

Reference Table: Tab\_TEAE\_KM\_SAF

Astellas: 7465-CL-0301

Figure TEAE.KM.SAF: Time to First Treatment Emergent Adverse Event (Months) - Blood and lymphatic system disorders: Anaemia (Safety Analysis Set)

Subgroup: Overall, Level: NA



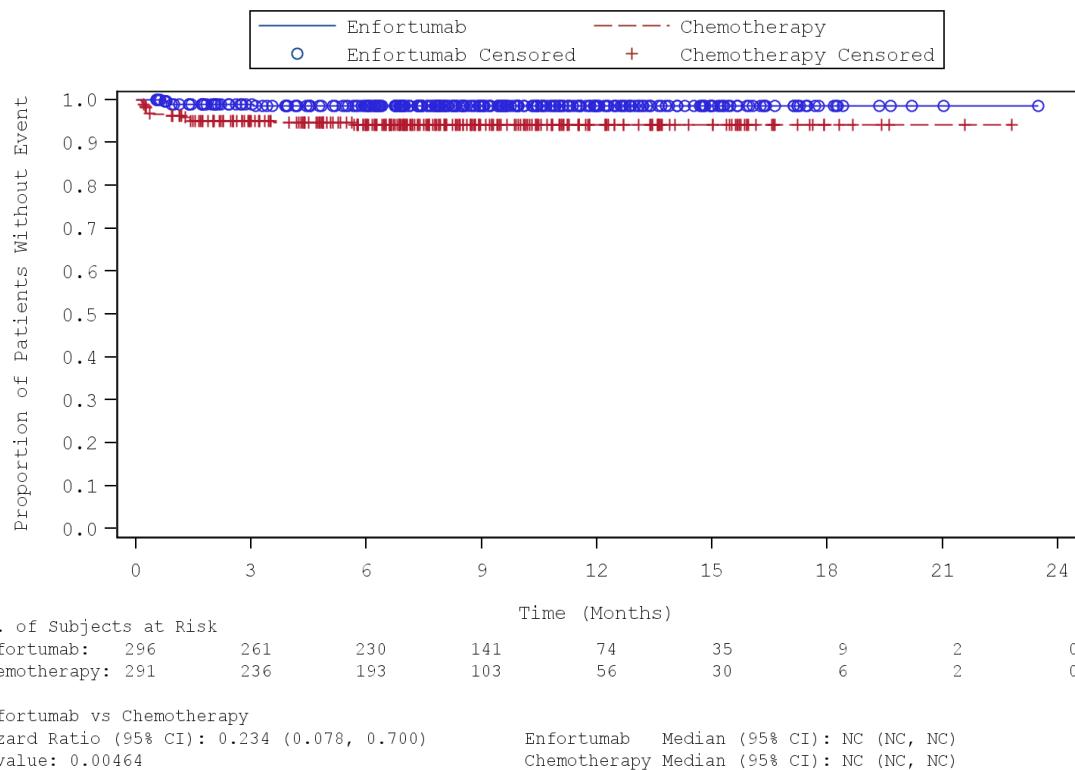
NA: Not Available. NC: Not Calculable.

Reference Table: Tab\_TEAE\_KM\_SAF

Astellas: 7465-CL-0301

Figure TEAE.KM.SAF: Time to First Treatment Emergent Adverse Event (Months) - Blood and lymphatic system disorders: Febrile neutropenia (Safety Analysis Set)

Subgroup: Overall, Level: NA



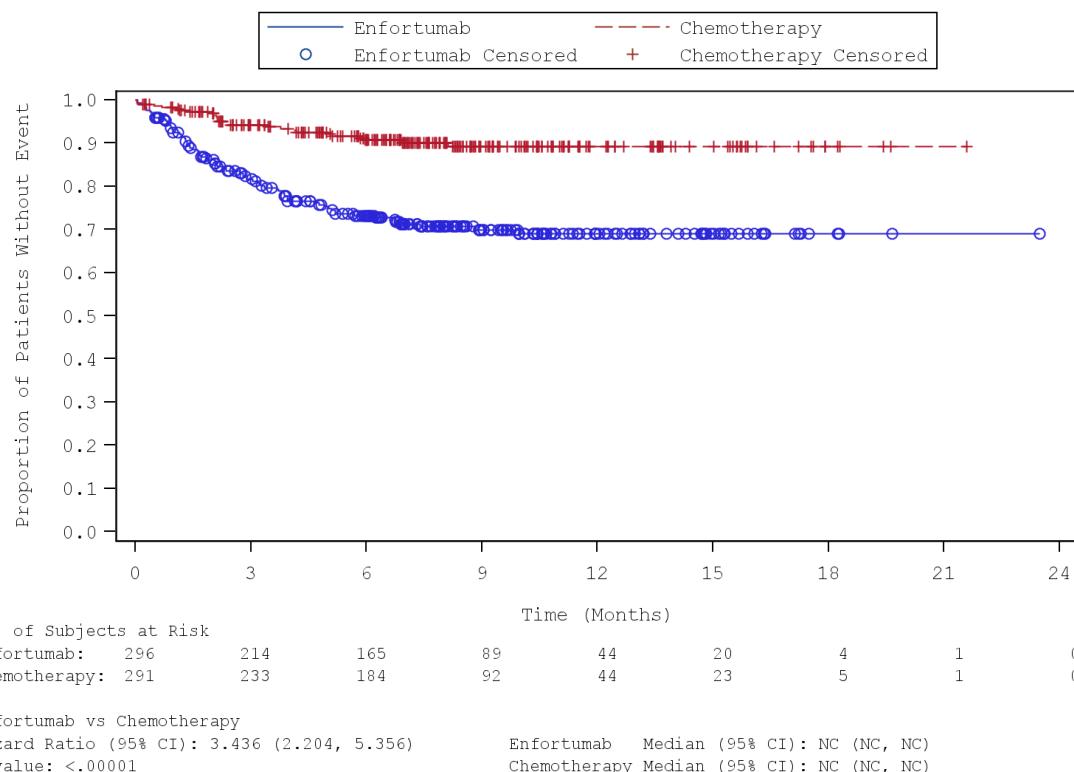
NA: Not Available. NC: Not Calculable.

Reference Table: Tab\_TEAE\_KM\_SAF

Astellas: 7465-CL-0301

Figure TEAE.KM.SAF: Time to First Treatment Emergent Adverse Event (Months) - Eye disorders (Safety Analysis Set)

Subgroup: Overall, Level: NA



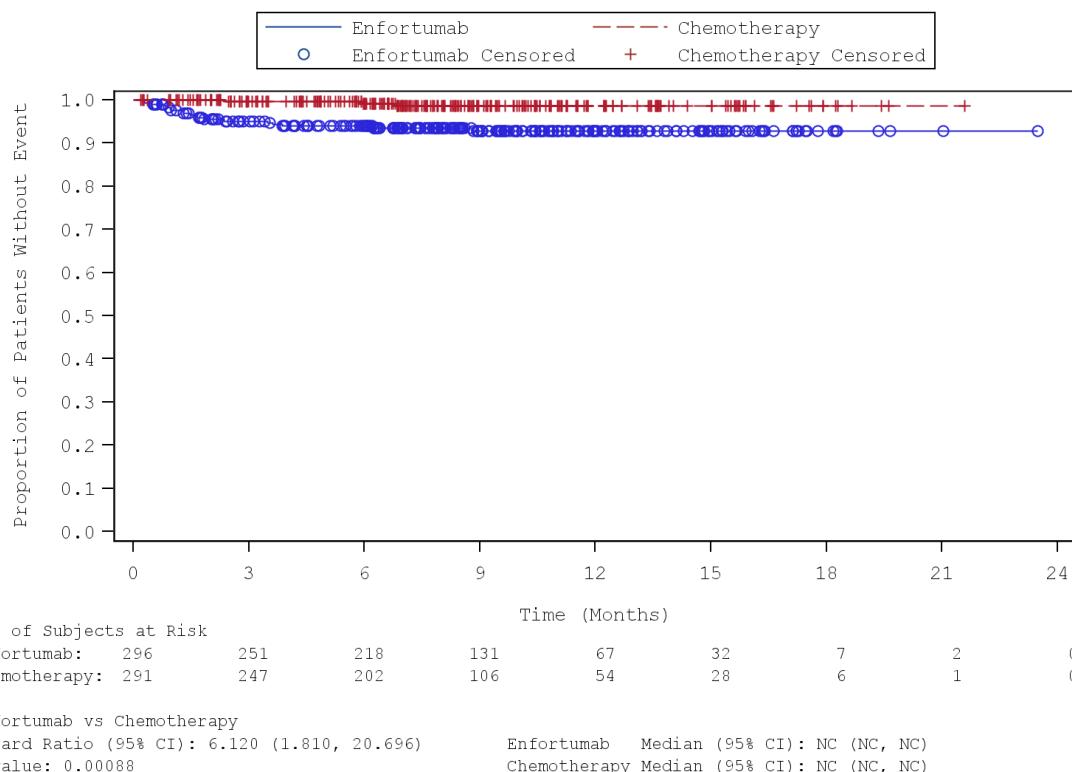
NA: Not Available. NC: Not Calculable.

Reference Table: Tab\_TEAE\_KM\_SAF

Astellas: 7465-CL-0301

Figure TEAE.KM.SAF: Time to First Treatment Emergent Adverse Event (Months) - Eye disorders: Dry eye (Safety Analysis Set)

Subgroup: Overall, Level: NA



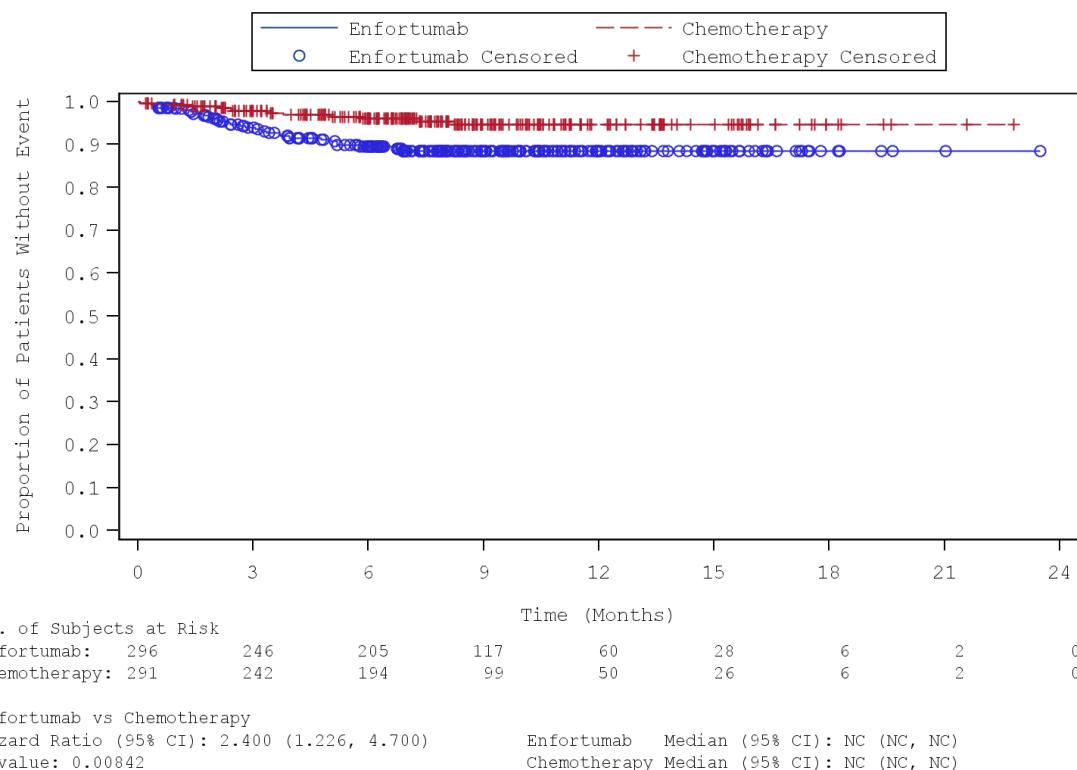
NA: Not Available. NC: Not Calculable.

Reference Table: Tab\_TEAE\_KM\_SAF

Astellas: 7465-CL-0301

Figure TEAE.KM.SAF: Time to First Treatment Emergent Adverse Event (Months) - Eye disorders: Lacrimation increased (Safety Analysis Set)

Subgroup: Overall, Level: NA



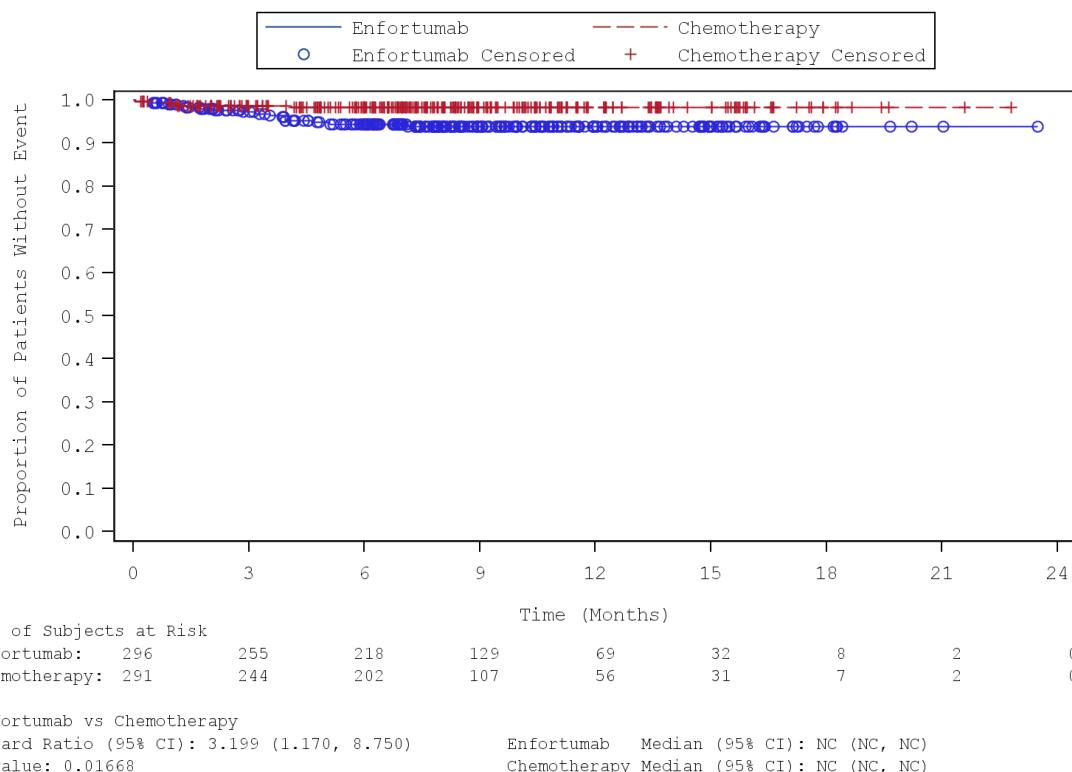
NA: Not Available. NC: Not Calculable.

Reference Table: Tab\_TEAE\_KM\_SAF

Astellas: 7465-CL-0301

Figure TEAE.KM.SAF: Time to First Treatment Emergent Adverse Event (Months) - Eye disorders: Vision blurred (Safety Analysis Set)

Subgroup: Overall, Level: NA



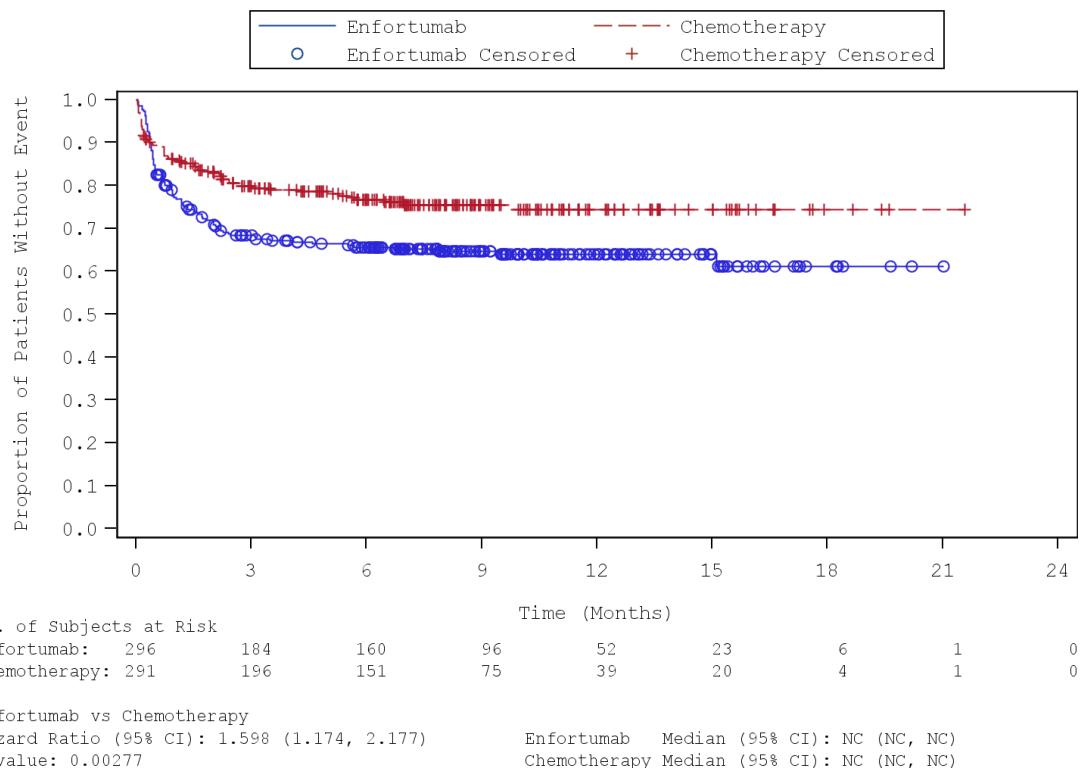
NA: Not Available. NC: Not Calculable.

Reference Table: Tab\_TEAE\_KM\_SAF

Astellas: 7465-CL-0301

Figure TEAE.KM.SAF: Time to First Treatment Emergent Adverse Event (Months) – Gastrointestinal disorders: Diarrhoea (Safety Analysis Set)

Subgroup: Overall, Level: NA



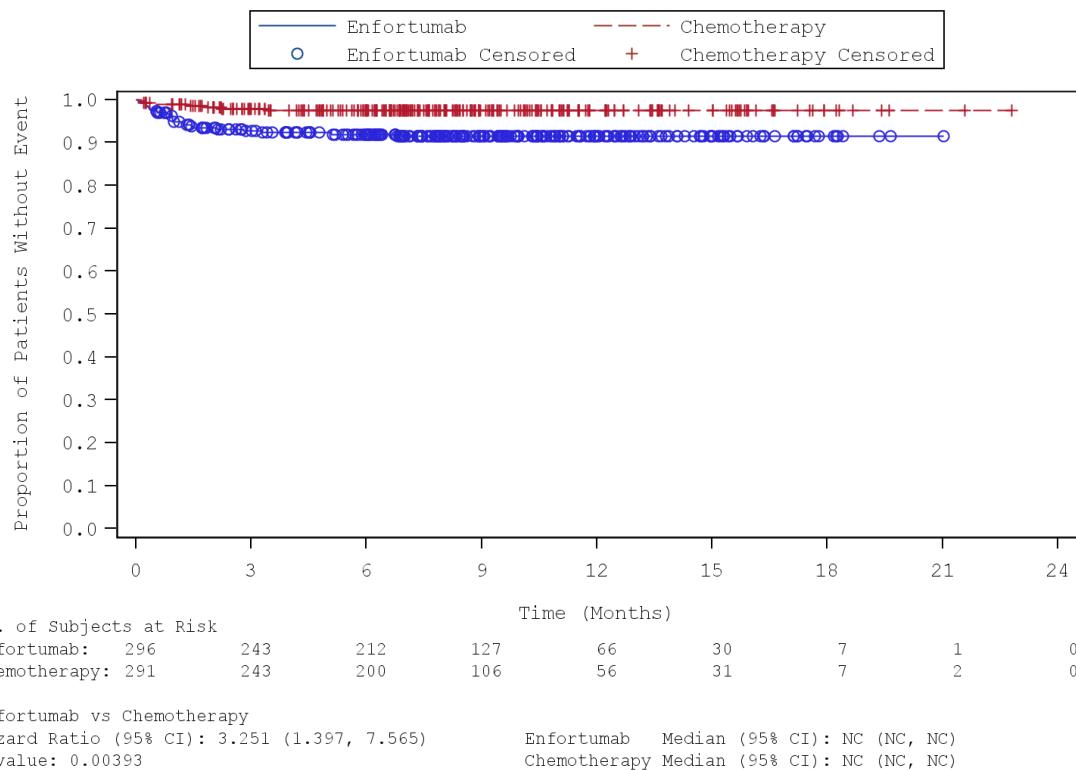
NA: Not Available. NC: Not Calculable.

Reference Table: Tab\_TEAE\_KM\_SAF

Astellas: 7465-CL-0301

Figure TEAE.KM.SAF: Time to First Treatment Emergent Adverse Event (Months) – Gastrointestinal disorders: Dry mouth (Safety Analysis Set)

Subgroup: Overall, Level: NA



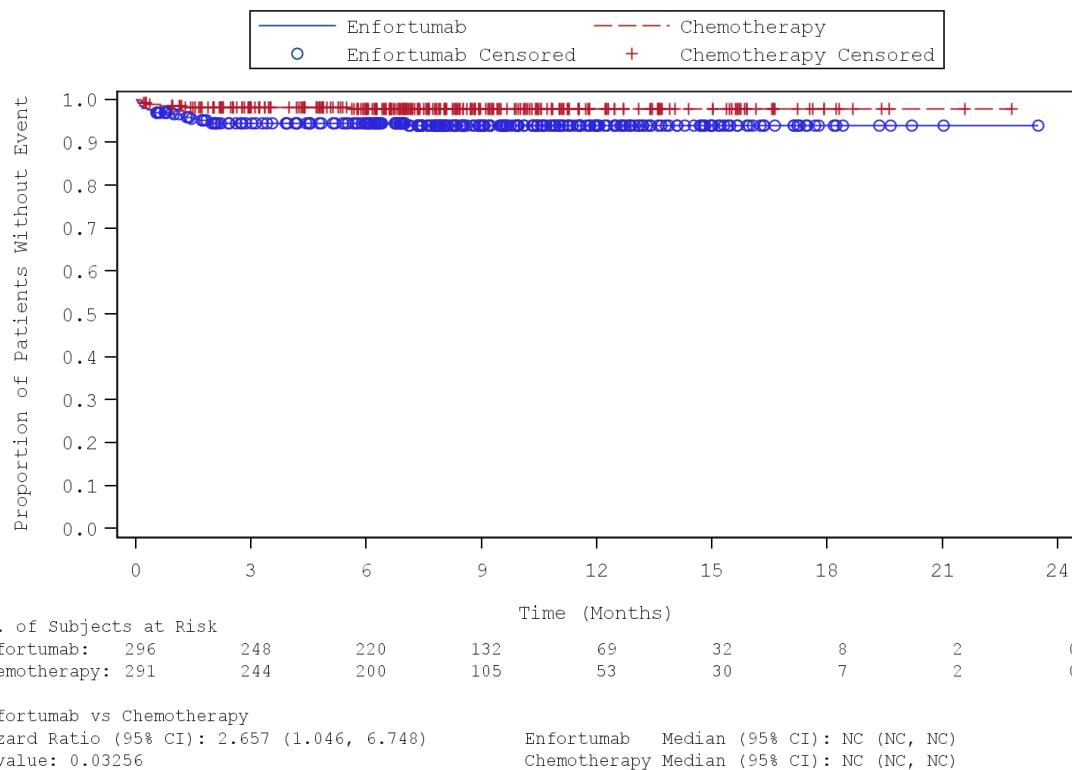
NA: Not Available. NC: Not Calculable.

Reference Table: Tab\_TEAE\_KM\_SAF

Astellas: 7465-CL-0301

Figure TEAE.KM.SAF: Time to First Treatment Emergent Adverse Event (Months) - General disorders and administration site conditions: Chills (Safety Analysis Set)

Subgroup: Overall, Level: NA



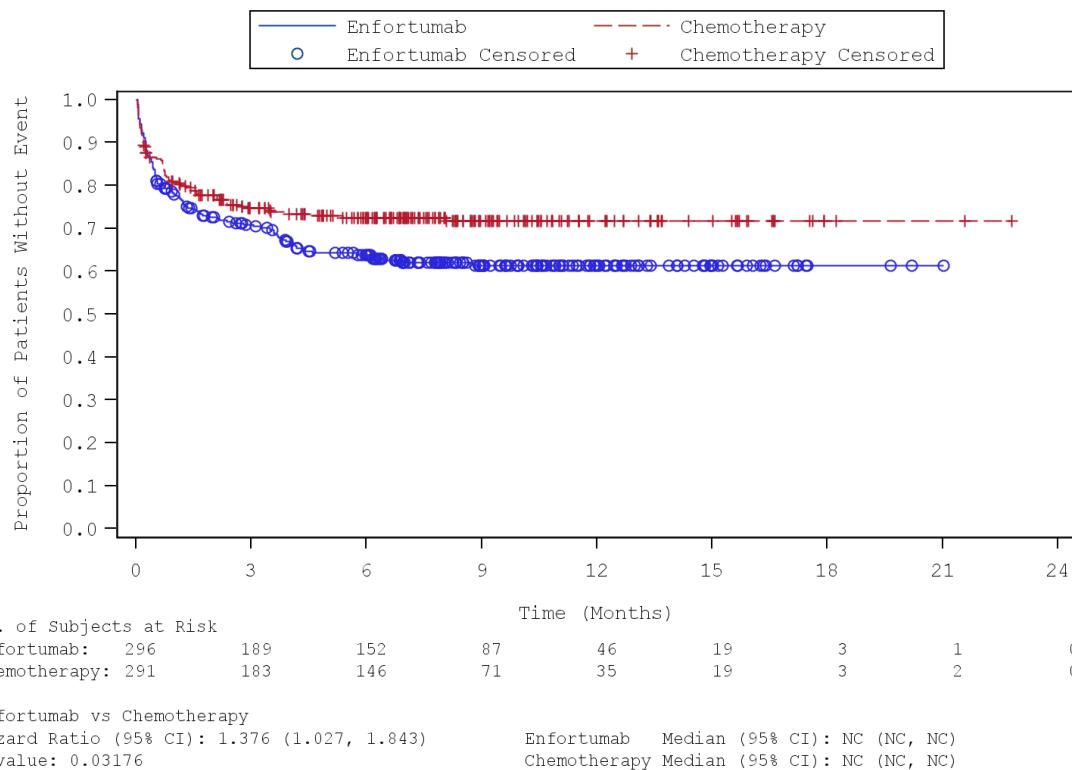
NA: Not Available. NC: Not Calculable.

Reference Table: Tab\_TEAE\_KM\_SAF

Astellas: 7465-CL-0301

Figure TEAE.KM.SAF: Time to First Treatment Emergent Adverse Event (Months) - General disorders and administration site conditions: Fatigue (Safety Analysis Set)

Subgroup: Overall, Level: NA



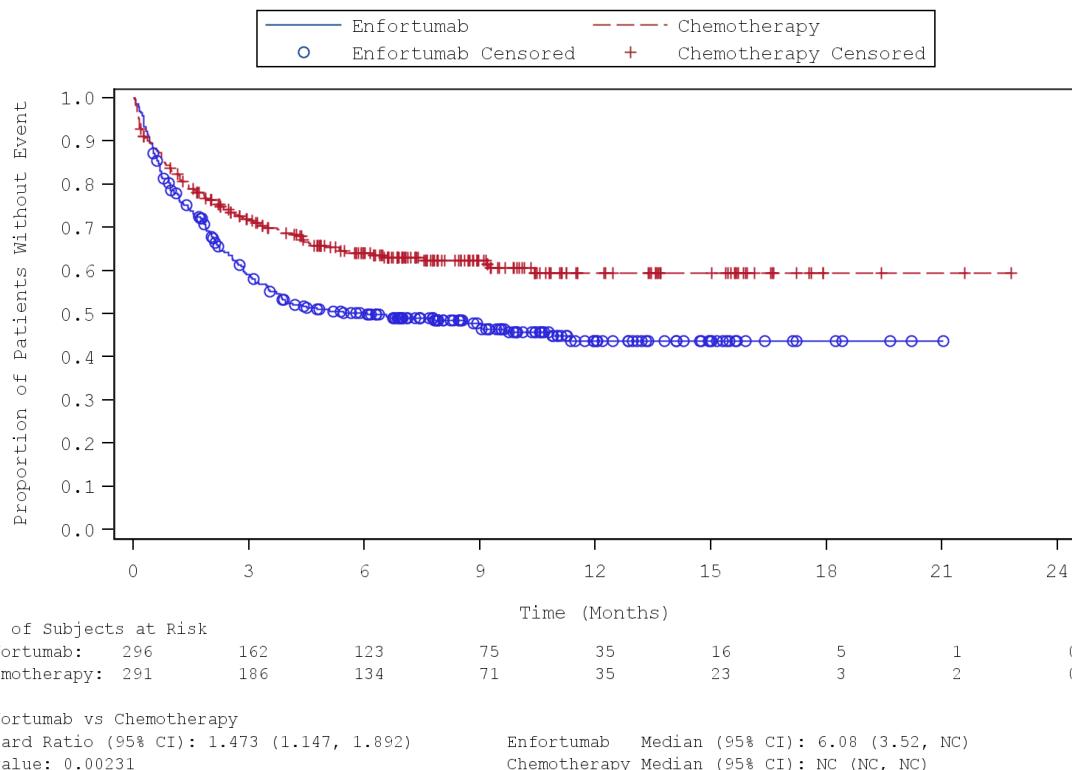
NA: Not Available. NC: Not Calculable.

Reference Table: Tab\_TEAE\_KM\_SAF

Astellas: 7465-CL-0301

Figure TEAE.KM.SAF: Time to First Treatment Emergent Adverse Event (Months) – Infections and infestations (Safety Analysis Set)

Subgroup: Overall, Level: NA



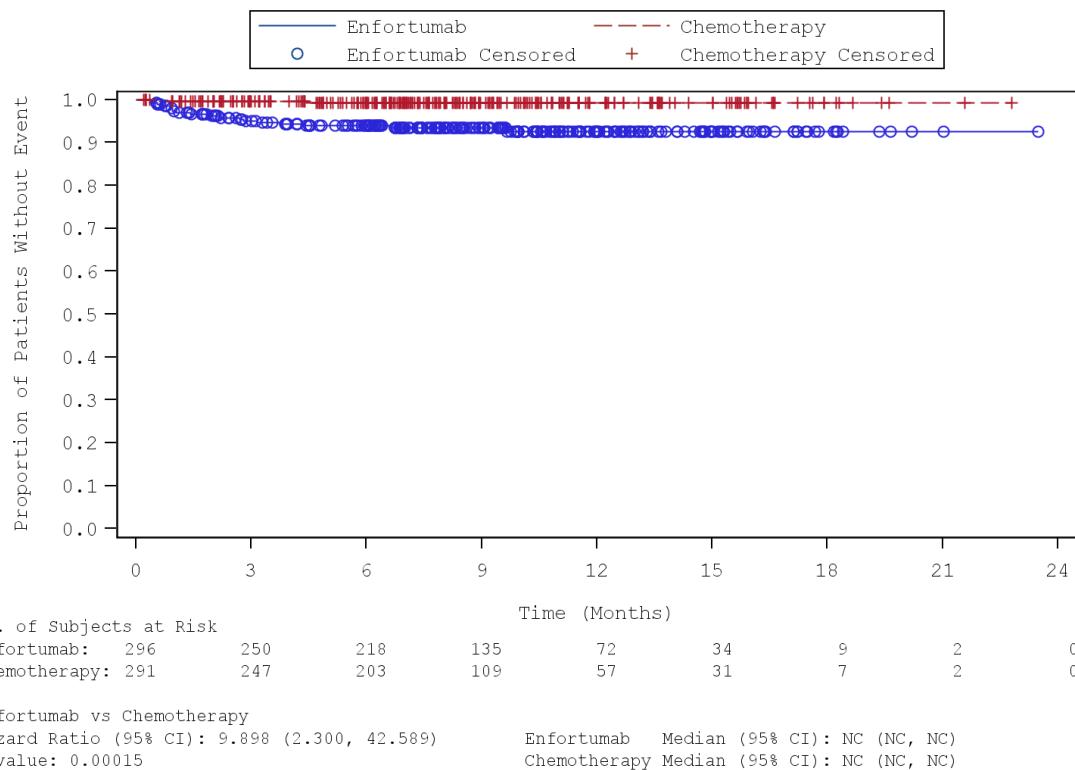
NA: Not Available. NC: Not Calculable.

Reference Table: Tab\_TEAE\_KM\_SAF

Astellas: 7465-CL-0301

Figure TEAE.KM.SAF: Time to First Treatment Emergent Adverse Event (Months) – Infections and infestations: Conjunctivitis (Safety Analysis Set)

Subgroup: Overall, Level: NA



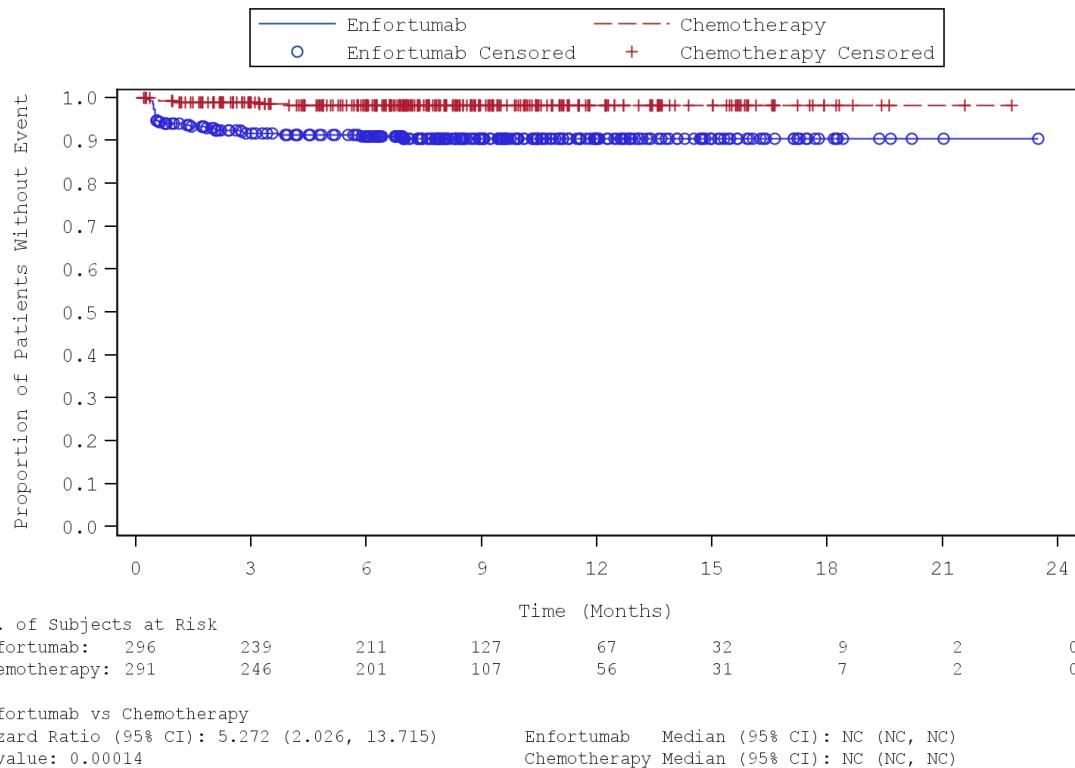
NA: Not Available. NC: Not Calculable.

Reference Table: Tab\_TEAE\_KM\_SAF

Astellas: 7465-CL-0301

Figure TEAE.KM.SAF: Time to First Treatment Emergent Adverse Event (Months) – Investigations: Alanine aminotransferase increased (Safety Analysis Set)

Subgroup: Overall, Level: NA



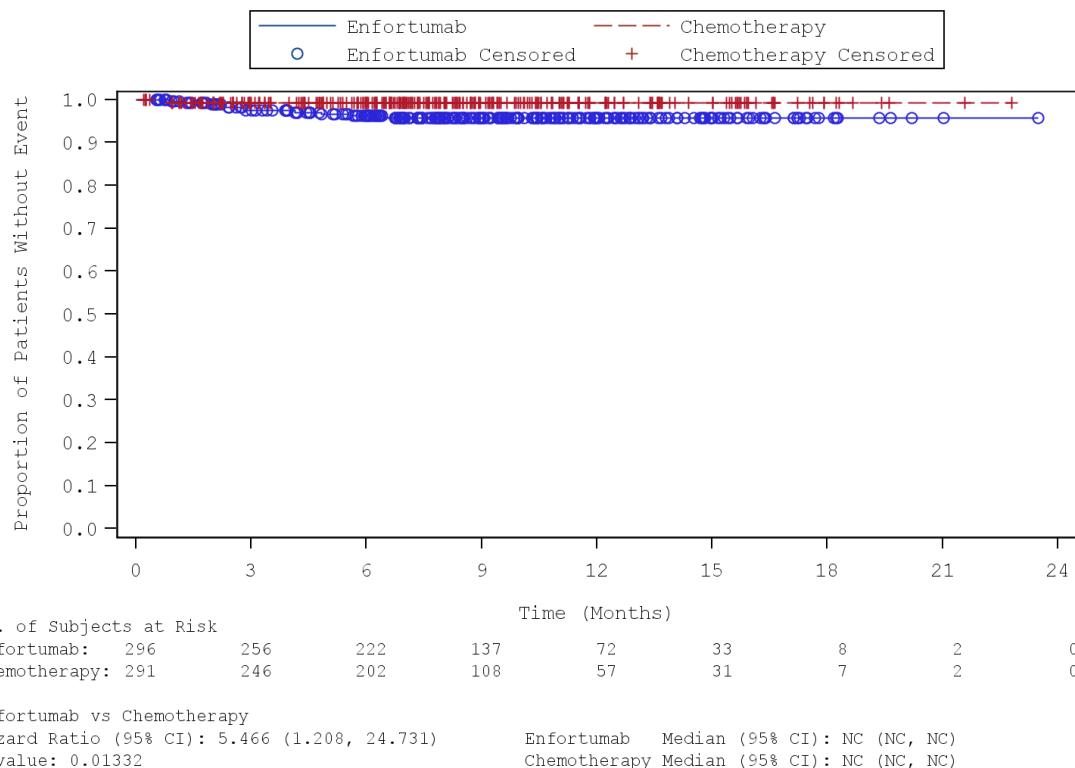
NA: Not Available. NC: Not Calculable.

Reference Table: Tab\_TEAE\_KM\_SAF

Astellas: 7465-CL-0301

Figure TEAE.KM.SAF: Time to First Treatment Emergent Adverse Event (Months) – Investigations: Amylase increased (Safety Analysis Set)

Subgroup: Overall, Level: NA



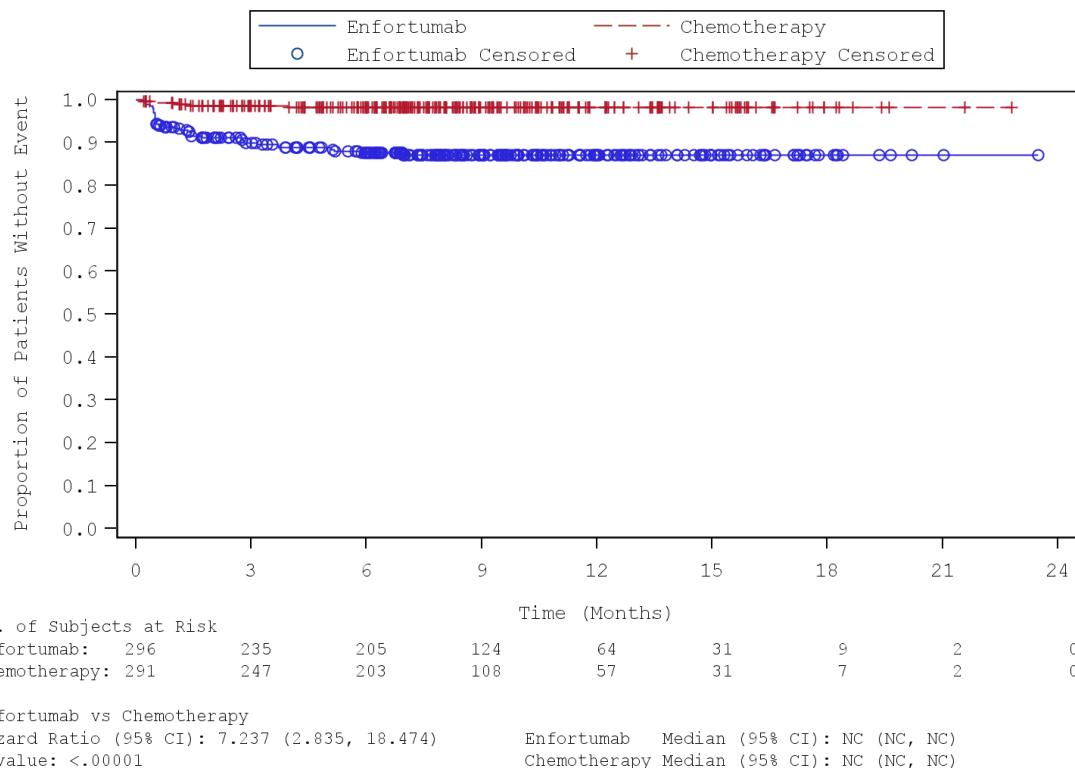
NA: Not Available. NC: Not Calculable.

Reference Table: Tab\_TEAE\_KM\_SAF

Astellas: 7465-CL-0301

Figure TEAE.KM.SAF: Time to First Treatment Emergent Adverse Event (Months) – Investigations: Aspartate aminotransferase increased (Safety Analysis Set)

Subgroup: Overall, Level: NA



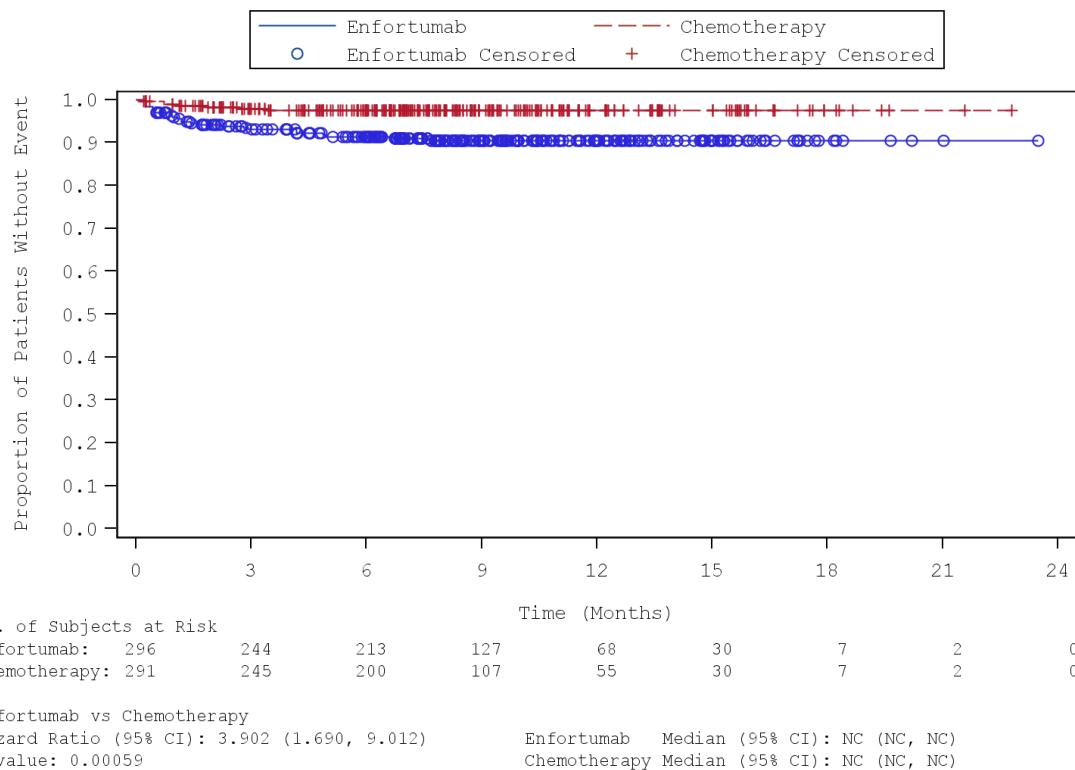
NA: Not Available. NC: Not Calculable.

Reference Table: Tab\_TEAE\_KM\_SAF

Astellas: 7465-CL-0301

Figure TEAE.KM.SAF: Time to First Treatment Emergent Adverse Event (Months) – Investigations: Blood creatinine increased (Safety Analysis Set)

Subgroup: Overall, Level: NA



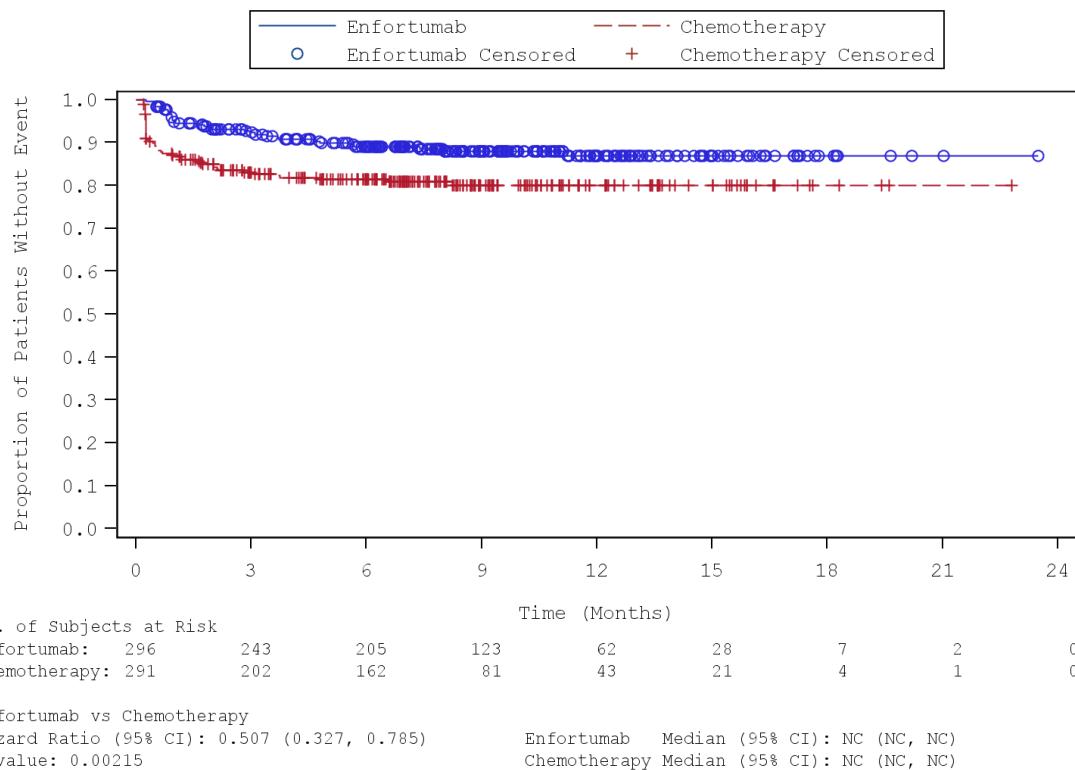
NA: Not Available. NC: Not Calculable.

Reference Table: Tab\_TEAE\_KM\_SAF

Astellas: 7465-CL-0301

Figure TEAE.KM.SAF: Time to First Treatment Emergent Adverse Event (Months) – Investigations: Neutrophil count decreased (Safety Analysis Set)

Subgroup: Overall, Level: NA



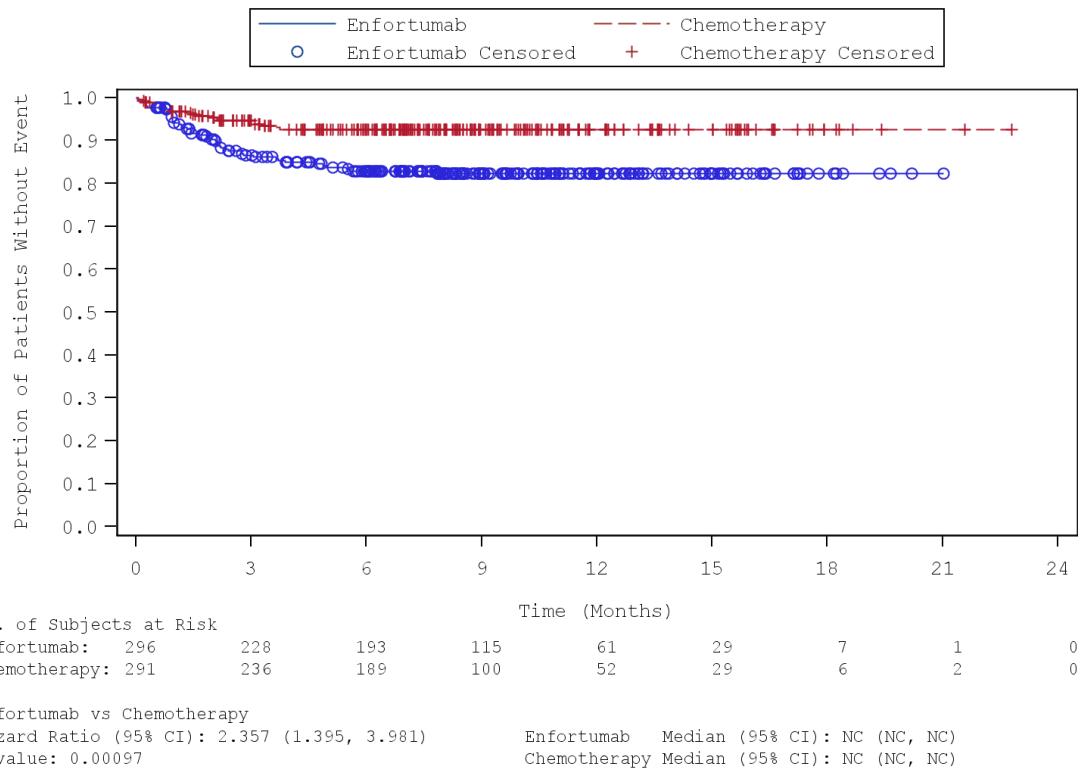
NA: Not Available. NC: Not Calculable.

Reference Table: Tab\_TEAE\_KM\_SAF

Astellas: 7465-CL-0301

Figure TEAE.KM.SAF: Time to First Treatment Emergent Adverse Event (Months) –  
Investigations: Weight decreased (Safety Analysis Set)

Subgroup: Overall, Level: NA



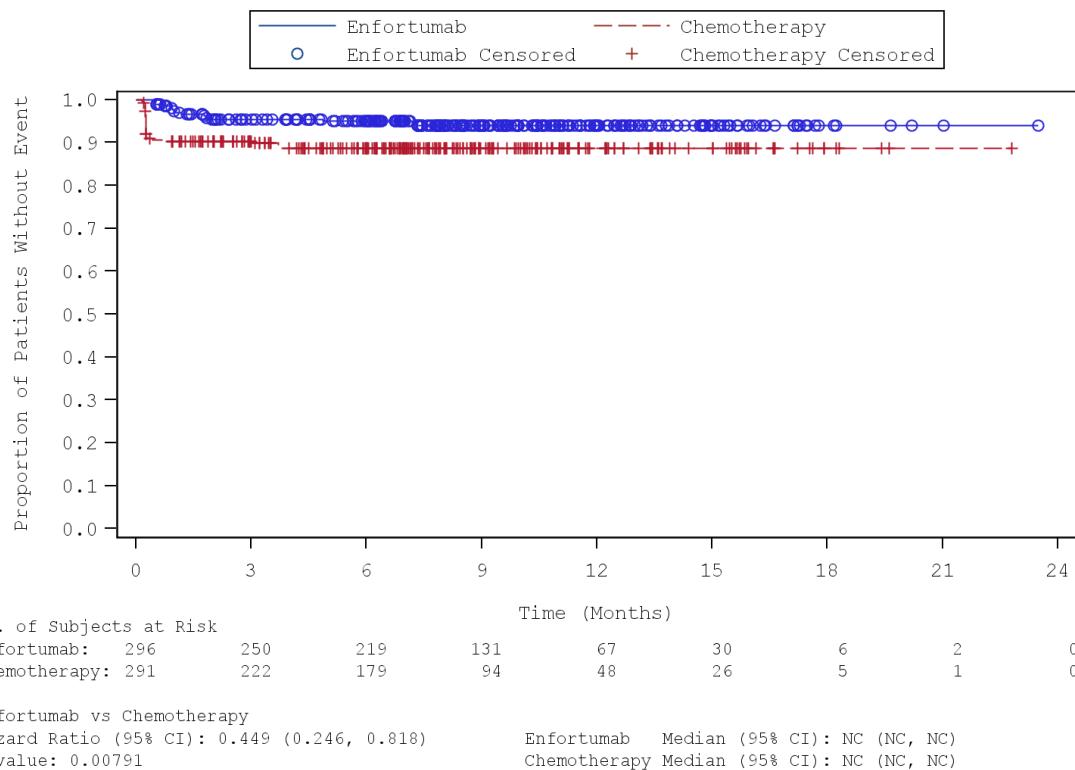
NA: Not Available. NC: Not Calculable.

Reference Table: Tab\_TEAE\_KM\_SAF

Astellas: 7465-CL-0301

Figure TEAE.KM.SAF: Time to First Treatment Emergent Adverse Event (Months) – Investigations: White blood cell count decreased (Safety Analysis Set)

Subgroup: Overall, Level: NA



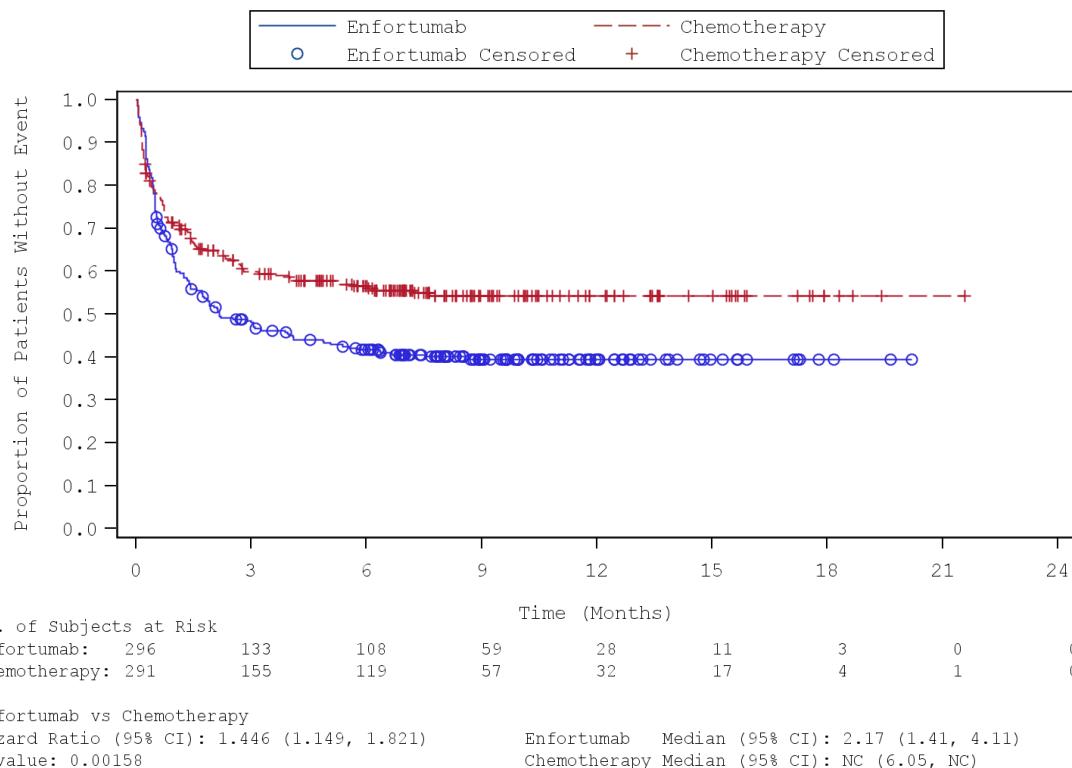
NA: Not Available. NC: Not Calculable.

Reference Table: Tab\_TEAE\_KM\_SAF

Astellas: 7465-CL-0301

Figure TEAE.KM.SAF: Time to First Treatment Emergent Adverse Event (Months) – Metabolism and nutrition disorders (Safety Analysis Set)

Subgroup: Overall, Level: NA



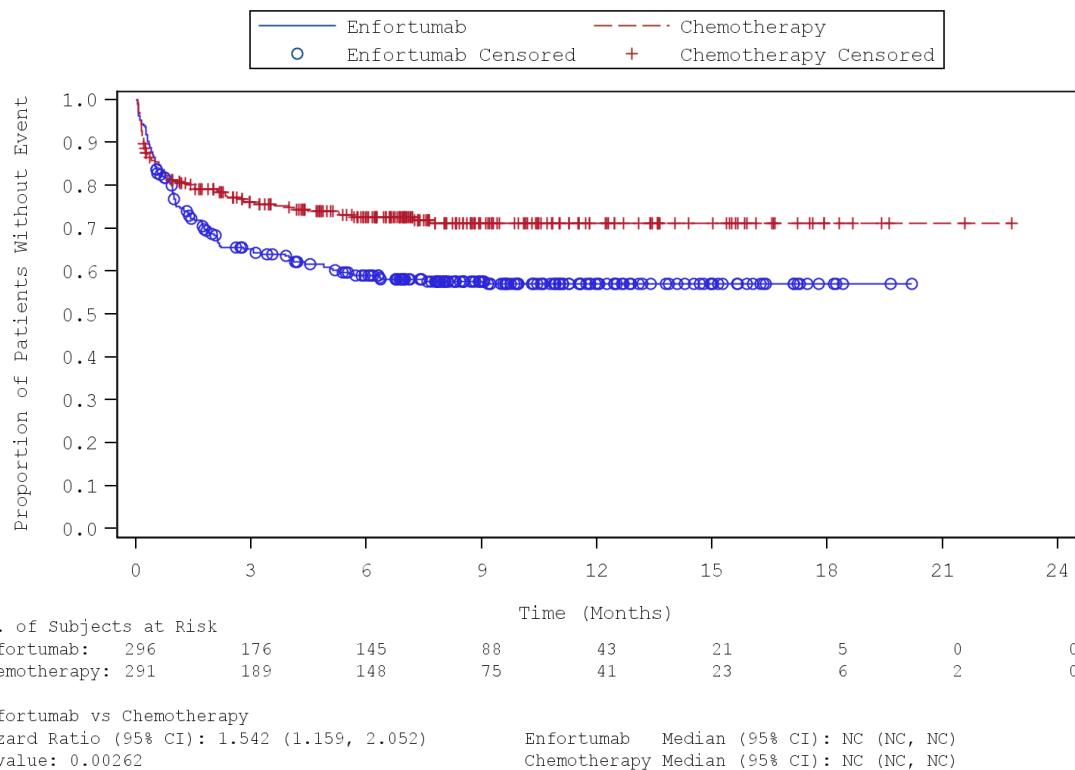
NA: Not Available. NC: Not Calculable.

Reference Table: Tab\_TEAE\_KM\_SAF

Astellas: 7465-CL-0301

Figure TEAE.KM.SAF: Time to First Treatment Emergent Adverse Event (Months) – Metabolism and nutrition disorders: Decreased appetite (Safety Analysis Set)

Subgroup: Overall, Level: NA



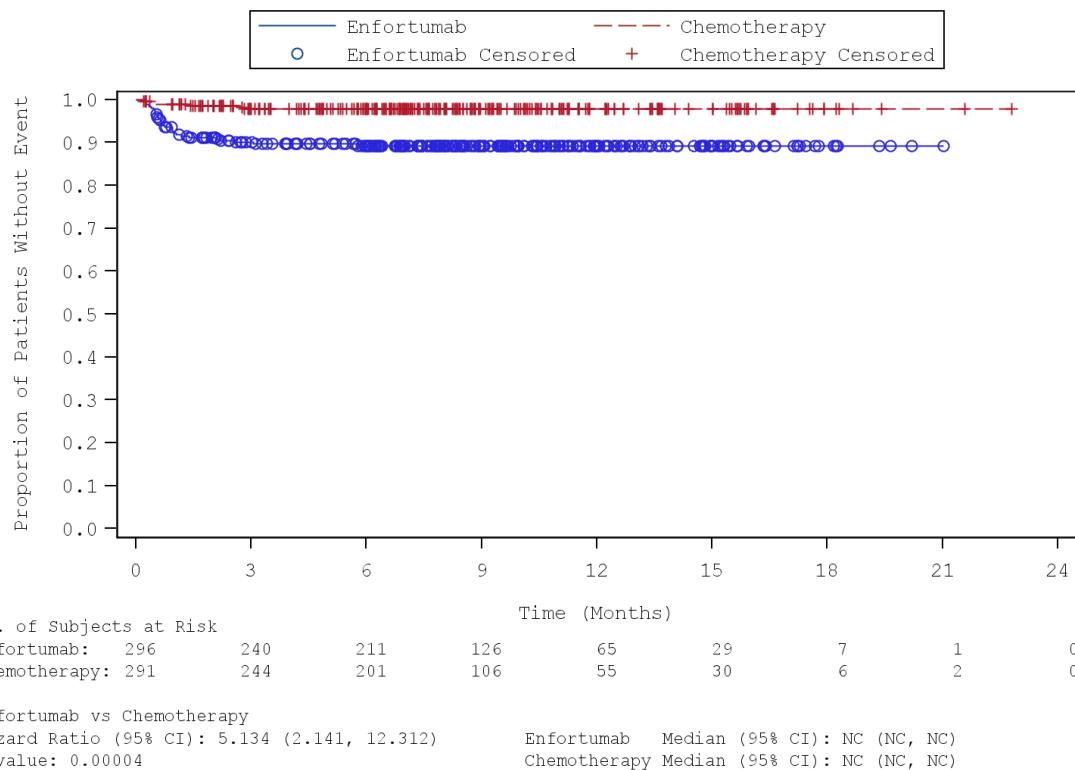
NA: Not Available. NC: Not Calculable.

Reference Table: Tab\_TEAE\_KM\_SAF

Astellas: 7465-CL-0301

Figure TEAE.KM.SAF: Time to First Treatment Emergent Adverse Event (Months) – Metabolism and nutrition disorders: Hyperglycaemia (Safety Analysis Set)

Subgroup: Overall, Level: NA



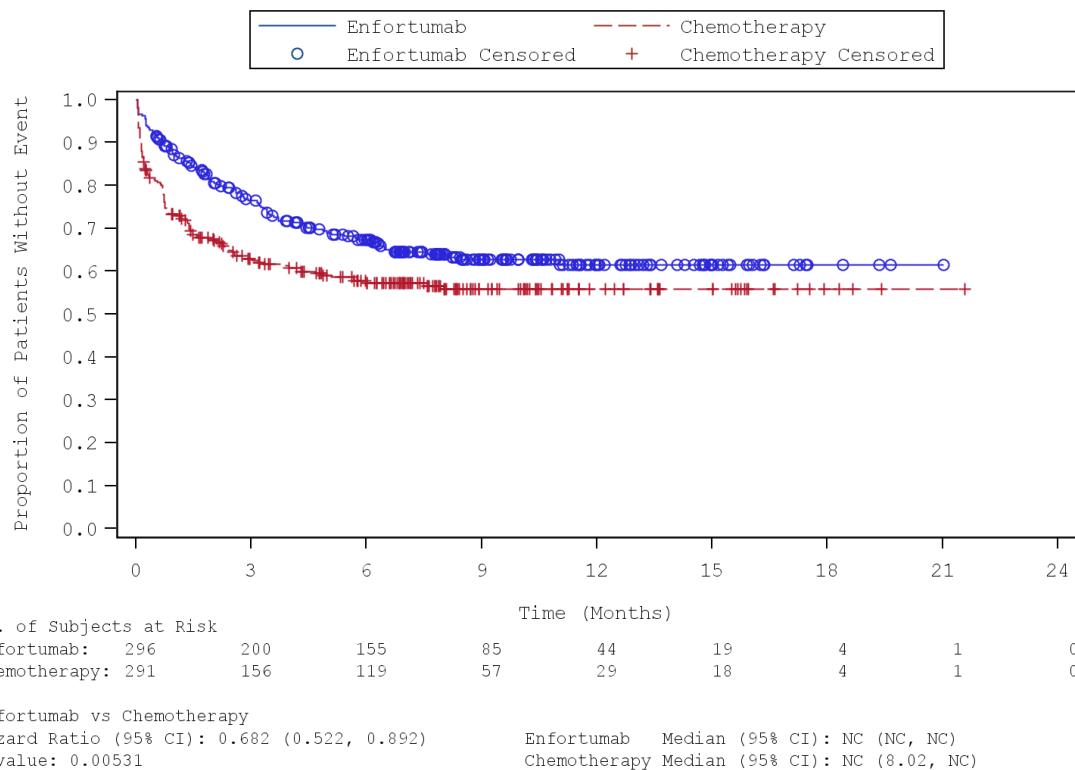
NA: Not Available. NC: Not Calculable.

Reference Table: Tab\_TEAE\_KM\_SAF

Astellas: 7465-CL-0301

Figure TEAE.KM.SAF: Time to First Treatment Emergent Adverse Event (Months) – Musculoskeletal and connective tissue disorders (Safety Analysis Set)

Subgroup: Overall, Level: NA



NA: Not Available. NC: Not Calculable.

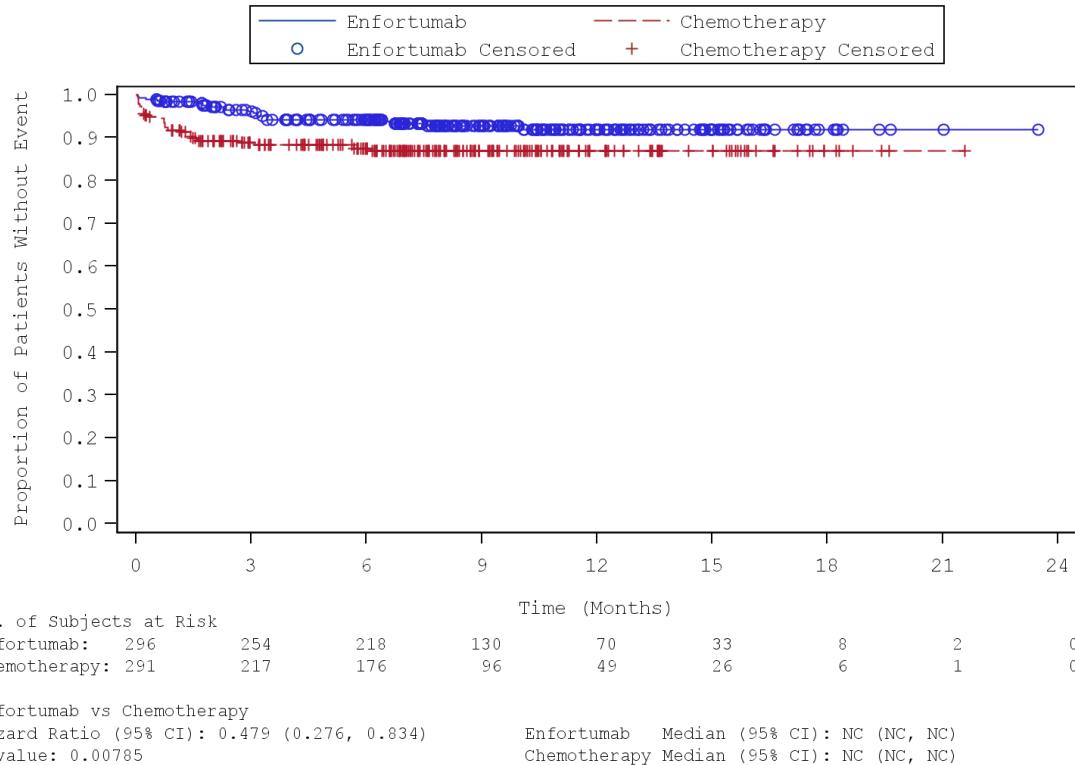
Reference Table: Tab\_TEAE\_KM\_SAF

Astellas: 7465-CL-0301

Figure TEAE.KM.SAF: Time to First Treatment Emergent Adverse Event (Months) –

Musculoskeletal and connective tissue disorders: Arthralgia (Safety Analysis Set)

Subgroup: Overall, Level: NA



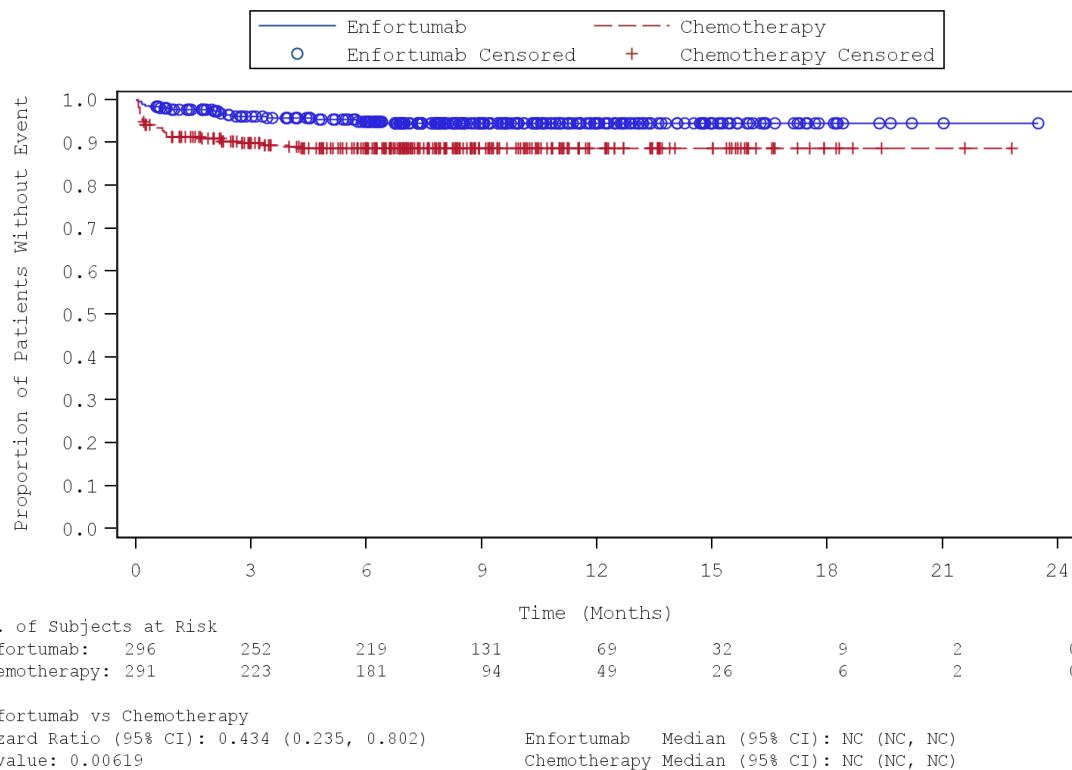
NA: Not Available. NC: Not Calculable.

Reference Table: Tab\_TEAE\_KM\_SAF

Astellas: 7465-CL-0301

Figure TEAE.KM.SAF: Time to First Treatment Emergent Adverse Event (Months) – Musculoskeletal and connective tissue disorders: Myalgia (Safety Analysis Set)

Subgroup: Overall, Level: NA



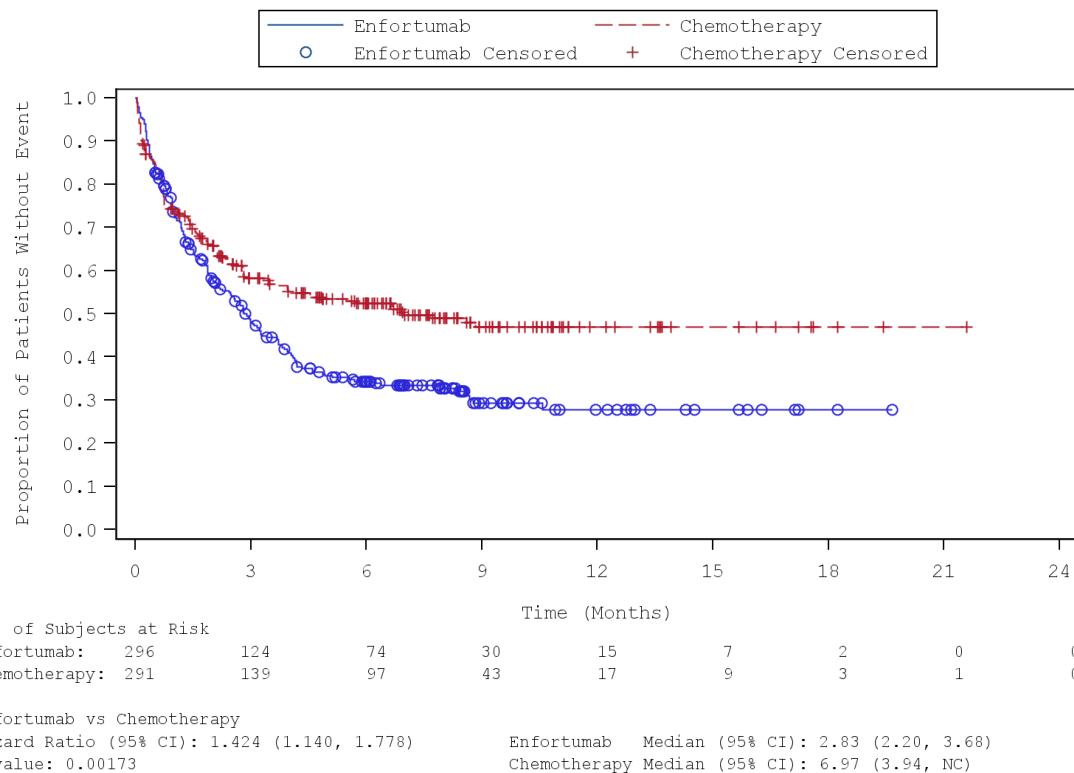
NA: Not Available. NC: Not Calculable.

Reference Table: Tab\_TEAE\_KM\_SAF

Astellas: 7465-CL-0301

Figure TEAE.KM.SAF: Time to First Treatment Emergent Adverse Event (Months) - Nervous system disorders (Safety Analysis Set)

Subgroup: Overall, Level: NA



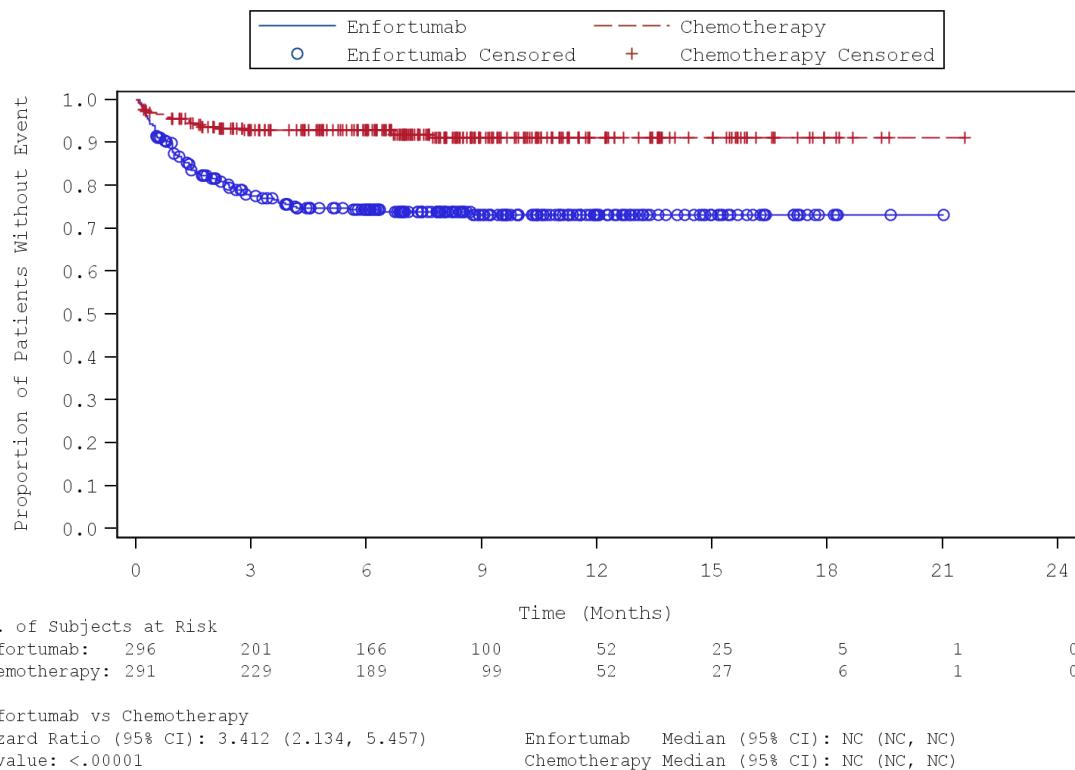
NA: Not Available. NC: Not Calculable.

Reference Table: Tab\_TEAE\_KM\_SAF

Astellas: 7465-CL-0301

Figure TEAE.KM.SAF: Time to First Treatment Emergent Adverse Event (Months) - Nervous system disorders: Dysgeusia (Safety Analysis Set)

Subgroup: Overall, Level: NA



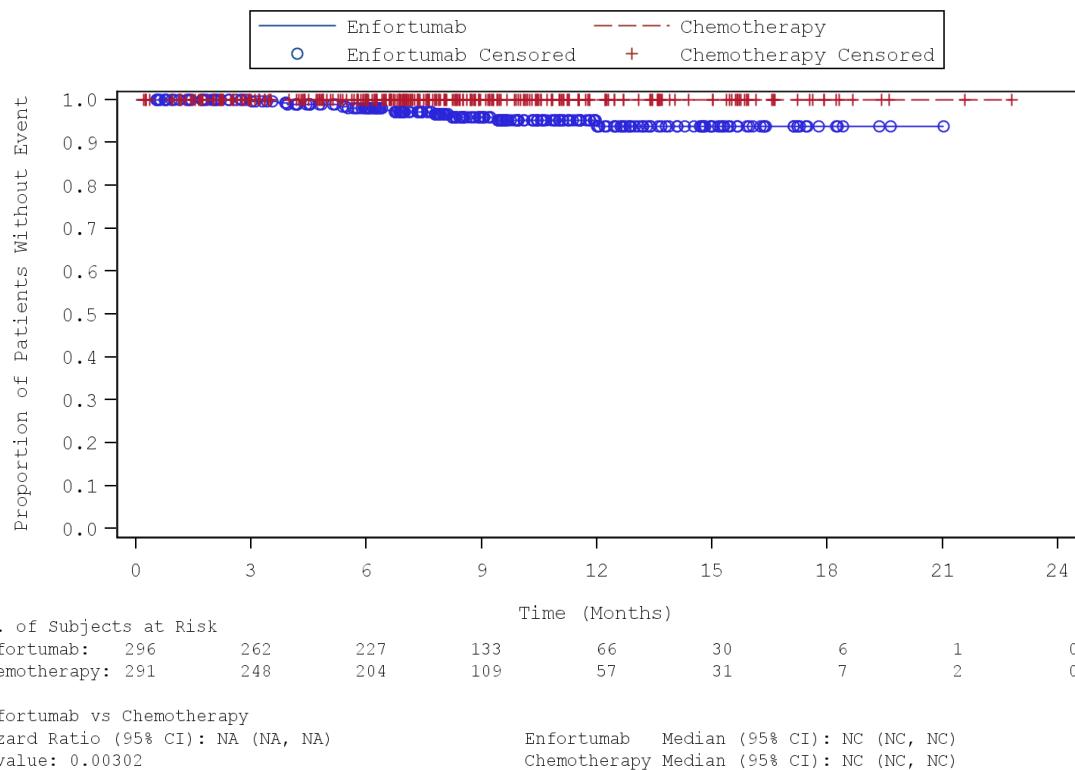
NA: Not Available. NC: Not Calculable.

Reference Table: Tab\_TEAE\_KM\_SAF

Astellas: 7465-CL-0301

Figure TEAE.KM.SAF: Time to First Treatment Emergent Adverse Event (Months) - Nervous system disorders: Peripheral motor neuropathy (Safety Analysis Set)

Subgroup: Overall, Level: NA



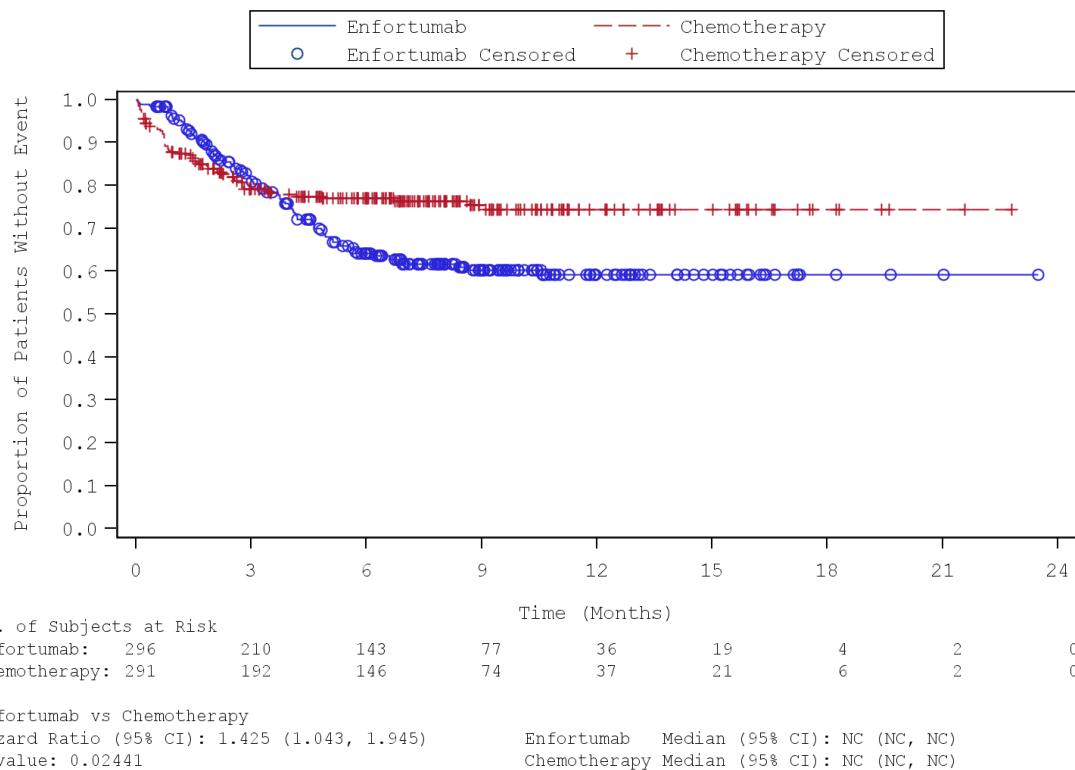
NA: Not Available. NC: Not Calculable.

Reference Table: Tab\_TEAE\_KM\_SAF

Astellas: 7465-CL-0301

Figure TEAE.KM.SAF: Time to First Treatment Emergent Adverse Event (Months) - Nervous system disorders: Peripheral sensory neuropathy (Safety Analysis Set)

Subgroup: Overall, Level: NA



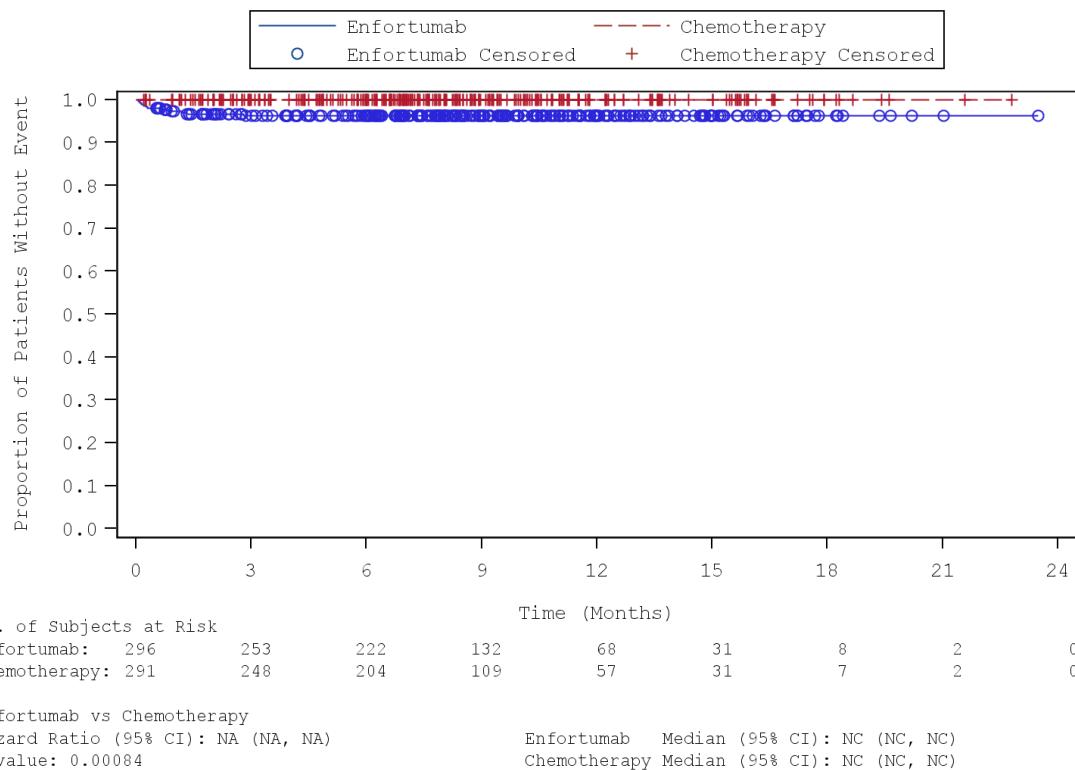
NA: Not Available. NC: Not Calculable.

Reference Table: Tab\_TEAE\_KM\_SAF

Astellas: 7465-CL-0301

Figure TEAE.KM.SAF: Time to First Treatment Emergent Adverse Event (Months) - Nervous system disorders: Taste disorder (Safety Analysis Set)

Subgroup: Overall, Level: NA



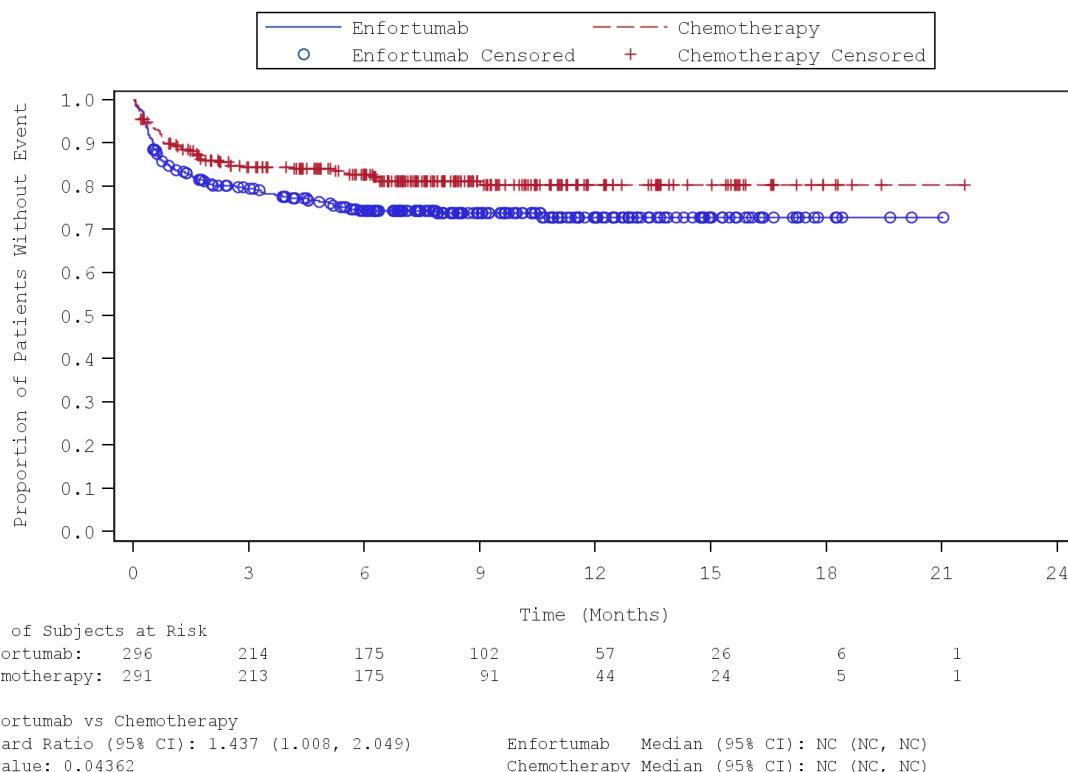
NA: Not Available. NC: Not Calculable.

Reference Table: Tab\_TEAE\_KM\_SAF

Astellas: 7465-CL-0301

Figure TEAE.KM.SAF: Time to First Treatment Emergent Adverse Event (Months) - Renal and urinary disorders (Safety Analysis Set)

Subgroup: Overall, Level: NA



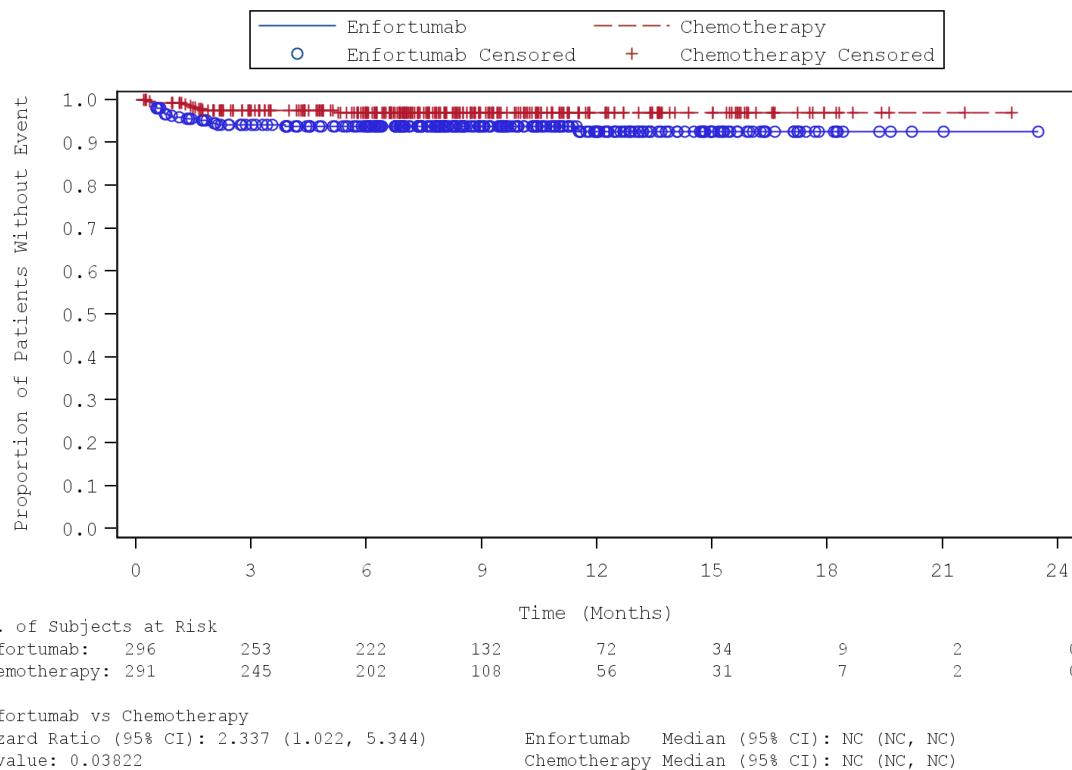
NA: Not Available. NC: Not Calculable.

Reference Table: Tab\_TEAE\_KM\_SAF

Astellas: 7465-CL-0301

Figure TEAE.KM.SAF: Time to First Treatment Emergent Adverse Event (Months) - Renal and urinary disorders: Acute kidney injury (Safety Analysis Set)

Subgroup: Overall, Level: NA



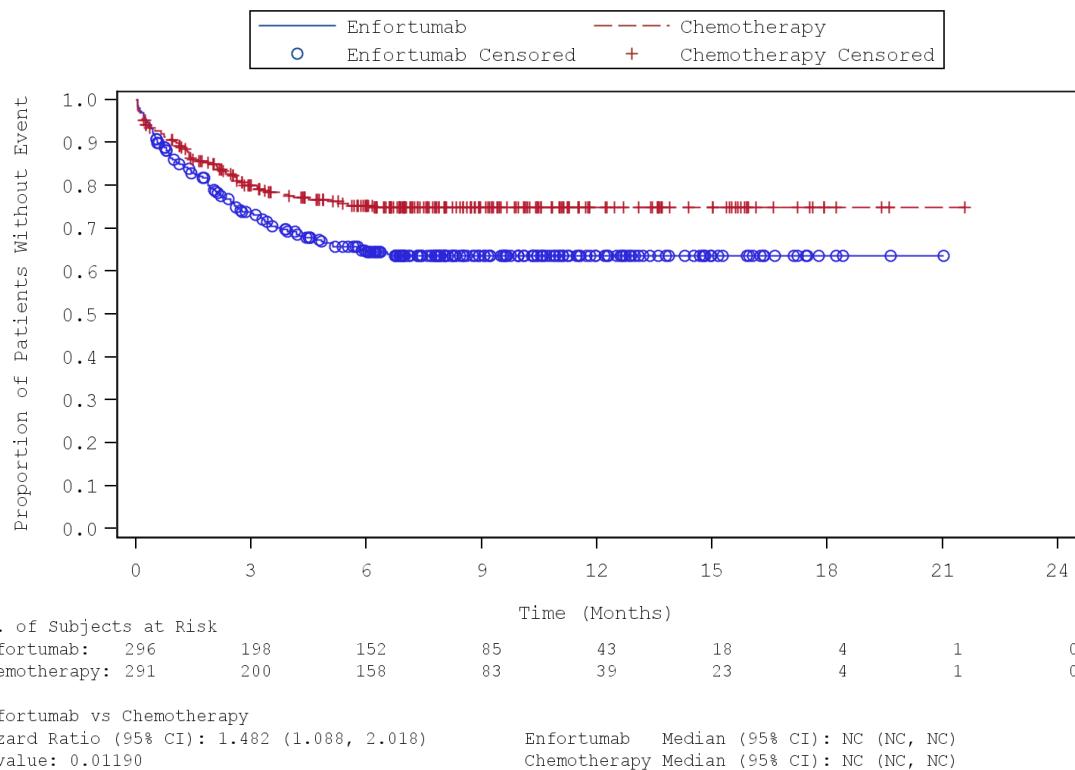
NA: Not Available. NC: Not Calculable.

Reference Table: Tab\_TEAE\_KM\_SAF

Astellas: 7465-CL-0301

Figure TEAE.KM.SAF: Time to First Treatment Emergent Adverse Event (Months) – Respiratory, thoracic and mediastinal disorders (Safety Analysis Set)

Subgroup: Overall, Level: NA



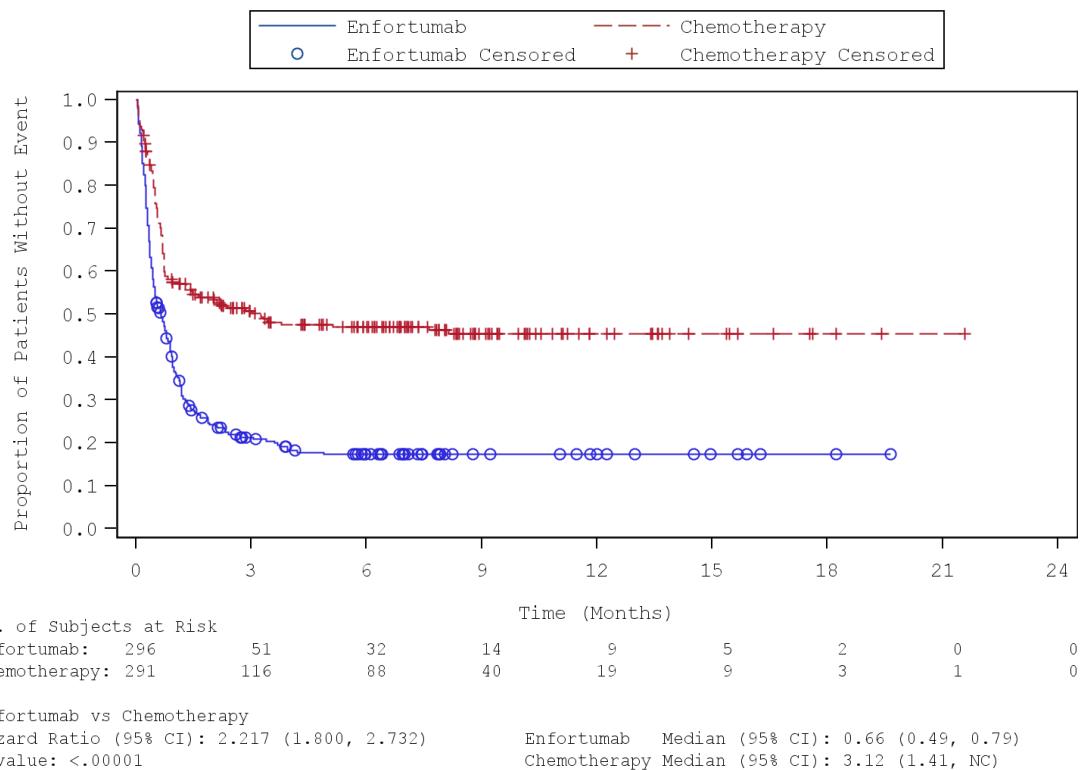
NA: Not Available. NC: Not Calculable.

Reference Table: Tab\_TEAE\_KM\_SAF

Astellas: 7465-CL-0301

Figure TEAE.KM.SAF: Time to First Treatment Emergent Adverse Event (Months) - Skin and subcutaneous tissue disorders (Safety Analysis Set)

Subgroup: Overall, Level: NA



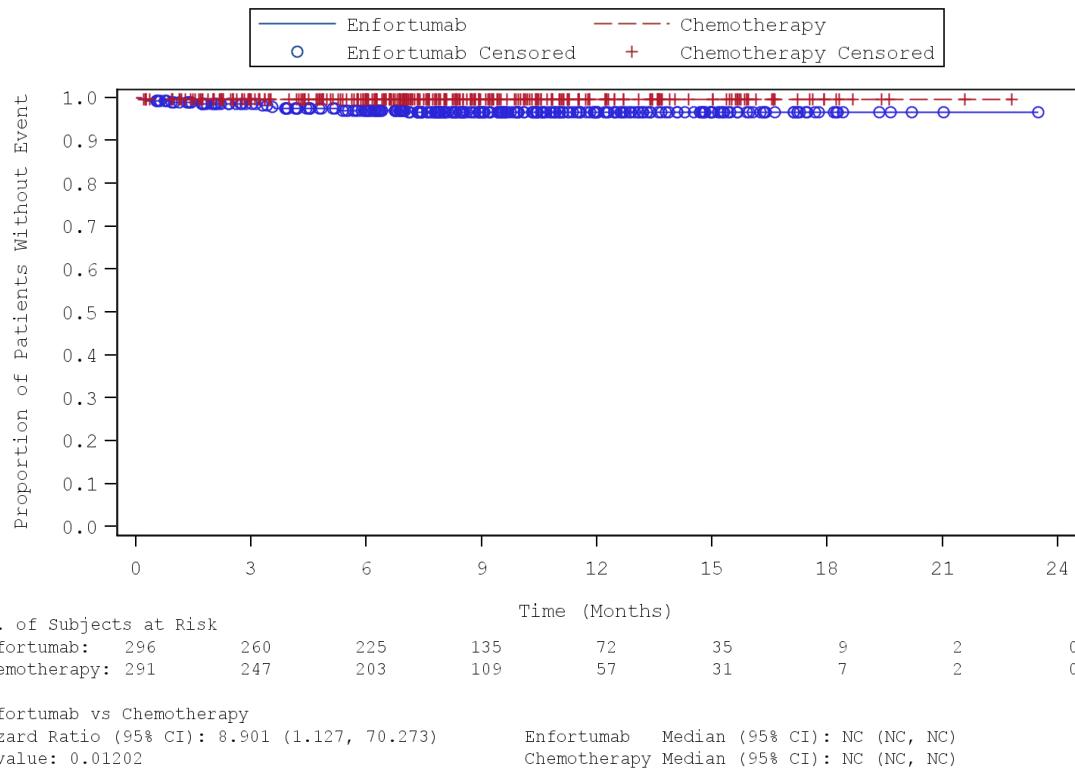
NA: Not Available. NC: Not Calculable.

Reference Table: Tab\_TEAE\_KM\_SAF

Astellas: 7465-CL-0301

Figure TEAE.KM.SAF: Time to First Treatment Emergent Adverse Event (Months) - Skin and subcutaneous tissue disorders: Blister (Safety Analysis Set)

Subgroup: Overall, Level: NA



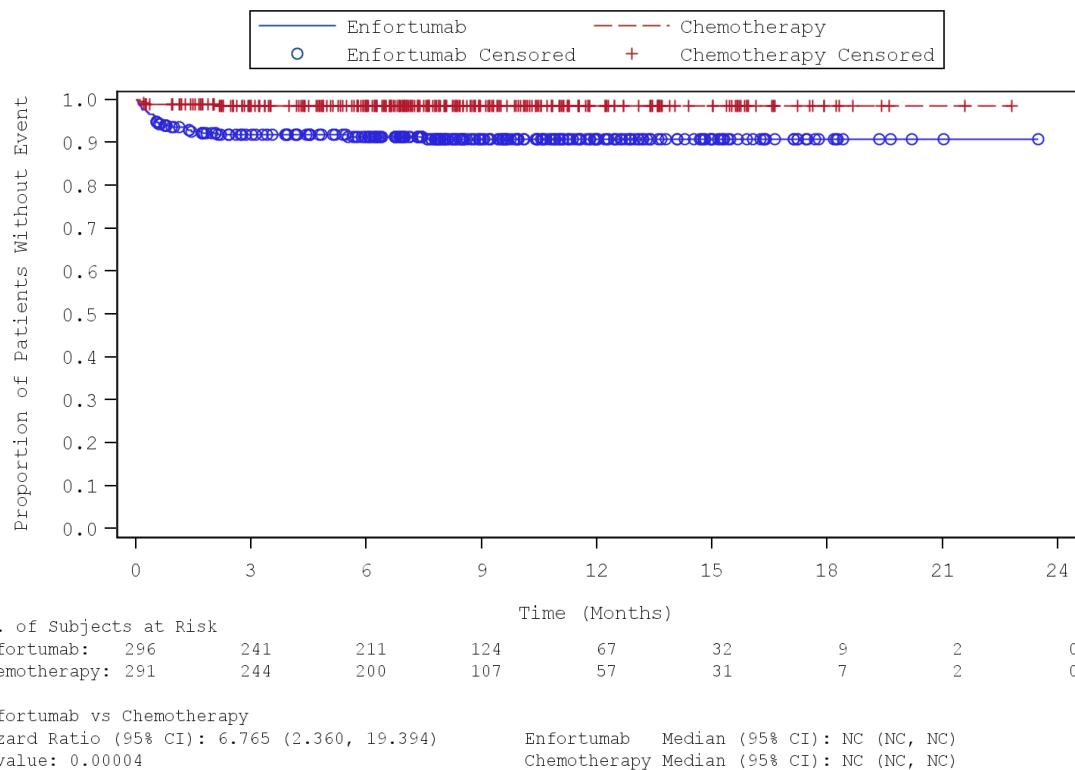
NA: Not Available. NC: Not Calculable.

Reference Table: Tab\_TEAE\_KM\_SAF

Astellas: 7465-CL-0301

Figure TEAE.KM.SAF: Time to First Treatment Emergent Adverse Event (Months) - Skin and subcutaneous tissue disorders: Drug eruption (Safety Analysis Set)

Subgroup: Overall, Level: NA



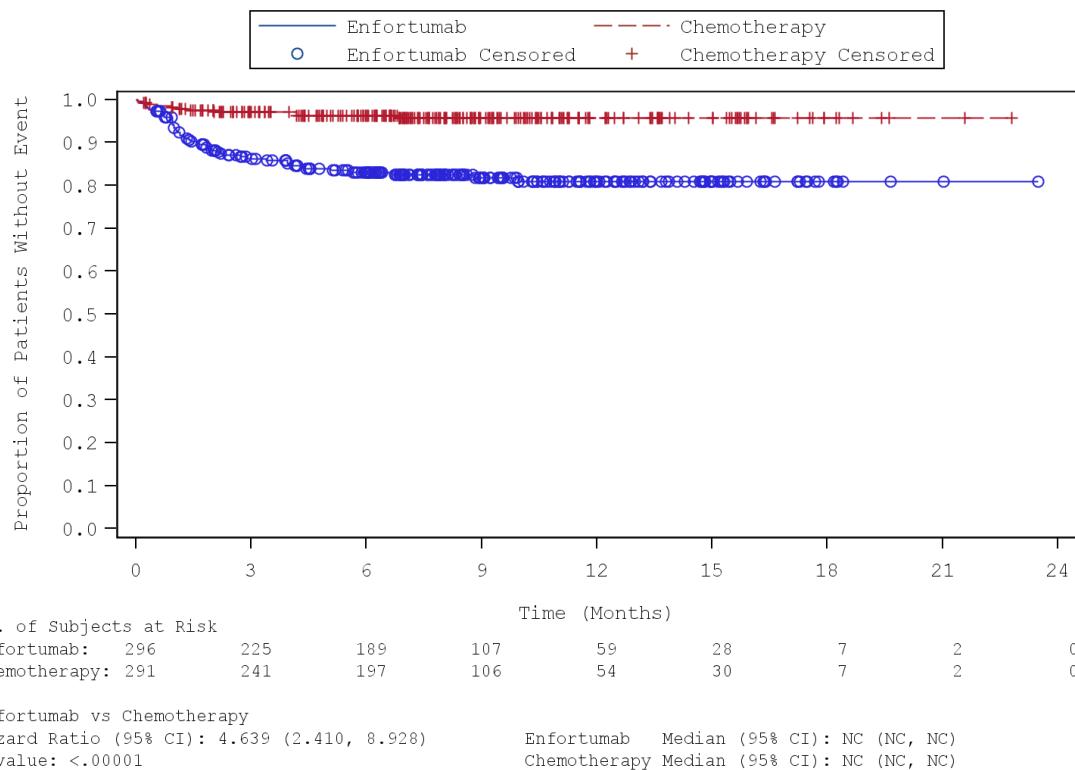
NA: Not Available. NC: Not Calculable.

Reference Table: Tab\_TEAE\_KM\_SAF

Astellas: 7465-CL-0301

Figure TEAE.KM.SAF: Time to First Treatment Emergent Adverse Event (Months) - Skin and subcutaneous tissue disorders: Dry skin (Safety Analysis Set)

Subgroup: Overall, Level: NA



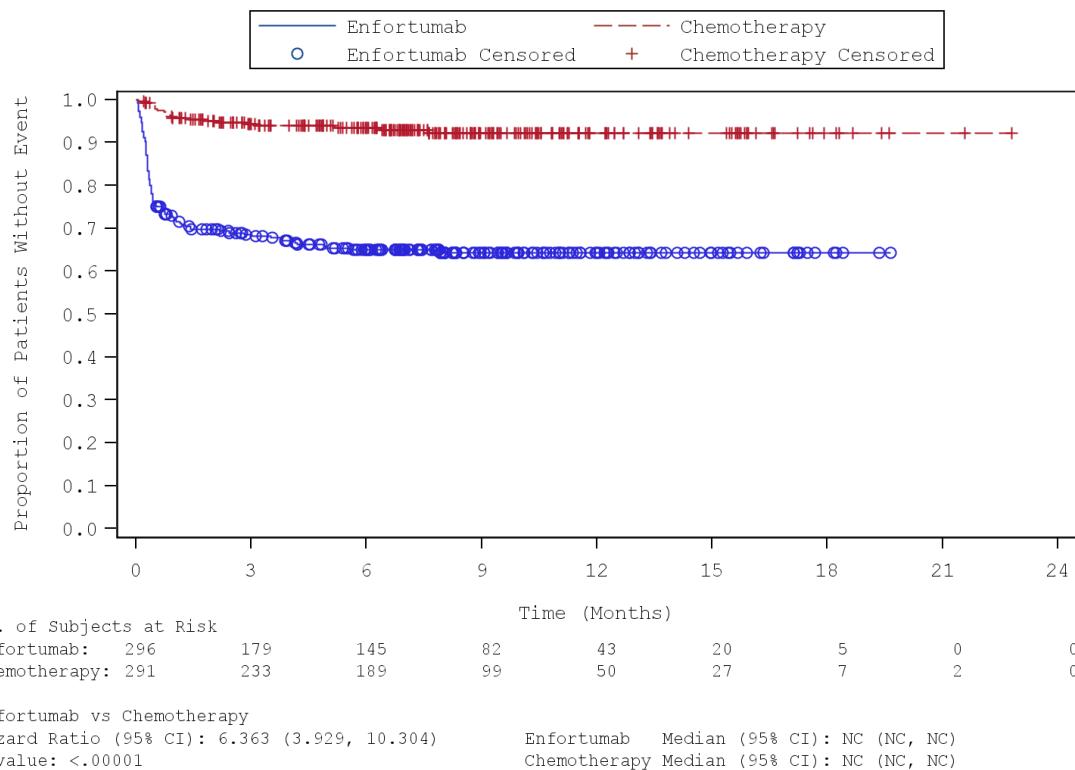
NA: Not Available. NC: Not Calculable.

Reference Table: Tab\_TEAE\_KM\_SAF

Astellas: 7465-CL-0301

Figure TEAE.KM.SAF: Time to First Treatment Emergent Adverse Event (Months) - Skin and subcutaneous tissue disorders: Pruritus (Safety Analysis Set)

Subgroup: Overall, Level: NA



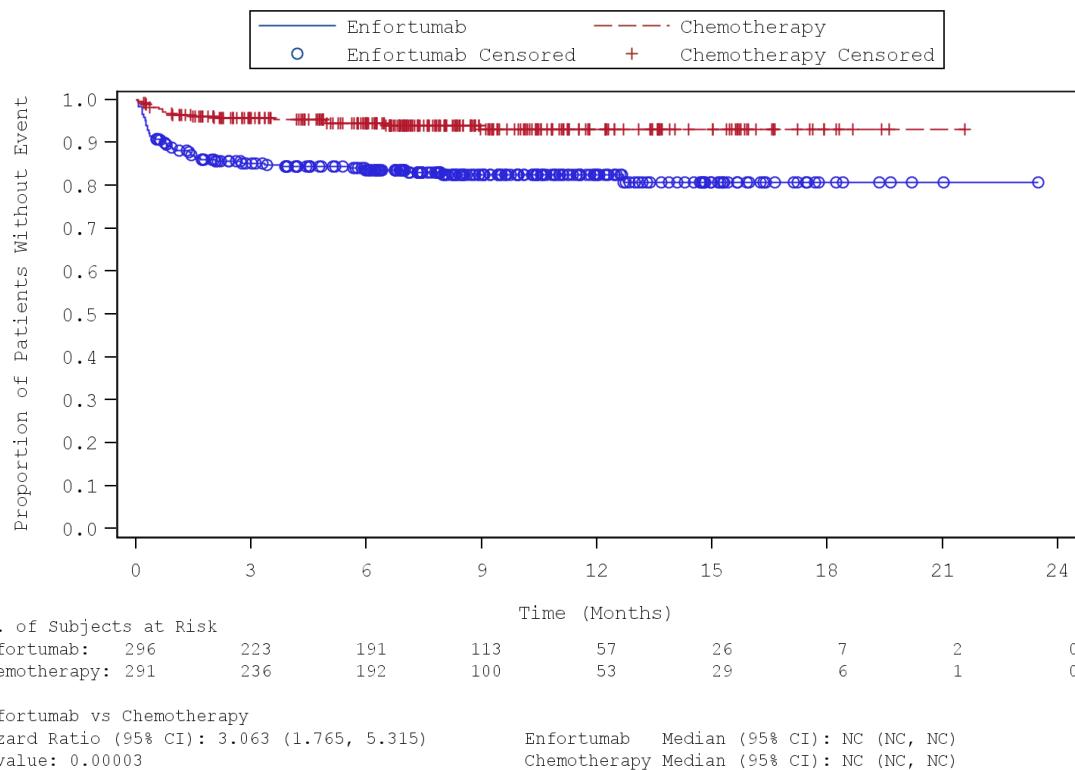
NA: Not Available. NC: Not Calculable.

Reference Table: Tab\_TEAE\_KM\_SAF

Astellas: 7465-CL-0301

Figure TEAE.KM.SAF: Time to First Treatment Emergent Adverse Event (Months) - Skin and subcutaneous tissue disorders: Rash (Safety Analysis Set)

Subgroup: Overall, Level: NA



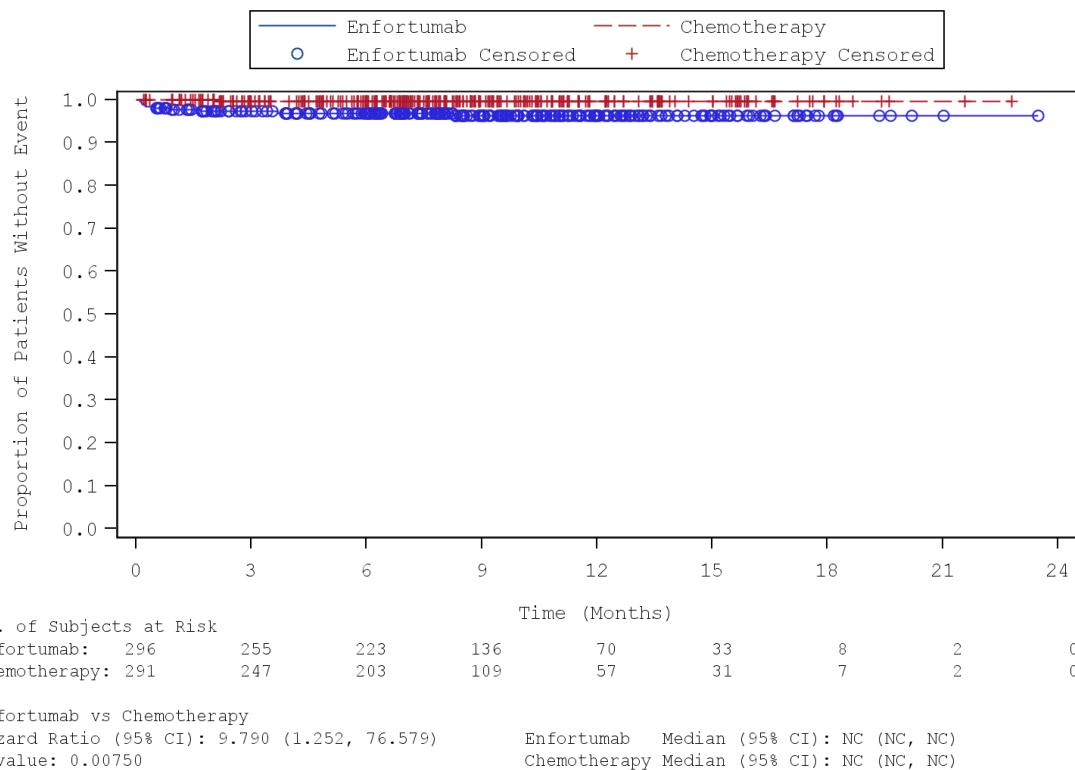
NA: Not Available. NC: Not Calculable.

Reference Table: Tab\_TEAE\_KM\_SAF

Astellas: 7465-CL-0301

Figure TEAE.KM.SAF: Time to First Treatment Emergent Adverse Event (Months) - Skin and subcutaneous tissue disorders: Rash erythematous (Safety Analysis Set)

Subgroup: Overall, Level: NA



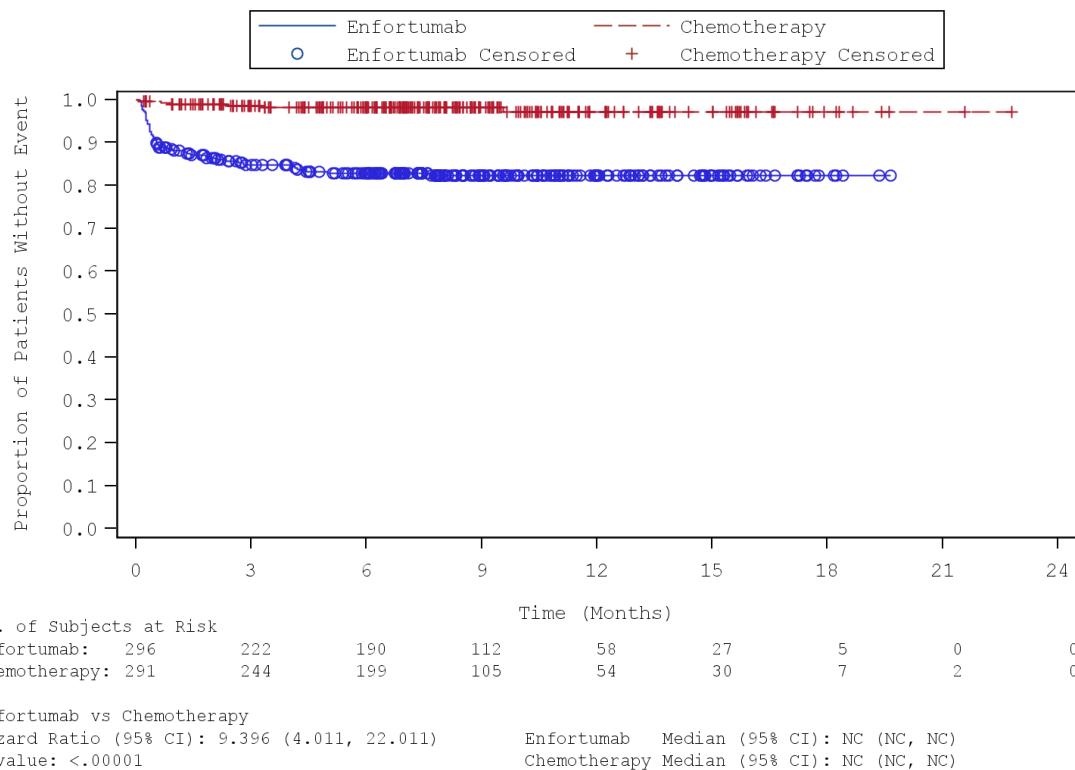
NA: Not Available. NC: Not Calculable.

Reference Table: Tab\_TEAE\_KM\_SAF

Astellas: 7465-CL-0301

Figure TEAE.KM.SAF: Time to First Treatment Emergent Adverse Event (Months) - Skin and subcutaneous tissue disorders: Rash maculo-papular (Safety Analysis Set)

Subgroup: Overall, Level: NA



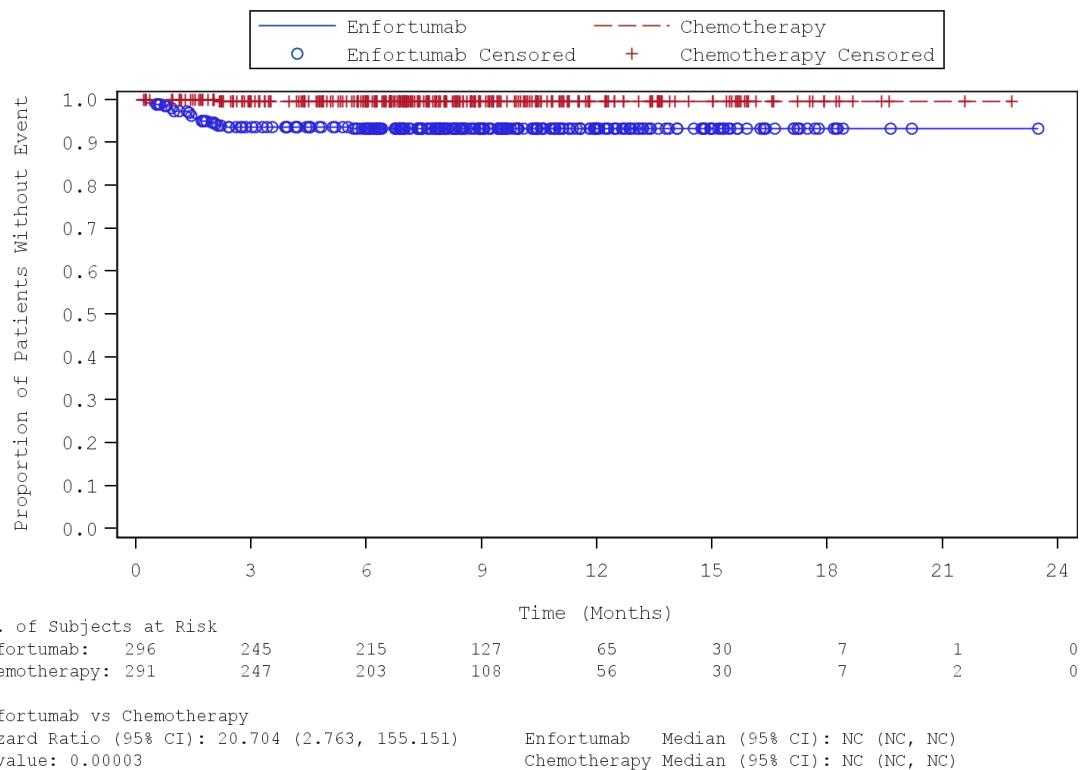
NA: Not Available. NC: Not Calculable.

Reference Table: Tab\_TEAE\_KM\_SAF

Astellas: 7465-CL-0301

Figure TEAE.KM.SAF: Time to First Treatment Emergent Adverse Event (Months) - Skin and subcutaneous tissue disorders: Skin hyperpigmentation (Safety Analysis Set)

Subgroup: Overall, Level: NA



NA: Not Available. NC: Not Calculable.

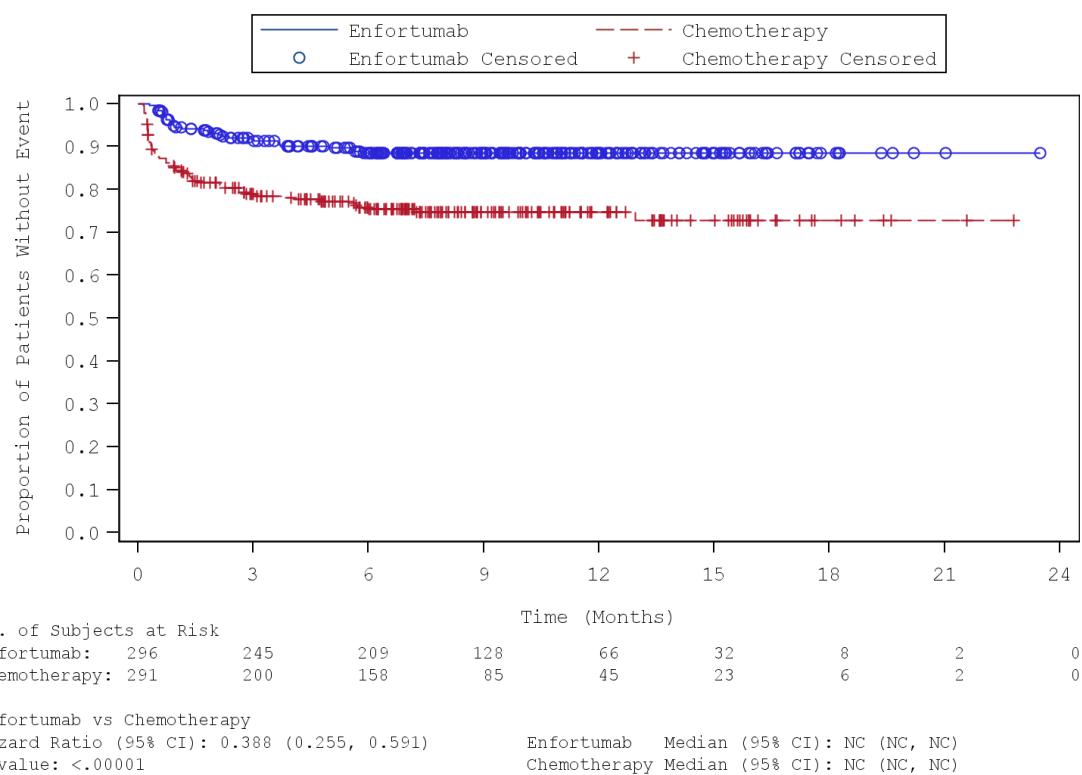
Reference Table: Tab\_TEAE\_KM\_SAF

#### 4.1.2 Schwer

Astellas: 7465-CL-0301

Figure AESV.KM.SAF: Time to First Severe Treatment Emergent Adverse Event (Months) – Blood and lymphatic system disorders (Safety Analysis Set)

Subgroup: Overall, Level: NA



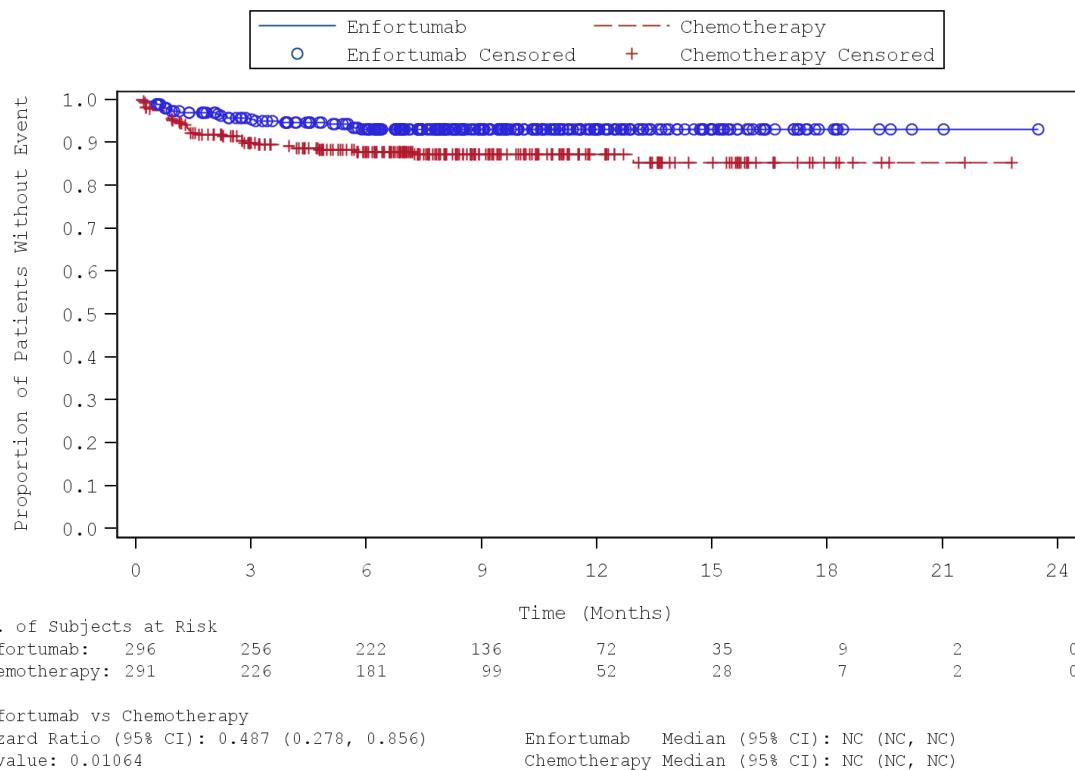
NA: Not Available. NC: Not Calculable.

Reference Table: Tab\_AESV\_KM\_SAF

Astellas: 7465-CL-0301

Figure AESV.KM.SAF: Time to First Severe Treatment Emergent Adverse Event (Months) – Blood and lymphatic system disorders: Anaemia (Safety Analysis Set)

Subgroup: Overall, Level: NA



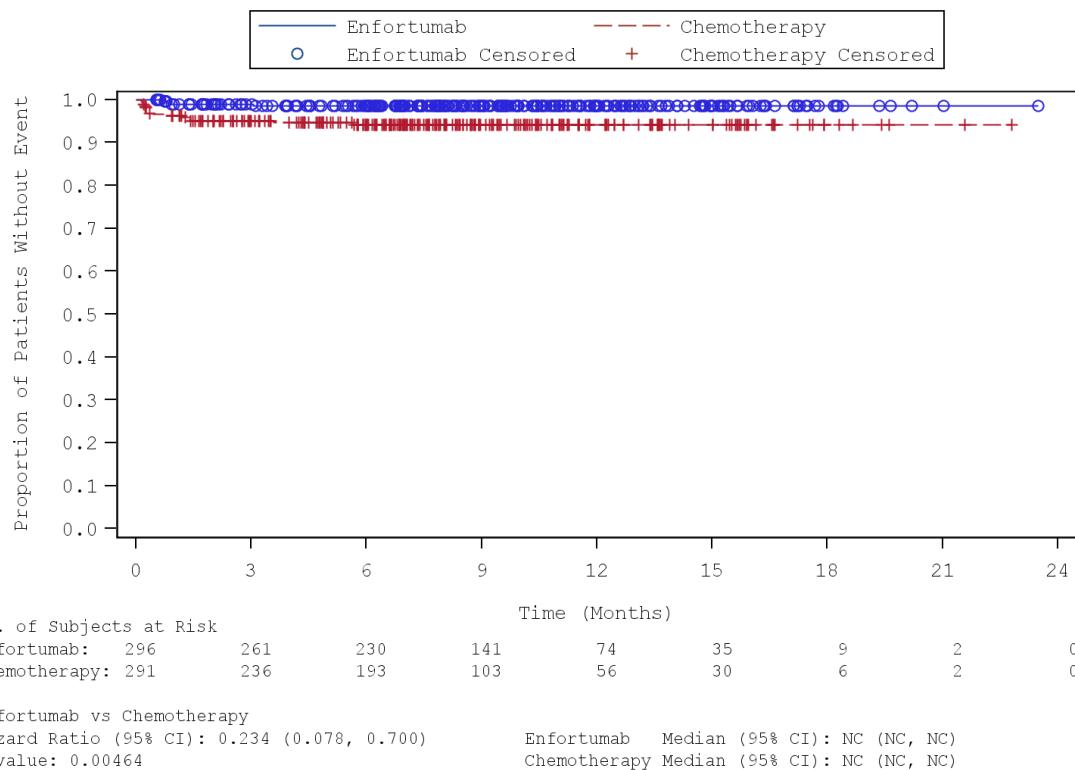
NA: Not Available. NC: Not Calculable.

Reference Table: Tab\_AESV\_KM\_SAF

Astellas: 7465-CL-0301

Figure AESV.KM.SAF: Time to First Severe Treatment Emergent Adverse Event (Months) – Blood and lymphatic system disorders: Febrile neutropenia (Safety Analysis Set)

Subgroup: Overall, Level: NA



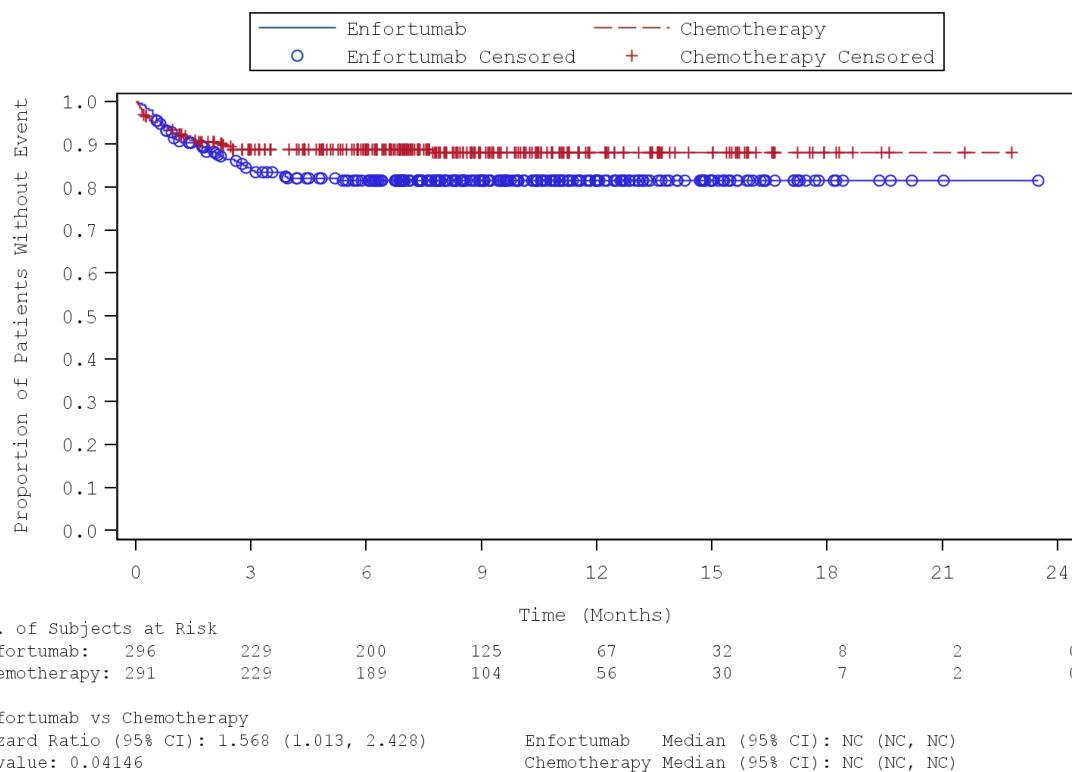
NA: Not Available. NC: Not Calculable.

Reference Table: Tab\_AESV\_KM\_SAF

Astellas: 7465-CL-0301

Figure AESV.KM.SAF: Time to First Severe Treatment Emergent Adverse Event (Months) – Infections and infestations (Safety Analysis Set)

Subgroup: Overall, Level: NA



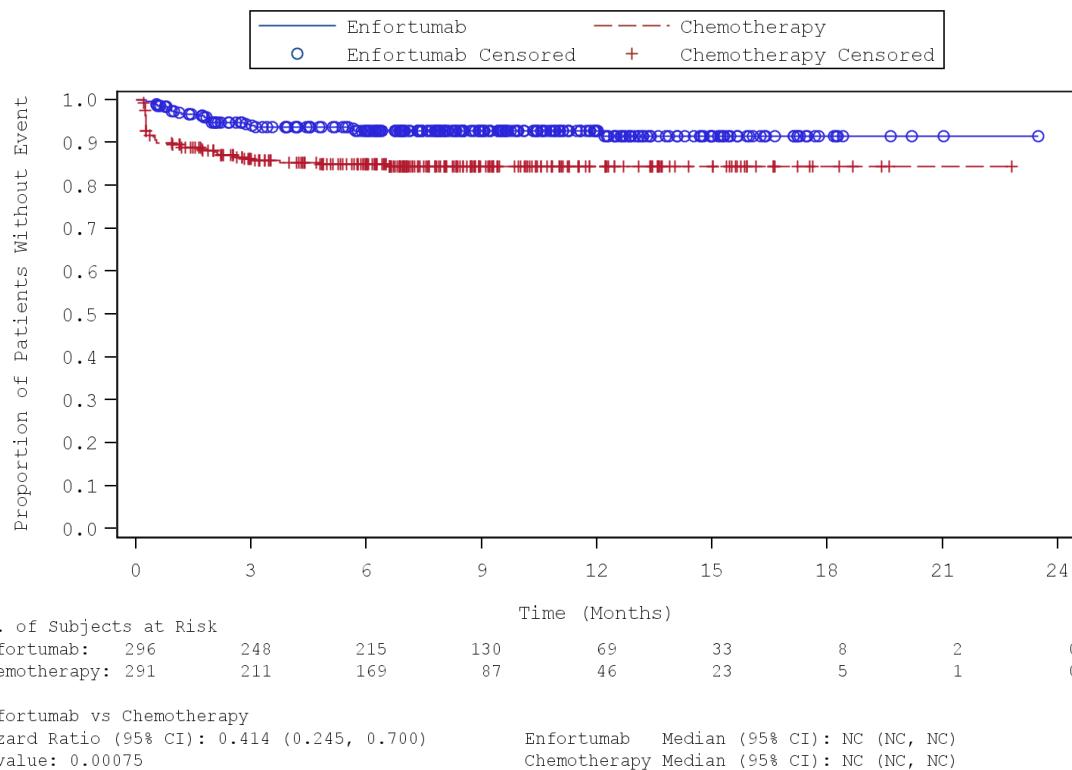
NA: Not Available. NC: Not Calculable.

Reference Table: Tab\_AESV\_KM\_SAF

Astellas: 7465-CL-0301

Figure AESV.KM.SAF: Time to First Severe Treatment Emergent Adverse Event (Months) – Investigations: Neutrophil count decreased (Safety Analysis Set)

Subgroup: Overall, Level: NA



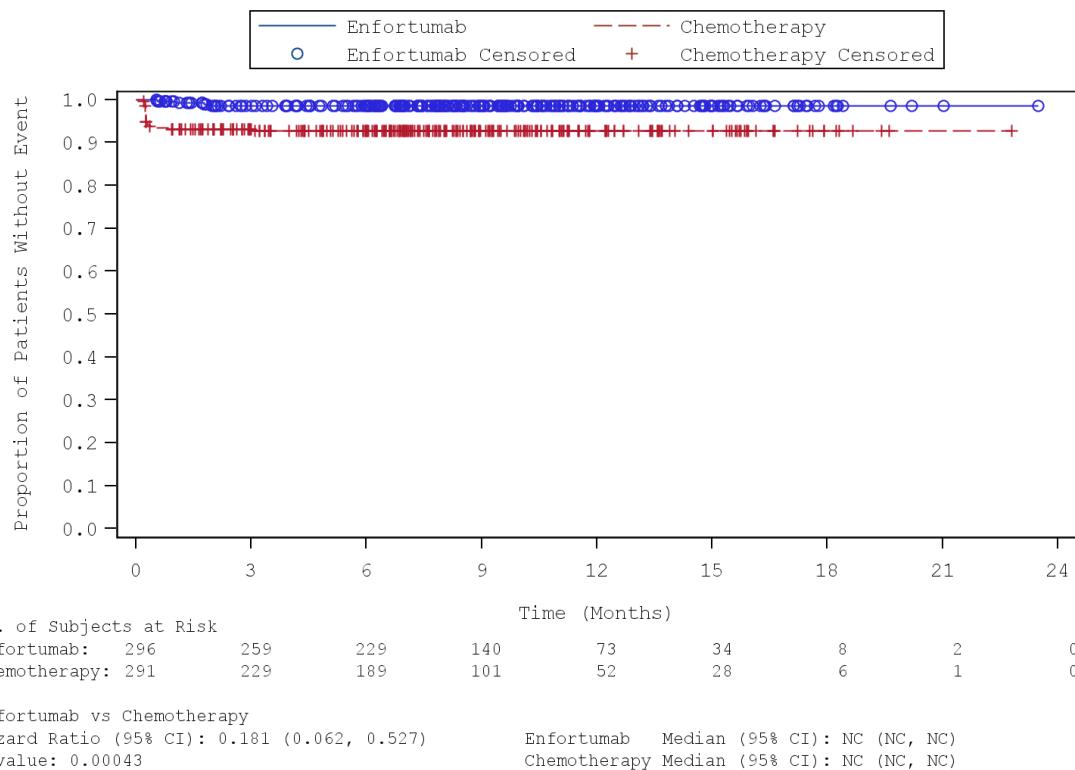
NA: Not Available. NC: Not Calculable.

Reference Table: Tab\_AESV\_KM\_SAF

Astellas: 7465-CL-0301

Figure AESV.KM.SAF: Time to First Severe Treatment Emergent Adverse Event (Months) – Investigations: White blood cell count decreased (Safety Analysis Set)

Subgroup: Overall, Level: NA



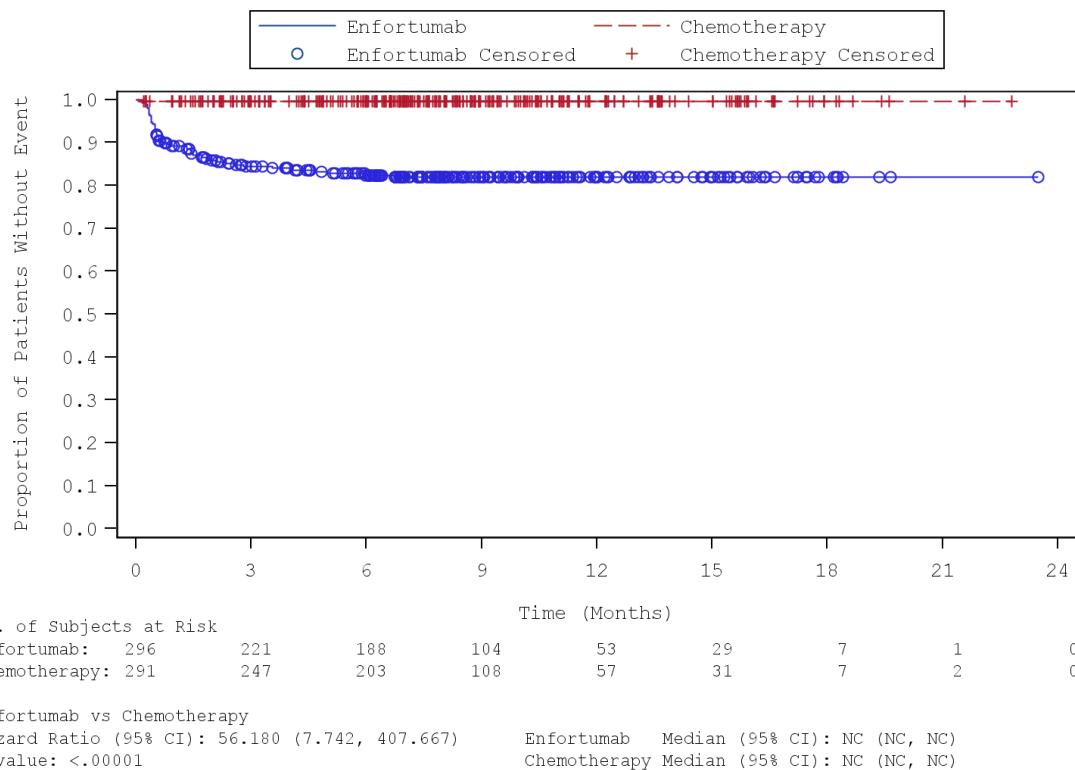
NA: Not Available. NC: Not Calculable.

Reference Table: Tab\_AESV\_KM\_SAF

Astellas: 7465-CL-0301

Figure AESV.KM.SAF: Time to First Severe Treatment Emergent Adverse Event (Months) – Skin and subcutaneous tissue disorders (Safety Analysis Set)

Subgroup: Overall, Level: NA



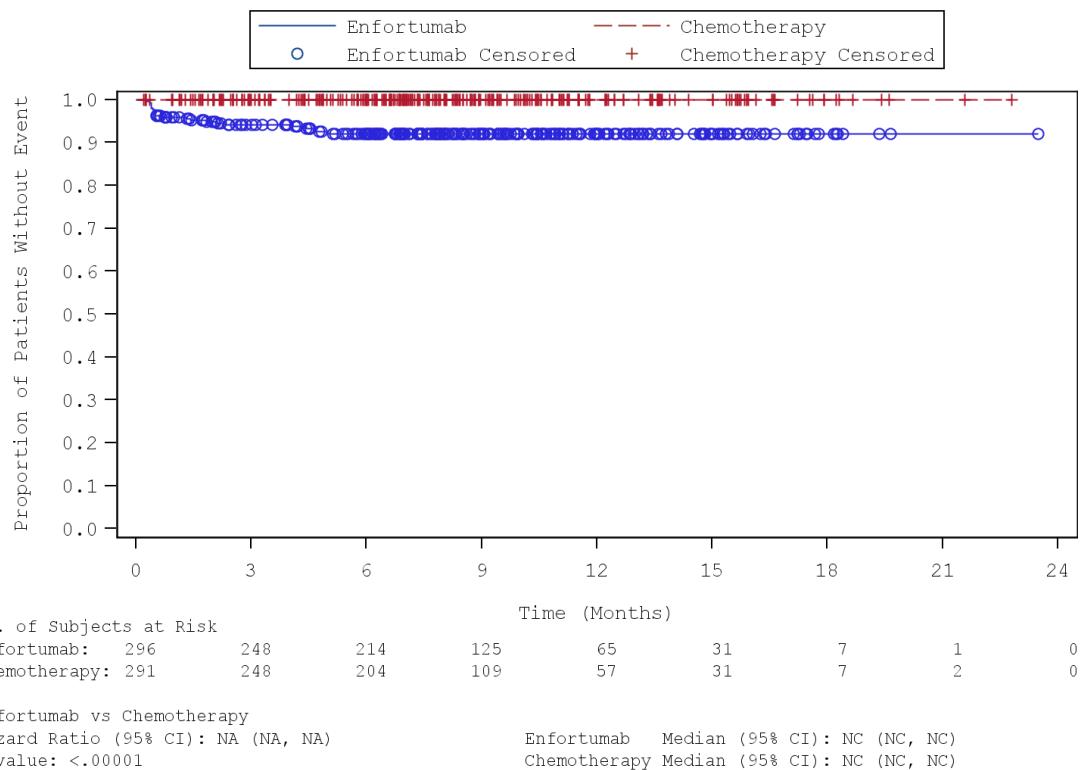
NA: Not Available. NC: Not Calculable.

Reference Table: Tab\_AESV\_KM\_SAF

Astellas: 7465-CL-0301

Figure AESV.KM.SAF: Time to First Severe Treatment Emergent Adverse Event (Months) – Skin and subcutaneous tissue disorders: Rash maculo-papular (Safety Analysis Set)

Subgroup: Overall, Level: NA



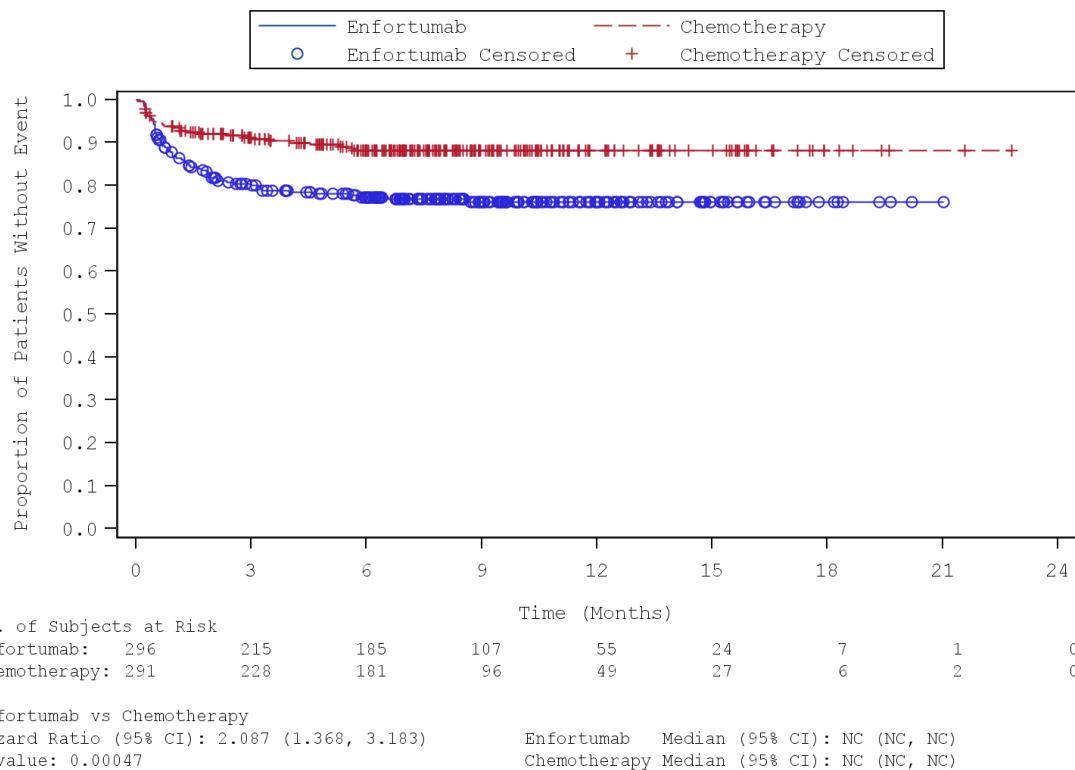
NA: Not Available. NC: Not Calculable.

Reference Table: Tab\_AESV\_KM\_SAF

Astellas: 7465-CL-0301

Figure AESV.KM.SAF: Time to First Severe Treatment Emergent Adverse Event (Months) – Metabolism and nutrition disorders (Safety Analysis Set)

Subgroup: Overall, Level: NA



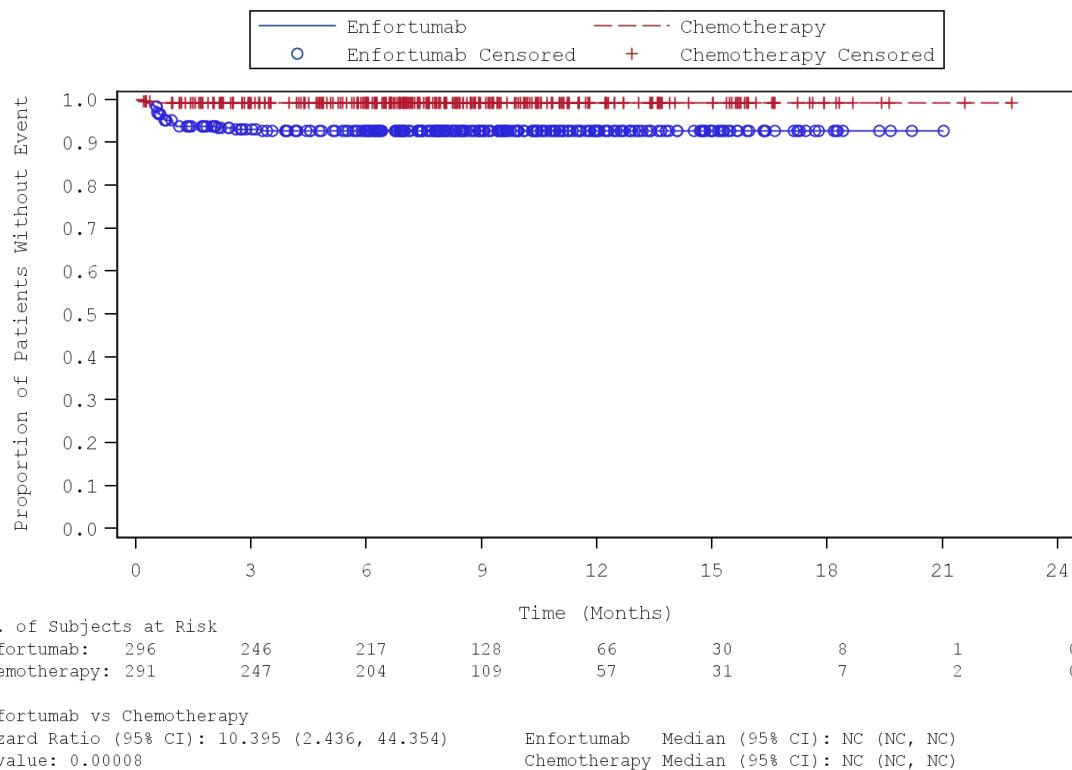
NA: Not Available. NC: Not Calculable.

Reference Table: Tab\_AESV\_KM\_SAF

Astellas: 7465-CL-0301

Figure AESV.KM.SAF: Time to First Severe Treatment Emergent Adverse Event (Months) – Metabolism and nutrition disorders: Hyperglycaemia (Safety Analysis Set)

Subgroup: Overall, Level: NA



NA: Not Available. NC: Not Calculable.

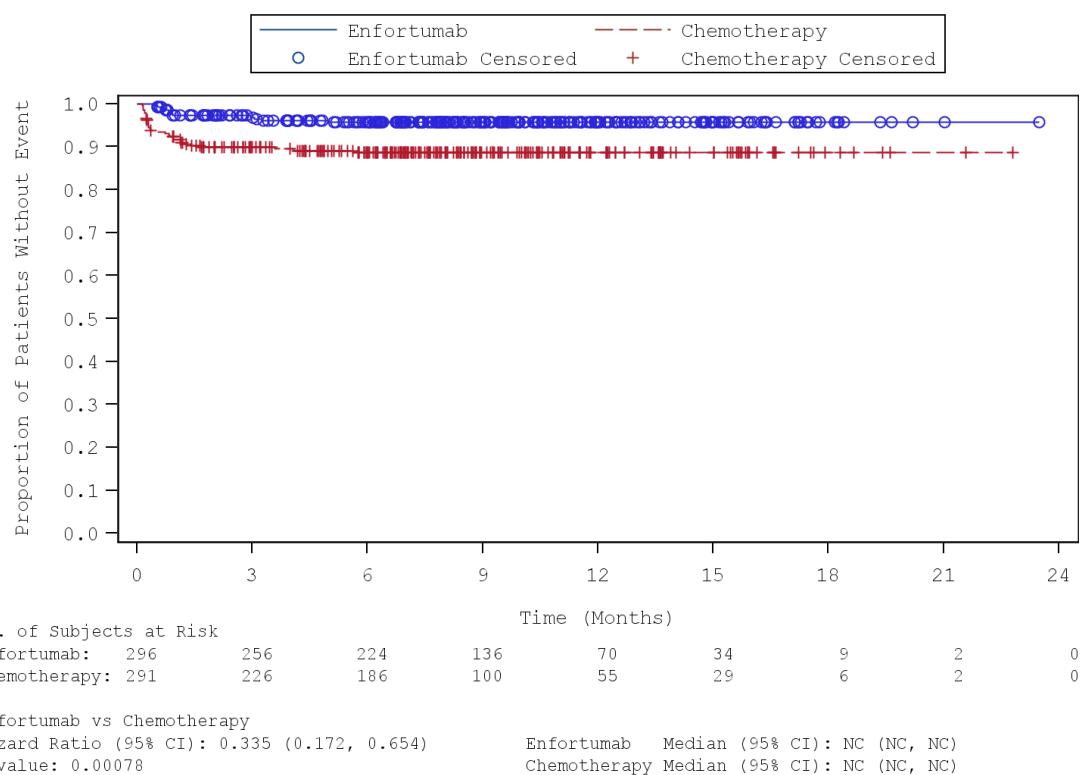
Reference Table: Tab\_AESV\_KM\_SAF

### 4.1.3 Schwerwiegend

Astellas: 7465-CL-0301

Figure SAE.KM.SAF: Time to First Treatment Emergent Serious Adverse Event (Months) – Blood and lymphatic system disorders (Safety Analysis Set)

Subgroup: Overall, Level: NA



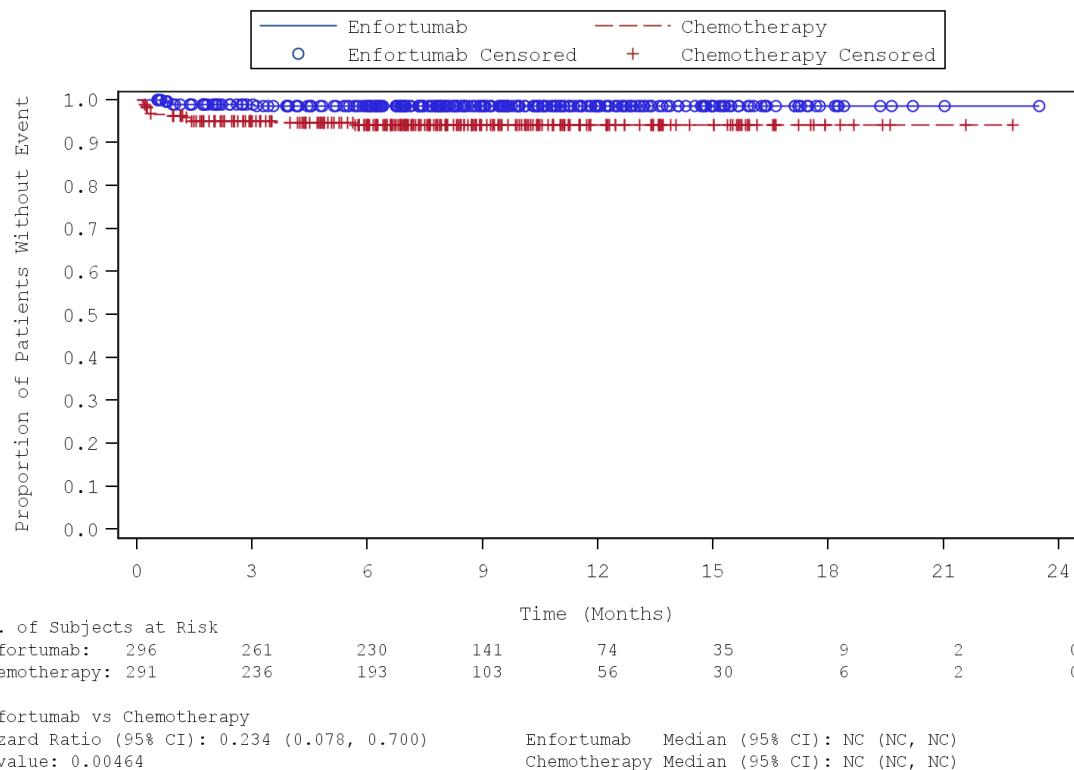
NA: Not Available. NC: Not Calculable.

Reference Table: Tab\_SAE\_KM\_SAF

Astellas: 7465-CL-0301

Figure SAE.KM.SAF: Time to First Treatment Emergent Serious Adverse Event (Months) – Blood and lymphatic system disorders: Febrile neutropenia (Safety Analysis Set)

Subgroup: Overall, Level: NA



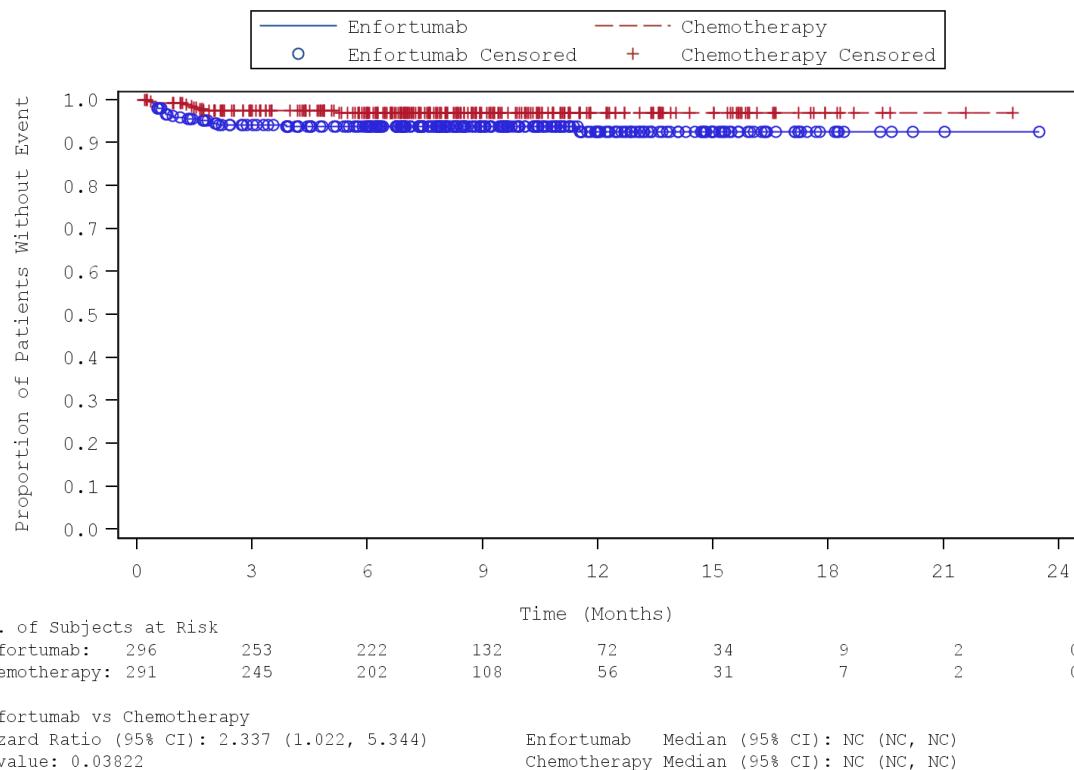
NA: Not Available. NC: Not Calculable.

Reference Table: Tab\_SAE\_KM\_SAF

Astellas: 7465-CL-0301

Figure SAE.KM.SAF: Time to First Treatment Emergent Serious Adverse Event (Months) – Renal and urinary disorders: Acute kidney injury (Safety Analysis Set)

Subgroup: Overall, Level: NA



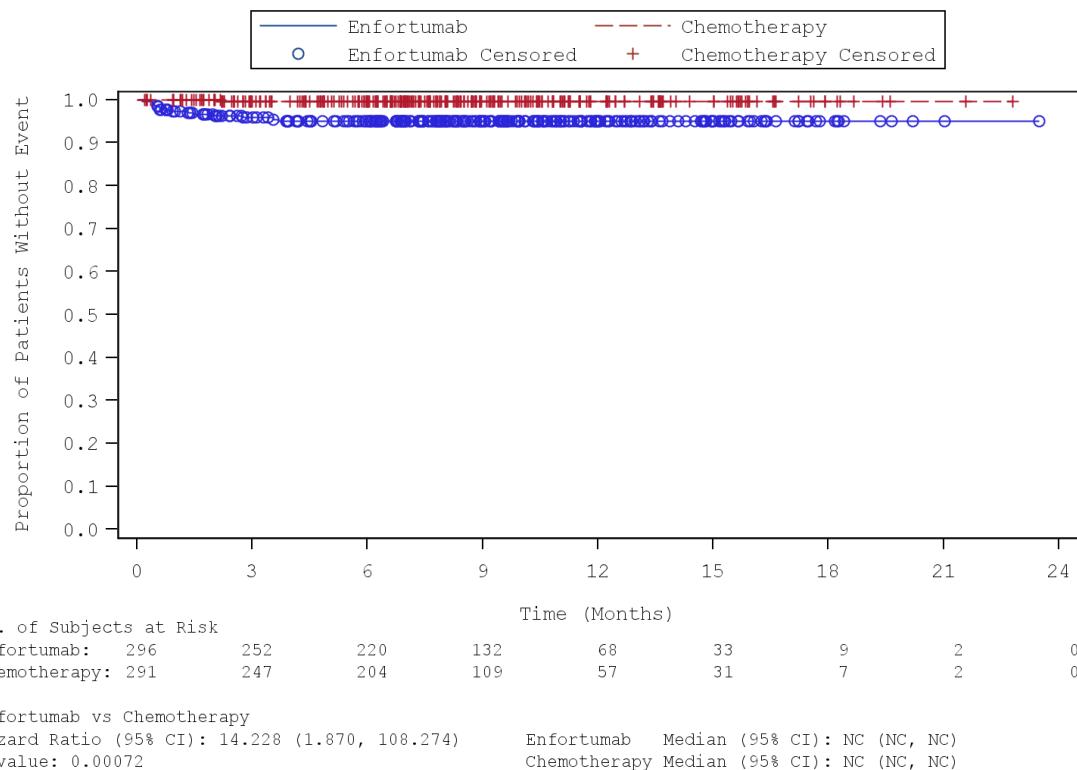
NA: Not Available. NC: Not Calculable.

Reference Table: Tab\_SAE\_KM\_SAF

Astellas: 7465-CL-0301

Figure SAE.KM.SAF: Time to First Treatment Emergent Serious Adverse Event (Months) – Skin and subcutaneous tissue disorders (Safety Analysis Set)

Subgroup: Overall, Level: NA



NA: Not Available. NC: Not Calculable.

Reference Table: Tab\_SAE\_KM\_SAF

## 4.2 Unerwünschte Ereignisse inkl. SOC und PT – Hauptebene und Subgruppenanalysen

Astellas: 7465-CL-0301

Table TEAE.KM.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Overall, Level: NA

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=296)	Chemotherapy (N=291)
Any Event	No. of Events (%) Median Survival Est. (95% CI)	290 ( 98.0) 0.20 ( 0.16, 0.23)	288 ( 99.0) 0.13 ( 0.10, 0.16)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Homogeneity P-value [c]		0.921 ( 0.779, 1.090) 0.41926 0.01636
Blood and lymphatic system disorders	No. of Events (%) Median Survival Est. (95% CI)	85 ( 28.7) NC (NC , NC)	123 ( 42.3) NC ( 7.06, NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Homogeneity P-value [c]		0.586 ( 0.443, 0.774) 0.00014 NA

Subgroup analyses are conducted if there exist at least 2 levels with >= 10 patients across treatment arms and >=10 events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table TEAE.KM.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Overall, Level: NA

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=296)	Chemotherapy (N=291)
Anaemia	No. of Events (%) Median Survival Est. (95% CI)	60 ( 20.3) NC (NC , NC)	87 ( 29.9) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Homogeneity P-value [c]		0.626 ( 0.450, 0.872) 0.00529 NA
Febrile neutropenia	No. of Events (%) Median Survival Est. (95% CI)	4 ( 1.4) NC (NC , NC)	16 ( 5.5) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Homogeneity P-value [c]		0.234 ( 0.078, 0.700) 0.00464 NA

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table TEAE.KM.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Overall, Level: NA

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=296)	Chemotherapy (N=291)
Leukopenia	No. of Events (%) Median Survival Est. (95% CI)	2 ( 0.7) NC (NC , NC)	8 ( 2.7) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Homogeneity P-value [c]		0.241 ( 0.051, 1.135) 0.05070 NA
Neutropenia	No. of Events (%) Median Survival Est. (95% CI)	20 ( 6.8) NC (NC , NC)	28 ( 9.6) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Homogeneity P-value [c]		0.666 ( 0.375, 1.184) 0.16353 NA

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table TEAE.KM.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Overall, Level: NA

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=296)	Chemotherapy (N=291)
Thrombocytopenia	No. of Events (%) Median Survival Est. (95% CI)	10 ( 3.4) NC (NC , NC)	7 ( 2.4) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Homogeneity P-value [c]		1.359 ( 0.515, 3.583) 0.53366 NA
Cardiac disorders	No. of Events (%) Median Survival Est. (95% CI)	23 ( 7.8) NC (NC , NC)	16 ( 5.5) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Homogeneity P-value [c]		1.425 ( 0.752, 2.700) 0.27484 NA

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table TEAE.KM.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Overall, Level: NA

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=296)	Chemotherapy (N=291)
Ear and labyrinth disorders	No. of Events (%) Median Survival Est. (95% CI)	9 ( 3.0) NC (NC , NC)	4 ( 1.4) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Homogeneity P-value [c]		1.990 ( 0.606, 6.531) 0.24733 NA
Endocrine disorders	No. of Events (%) Median Survival Est. (95% CI)	7 ( 2.4) NC (NC , NC)	6 ( 2.1) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Homogeneity P-value [c]		0.941 ( 0.306, 2.895) 0.91610 NA

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table TEAE.KM.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Overall, Level: NA

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=296)	Chemotherapy (N=291)
Eye disorders	No. of Events (%)	80 ( 27.0)	26 ( 8.9)
	Median Survival Est. (95% CI)	NC (NC , NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]		3.436 ( 2.204, 5.356)
	Treatment P-value [b]		<.00001
	Homogeneity P-value [c]		NA
Dry eye	No. of Events (%)	19 ( 6.4)	3 ( 1.0)
	Median Survival Est. (95% CI)	NC (NC , NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]		6.120 ( 1.810, 20.696)
	Treatment P-value [b]		0.00088
	Homogeneity P-value [c]		NA

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table TEAE.KM.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Overall, Level: NA

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=296)	Chemotherapy (N=291)
Lacrimation increased	No. of Events (%) Median Survival Est. (95% CI)	30 ( 10.1) NC (NC , NC)	12 ( 4.1) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Homogeneity P-value [c]		2.400 ( 1.226, 4.700) 0.00842 NA
Vision blurred	No. of Events (%) Median Survival Est. (95% CI)	16 ( 5.4) NC (NC , NC)	5 ( 1.7) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Homogeneity P-value [c]		3.199 ( 1.170, 8.750) 0.01668 NA

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table TEAE.KM.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Overall, Level: NA

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=296)	Chemotherapy (N=291)
Gastrointestinal disorders	No. of Events (%) Median Survival Est. (95% CI)	207 ( 69.9) 0.85 ( 0.66, 1.22)	183 ( 62.9) 1.35 ( 0.72, 2.00)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Homogeneity P-value [c]		1.067 ( 0.873, 1.305) 0.49812 NA
Abdominal pain	No. of Events (%) Median Survival Est. (95% CI)	40 ( 13.5) NC (NC , NC)	27 ( 9.3) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Homogeneity P-value [c]		1.427 ( 0.875, 2.328) 0.15330 NA

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table TEAE.KM.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Overall, Level: NA

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=296)	Chemotherapy (N=291)
Abdominal pain upper	No. of Events (%) Median Survival Est. (95% CI)	12 ( 4.1) NC (NC , NC)	8 ( 2.7) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Homogeneity P-value [c]		1.474 ( 0.602, 3.609) 0.39018 NA
Constipation	No. of Events (%) Median Survival Est. (95% CI)	83 ( 28.0) NC (NC , NC)	74 ( 25.4) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Homogeneity P-value [c]		1.070 ( 0.781, 1.467) 0.65321 NA

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table TEAE.KM.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Overall, Level: NA

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=296)	Chemotherapy (N=291)
Diarrhoea	No. of Events (%) Median Survival Est. (95% CI)	103 ( 34.8) NC (NC , NC)	67 ( 23.0) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Homogeneity P-value [c]		1.598 ( 1.174, 2.177) 0.00277 NA
Dry mouth	No. of Events (%) Median Survival Est. (95% CI)	24 ( 8.1) NC (NC , NC)	7 ( 2.4) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Homogeneity P-value [c]		3.251 ( 1.397, 7.565) 0.00393 NA

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table TEAE.KM.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Overall, Level: NA

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=296)	Chemotherapy (N=291)
Dyspepsia	No. of Events (%) Median Survival Est. (95% CI)	19 ( 6.4) NC (NC , NC)	9 ( 3.1) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Homogeneity P-value [c]		2.076 ( 0.938, 4.594) 0.06517 NA
Gastrooesophageal reflux disease	No. of Events (%) Median Survival Est. (95% CI)	6 ( 2.0) NC (NC , NC)	4 ( 1.4) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Homogeneity P-value [c]		1.356 ( 0.381, 4.824) 0.63644 NA

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table TEAE.KM.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Overall, Level: NA

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=296)	Chemotherapy (N=291)
Nausea	No. of Events (%) Median Survival Est. (95% CI)	90 ( 30.4) NC (NC , NC)	75 ( 25.8) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Homogeneity P-value [c]		1.157 ( 0.851, 1.573) 0.35226 NA
Stomatitis	No. of Events (%) Median Survival Est. (95% CI)	27 ( 9.1) NC (NC , NC)	21 ( 7.2) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Homogeneity P-value [c]		1.257 ( 0.710, 2.224) 0.43091 NA

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table TEAE.KM.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Overall, Level: NA

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=296)	Chemotherapy (N=291)
Vomiting	No. of Events (%) Median Survival Est. (95% CI)	43 ( 14.5) NC (NC , NC)	44 ( 15.1) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Homogeneity P-value [c]		0.945 ( 0.620, 1.440) 0.78782 NA
General disorders and administration site conditions	No. of Events (%) Median Survival Est. (95% CI)	210 ( 70.9) 1.28 ( 0.89, 1.74)	187 ( 64.3) 1.18 ( 0.79, 2.07)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Homogeneity P-value [c]		1.056 ( 0.866, 1.288) 0.57157 NA

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table TEAE.KM.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Overall, Level: NA

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=296)	Chemotherapy (N=291)
Asthenia	No. of Events (%) Median Survival Est. (95% CI)	46 ( 15.5) NC (NC , NC)	40 ( 13.7) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Homogeneity P-value [c]		1.008 ( 0.658, 1.545) 0.96084 NA
Chills	No. of Events (%) Median Survival Est. (95% CI)	17 ( 5.7) NC (NC , NC)	6 ( 2.1) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Homogeneity P-value [c]		2.657 ( 1.046, 6.748) 0.03256 NA

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table TEAE.KM.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Overall, Level: NA

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=296)	Chemotherapy (N=291)
Fatigue	No. of Events (%) Median Survival Est. (95% CI)	108 ( 36.5) NC (NC , NC)	78 ( 26.8) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Homogeneity P-value [c]		1.376 ( 1.027, 1.843) 0.03176 NA
General physical health deterioration	No. of Events (%) Median Survival Est. (95% CI)	7 ( 2.4) NC (NC , NC)	11 ( 3.8) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Homogeneity P-value [c]		0.593 ( 0.230, 1.533) 0.27584 NA

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table TEAE.KM.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Overall, Level: NA

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=296)	Chemotherapy (N=291)
Influenza like illness	No. of Events (%) Median Survival Est. (95% CI)	7 ( 2.4) NC (NC , NC)	3 ( 1.0) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Homogeneity P-value [c]		2.178 ( 0.562, 8.433) 0.24789 NA
Malaise	No. of Events (%) Median Survival Est. (95% CI)	13 ( 4.4) NC (NC , NC)	21 ( 7.2) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Homogeneity P-value [c]		0.574 ( 0.287, 1.148) 0.11274 NA

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table TEAE.KM.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Overall, Level: NA

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=296)	Chemotherapy (N=291)
Mucosal inflammation	No. of Events (%) Median Survival Est. (95% CI)	14 ( 4.7) NC (NC , NC)	14 ( 4.8) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Homogeneity P-value [c]		0.964 ( 0.459, 2.023) 0.92319 NA
Oedema peripheral	No. of Events (%) Median Survival Est. (95% CI)	27 ( 9.1) NC (NC , NC)	39 ( 13.4) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Homogeneity P-value [c]		0.639 ( 0.390, 1.046) 0.07321 NA

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table TEAE.KM.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Overall, Level: NA

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=296)	Chemotherapy (N=291)
Pain	No. of Events (%) Median Survival Est. (95% CI)	4 ( 1.4) NC (NC , NC)	9 ( 3.1) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Homogeneity P-value [c]		0.435 ( 0.134, 1.415) 0.15461 NA
Pyrexia	No. of Events (%) Median Survival Est. (95% CI)	65 ( 22.0) NC (NC , NC)	43 ( 14.8) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Homogeneity P-value [c]		1.440 ( 0.978, 2.121) 0.06319 NA

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table TEAE.KM.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Overall, Level: NA

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=296)	Chemotherapy (N=291)
Hepatobiliary disorders	No. of Events (%)	14 ( 4.7)	9 ( 3.1)
	Median Survival Est. (95% CI)	NC (NC , NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]		1.493 ( 0.645, 3.452)
	Treatment P-value [b]		0.34591
	Homogeneity P-value [c]		NA
Infections and infestations	No. of Events (%)	152 ( 51.4)	105 ( 36.1)
	Median Survival Est. (95% CI)	6.08 ( 3.52, NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]		1.473 ( 1.147, 1.892)
	Treatment P-value [b]		0.00231
	Homogeneity P-value [c]		NA

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table TEAE.KM.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Overall, Level: NA

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=296)	Chemotherapy (N=291)
Cellulitis	No. of Events (%) Median Survival Est. (95% CI)	8 ( 2.7) NC (NC , NC)	4 ( 1.4) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Homogeneity P-value [c]		1.931 ( 0.579, 6.432) 0.27545 NA
Conjunctivitis	No. of Events (%) Median Survival Est. (95% CI)	19 ( 6.4) NC (NC , NC)	2 ( 0.7) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Homogeneity P-value [c]		9.898 ( 2.300, 42.589) 0.00015 NA

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table TEAE.KM.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Overall, Level: NA

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=296)	Chemotherapy (N=291)
Escherichia urinary tract infection	No. of Events (%) Median Survival Est. (95% CI)	7 ( 2.4) NC (NC , NC)	4 ( 1.4) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Homogeneity P-value [c]		1.699 ( 0.497, 5.807) 0.39280 NA
Nasopharyngitis	No. of Events (%) Median Survival Est. (95% CI)	15 ( 5.1) NC (NC , NC)	9 ( 3.1) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Homogeneity P-value [c]		1.596 ( 0.697, 3.655) 0.26493 NA

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table TEAE.KM.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Overall, Level: NA

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=296)	Chemotherapy (N=291)
Oral candidiasis	No. of Events (%) Median Survival Est. (95% CI)	10 ( 3.4) NC (NC , NC)	3 ( 1.0) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Homogeneity P-value [c]		2.995 ( 0.821, 10.926) 0.08144 NA
Pneumonia	No. of Events (%) Median Survival Est. (95% CI)	20 ( 6.8) NC (NC , NC)	11 ( 3.8) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Homogeneity P-value [c]		1.806 ( 0.864, 3.774) 0.11077 NA

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table TEAE.KM.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Overall, Level: NA

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=296)	Chemotherapy (N=291)
Upper respiratory tract infection	No. of Events (%) Median Survival Est. (95% CI)	7 ( 2.4) NC (NC , NC)	9 ( 3.1) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Homogeneity P-value [c]		0.698 ( 0.258, 1.886) 0.47795 NA
Urinary tract infection	No. of Events (%) Median Survival Est. (95% CI)	26 ( 8.8) NC (NC , NC)	20 ( 6.9) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Homogeneity P-value [c]		1.284 ( 0.716, 2.303) 0.39972 NA

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table TEAE.KM.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Overall, Level: NA

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=296)	Chemotherapy (N=291)
Urinary tract infection bacterial	No. of Events (%) Median Survival Est. (95% CI)	20 ( 6.8) NC (NC , NC)	12 ( 4.1) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Homogeneity P-value [c]		1.579 ( 0.771, 3.233) 0.20656 NA
Injury, poisoning and procedural complications	No. of Events (%) Median Survival Est. (95% CI)	38 ( 12.8) NC (NC , NC)	33 ( 11.3) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Homogeneity P-value [c]		1.105 ( 0.692, 1.764) 0.67174 NA

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table TEAE.KM.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Overall, Level: NA

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=296)	Chemotherapy (N=291)
Fall	No. of Events (%) Median Survival Est. (95% CI)	17 ( 5.7) NC (NC , NC)	9 ( 3.1) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Homogeneity P-value [c]		1.761 ( 0.783, 3.962) 0.16543 NA
Infusion related reaction	No. of Events (%) Median Survival Est. (95% CI)	6 ( 2.0) NC (NC , NC)	11 ( 3.8) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Homogeneity P-value [c]		0.541 ( 0.200, 1.465) 0.22141 NA

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table TEAE.KM.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Overall, Level: NA

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=296)	Chemotherapy (N=291)
Investigations	No. of Events (%) Median Survival Est. (95% CI)	136 ( 45.9) NC ( 4.86, , NC)	119 ( 40.9) NC (10.38, , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Homogeneity P-value [c]		1.029 ( 0.803, 1.318) 0.79525 NA
Alanine aminotransferase increased	No. of Events (%) Median Survival Est. (95% CI)	27 ( 9.1) NC (NC , , NC)	5 ( 1.7) NC (NC , , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Homogeneity P-value [c]		5.272 ( 2.026, 13.715) 0.00014 NA

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table TEAE.KM.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Overall, Level: NA

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=296)	Chemotherapy (N=291)
Amylase increased	No. of Events (%) Median Survival Est. (95% CI)	11 ( 3.7) NC (NC , NC)	2 ( 0.7) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Homogeneity P-value [c]		5.466 ( 1.208, 24.731) 0.01332 NA
Aspartate aminotransferase increased	No. of Events (%) Median Survival Est. (95% CI)	36 ( 12.2) NC (NC , NC)	5 ( 1.7) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Homogeneity P-value [c]		7.237 ( 2.835, 18.474) <.00001 NA

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table TEAE.KM.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Overall, Level: NA

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=296)	Chemotherapy (N=291)
Blood alkaline phosphatase increased	No. of Events (%) Median Survival Est. (95% CI)	8 ( 2.7) NC (NC , NC)	10 ( 3.4) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Homogeneity P-value [c]		0.713 ( 0.279, 1.823) 0.47778 NA
Blood creatinine increased	No. of Events (%) Median Survival Est. (95% CI)	26 ( 8.8) NC (NC , NC)	7 ( 2.4) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Homogeneity P-value [c]		3.902 ( 1.690, 9.012) 0.00059 NA

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table TEAE.KM.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Overall, Level: NA

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=296)	Chemotherapy (N=291)
Lipase increased	No. of Events (%) Median Survival Est. (95% CI)	12 ( 4.1) NC (NC , NC)	11 ( 3.8) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Homogeneity P-value [c]		1.067 ( 0.468, 2.430) 0.87804 NA
Lymphocyte count decreased	No. of Events (%) Median Survival Est. (95% CI)	14 ( 4.7) NC (NC , NC)	17 ( 5.8) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Homogeneity P-value [c]		0.817 ( 0.402, 1.660) 0.57547 NA

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table TEAE.KM.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Overall, Level: NA

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=296)	Chemotherapy (N=291)
Neutrophil count decreased	No. of Events (%) Median Survival Est. (95% CI)	33 ( 11.1) NC (NC , NC)	54 ( 18.6) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Homogeneity P-value [c]		0.507 ( 0.327, 0.785) 0.00215 NA
Platelet count decreased	No. of Events (%) Median Survival Est. (95% CI)	6 ( 2.0) NC (NC , NC)	7 ( 2.4) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Homogeneity P-value [c]		0.835 ( 0.280, 2.489) 0.74607 NA

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table TEAE.KM.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Overall, Level: NA

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=296)	Chemotherapy (N=291)
Weight decreased	No. of Events (%) Median Survival Est. (95% CI)	48 ( 16.2) NC (NC , NC)	20 ( 6.9) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Homogeneity P-value [c]		2.357 ( 1.395, 3.981) 0.00097 NA
White blood cell count decreased	No. of Events (%) Median Survival Est. (95% CI)	16 ( 5.4) NC (NC , NC)	32 ( 11.0) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Homogeneity P-value [c]		0.449 ( 0.246, 0.818) 0.00791 NA

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table TEAE.KM.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Overall, Level: NA

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=296)	Chemotherapy (N=291)
Metabolism and nutrition disorders	No. of Events (%) Median Survival Est. (95% CI)	174 ( 58.8) 2.17 ( 1.41, 4.11)	126 ( 43.3) NC ( 6.05, NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Homogeneity P-value [c]		1.446 ( 1.149, 1.821) 0.00158 NA
Decreased appetite	No. of Events (%) Median Survival Est. (95% CI)	121 ( 40.9) NC (NC , NC)	78 ( 26.8) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Homogeneity P-value [c]		1.542 ( 1.159, 2.052) 0.00262 NA

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table TEAE.KM.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Overall, Level: NA

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=296)	Chemotherapy (N=291)
Dehydration	No. of Events (%) Median Survival Est. (95% CI)	10 ( 3.4) NC (NC , NC)	7 ( 2.4) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Homogeneity P-value [c]		1.386 ( 0.527, 3.646) 0.50653 NA
Hypercalcaemia	No. of Events (%) Median Survival Est. (95% CI)	6 ( 2.0) NC (NC , NC)	6 ( 2.1) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Homogeneity P-value [c]		0.934 ( 0.301, 2.898) 0.90572 NA

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table TEAE.KM.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Overall, Level: NA

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=296)	Chemotherapy (N=291)
Hyperglycaemia	No. of Events (%) Median Survival Est. (95% CI)	31 ( 10.5) NC (NC , NC)	6 ( 2.1) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Homogeneity P-value [c]		5.134 ( 2.141, 12.312) 0.00004 NA
Hyperkalaemia	No. of Events (%) Median Survival Est. (95% CI)	9 ( 3.0) NC (NC , NC)	12 ( 4.1) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Homogeneity P-value [c]		0.711 ( 0.299, 1.690) 0.43782 NA

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table TEAE.KM.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Overall, Level: NA

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=296)	Chemotherapy (N=291)
Hypoalbuminaemia	No. of Events (%) Median Survival Est. (95% CI)	14 ( 4.7) NC (NC , NC)	10 ( 3.4) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Homogeneity P-value [c]		1.372 ( 0.609, 3.091) 0.44128 NA
Hypocalcaemia	No. of Events (%) Median Survival Est. (95% CI)	10 ( 3.4) NC (NC , NC)	9 ( 3.1) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Homogeneity P-value [c]		0.989 ( 0.401, 2.441) 0.98105 NA

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table TEAE.KM.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Overall, Level: NA

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=296)	Chemotherapy (N=291)
Hypokalaemia	No. of Events (%) Median Survival Est. (95% CI)	19 ( 6.4) NC (NC , NC)	10 ( 3.4) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Homogeneity P-value [c]		1.883 ( 0.875, 4.052) 0.09967 NA
Hypomagnesaemia	No. of Events (%) Median Survival Est. (95% CI)	18 ( 6.1) NC (NC , NC)	8 ( 2.7) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Homogeneity P-value [c]		2.227 ( 0.967, 5.131) 0.05419 NA

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table TEAE.KM.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Overall, Level: NA

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=296)	Chemotherapy (N=291)
Hyponatraemia	No. of Events (%) Median Survival Est. (95% CI)	19 ( 6.4) NC (NC , NC)	13 ( 4.5) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Homogeneity P-value [c]		1.323 ( 0.651, 2.687) 0.43754 NA
Hypophosphataemia	No. of Events (%) Median Survival Est. (95% CI)	12 ( 4.1) NC (NC , NC)	10 ( 3.4) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Homogeneity P-value [c]		1.187 ( 0.512, 2.753) 0.68849 NA

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table TEAE.KM.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Overall, Level: NA

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=296)	Chemotherapy (N=291)
Musculoskeletal and connective tissue disorders	No. of Events (%)	100 ( 33.8)	120 ( 41.2)
	Median Survival Est. (95% CI)	NC (NC , NC)	NC ( 8.02, NC)
	Hazard Ratio (95% CI) [a]		0.682 ( 0.522, 0.892)
	Treatment P-value [b]		0.00531
	Homogeneity P-value [c]		NA
Arthralgia	No. of Events (%)	20 ( 6.8)	36 ( 12.4)
	Median Survival Est. (95% CI)	NC (NC , NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]		0.479 ( 0.276, 0.834)
	Treatment P-value [b]		0.00785
	Homogeneity P-value [c]		NA

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table TEAE.KM.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Overall, Level: NA

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=296)	Chemotherapy (N=291)
Back pain	No. of Events (%) Median Survival Est. (95% CI)	28 ( 9.5) NC (NC , NC)	26 ( 8.9) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Homogeneity P-value [c]		1.012 ( 0.590, 1.736) 0.96420 NA
Bone pain	No. of Events (%) Median Survival Est. (95% CI)	6 ( 2.0) NC (NC , NC)	8 ( 2.7) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Homogeneity P-value [c]		0.676 ( 0.234, 1.953) 0.47217 NA

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table TEAE.KM.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Overall, Level: NA

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=296)	Chemotherapy (N=291)
Flank pain	No. of Events (%) Median Survival Est. (95% CI)	7 ( 2.4) NC (NC , NC)	6 ( 2.1) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Homogeneity P-value [c]		1.074 ( 0.361, 3.198) 0.90549 NA
Muscle spasms	No. of Events (%) Median Survival Est. (95% CI)	10 ( 3.4) NC (NC , NC)	8 ( 2.7) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Homogeneity P-value [c]		1.172 ( 0.462, 2.976) 0.73794 NA

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table TEAE.KM.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Overall, Level: NA

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=296)	Chemotherapy (N=291)
Muscular weakness	No. of Events (%) Median Survival Est. (95% CI)	16 ( 5.4) NC (NC , NC)	7 ( 2.4) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Homogeneity P-value [c]		2.085 ( 0.851, 5.108) 0.10018 NA
Musculoskeletal pain	No. of Events (%) Median Survival Est. (95% CI)	7 ( 2.4) NC (NC , NC)	9 ( 3.1) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Homogeneity P-value [c]		0.725 ( 0.270, 1.952) 0.52339 NA

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table TEAE.KM.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Overall, Level: NA

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=296)	Chemotherapy (N=291)
Myalgia	No. of Events (%) Median Survival Est. (95% CI)	15 ( 5.1) NC (NC , NC)	32 ( 11.0) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Homogeneity P-value [c]		0.434 ( 0.235, 0.802) 0.00619 NA
Pain in extremity	No. of Events (%) Median Survival Est. (95% CI)	17 ( 5.7) NC (NC , NC)	15 ( 5.2) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Homogeneity P-value [c]		1.064 ( 0.530, 2.134) 0.86286 NA

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table TEAE.KM.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Overall, Level: NA

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=296)		Chemotherapy (N=291)	
Neoplasms benign, malignant and unspecified (incl cysts and polyps)	No. of Events (%)	23 ( 7.8)		24 ( 8.2)	
	Median Survival Est. (95% CI)	NC (NC , , NC)		NC (NC , , NC)	
	Hazard Ratio (95% CI) [a]			0.920 ( 0.518, 1.635)	
	Treatment P-value [b]			0.77670	
	Homogeneity P-value [c]			NA	
Malignant neoplasm progression	No. of Events (%)	12 ( 4.1)		11 ( 3.8)	
	Median Survival Est. (95% CI)	NC (NC , , NC)		NC (NC , , NC)	
	Hazard Ratio (95% CI) [a]			1.062 ( 0.466, 2.418)	
	Treatment P-value [b]			0.88597	
	Homogeneity P-value [c]			NA	

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table TEAE.KM.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Overall, Level: NA

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=296)	Chemotherapy (N=291)
Nervous system disorders	No. of Events (%) Median Survival Est. (95% CI)	189 ( 63.9) 2.83 ( 2.20, 3.68)	137 ( 47.1) 6.97 ( 3.94, NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Homogeneity P-value [c]		1.424 ( 1.140, 1.778) 0.00173 NA
Dizziness	No. of Events (%) Median Survival Est. (95% CI)	26 ( 8.8) NC (NC , NC)	16 ( 5.5) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Homogeneity P-value [c]		1.506 ( 0.805, 2.816) 0.19689 NA

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table TEAE.KM.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Overall, Level: NA

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=296)	Chemotherapy (N=291)
Dysgeusia	No. of Events (%) Median Survival Est. (95% CI)	74 ( 25.0) NC (NC , NC)	23 ( 7.9) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Homogeneity P-value [c]		3.412 ( 2.134, 5.457) <.00001 NA
Headache	No. of Events (%) Median Survival Est. (95% CI)	10 ( 3.4) NC (NC , NC)	17 ( 5.8) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Homogeneity P-value [c]		0.551 ( 0.251, 1.210) 0.13167 NA

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table TEAE.KM.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Overall, Level: NA

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=296)	Chemotherapy (N=291)
Neuropathy peripheral	No. of Events (%) Median Survival Est. (95% CI)	20 ( 6.8) NC (NC , NC)	16 ( 5.5) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Homogeneity P-value [c]		1.178 ( 0.609, 2.277) 0.62573 NA
Paraesthesia	No. of Events (%) Median Survival Est. (95% CI)	15 ( 5.1) NC (NC , NC)	8 ( 2.7) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Homogeneity P-value [c]		1.757 ( 0.743, 4.157) 0.19358 NA

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table TEAE.KM.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Overall, Level: NA

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=296)	Chemotherapy (N=291)
Peripheral motor neuropathy	No. of Events (%) Median Survival Est. (95% CI)	11 ( 3.7) NC (NC , NC)	0 NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Homogeneity P-value [c]		NA (NA , NA) 0.00302 NA
Peripheral sensorimotor neuropathy	No. of Events (%) Median Survival Est. (95% CI)	8 ( 2.7) NC (NC , NC)	2 ( 0.7) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Homogeneity P-value [c]		3.742 ( 0.794, 17.647) 0.07335 NA

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table TEAE.KM.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Overall, Level: NA

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=296)	Chemotherapy (N=291)
Peripheral sensory neuropathy	No. of Events (%) Median Survival Est. (95% CI)	102 ( 34.5) NC (NC , NC)	66 ( 22.7) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Homogeneity P-value [c]		1.425 ( 1.043, 1.945) 0.02441 NA
Polyneuropathy	No. of Events (%) Median Survival Est. (95% CI)	5 ( 1.7) NC (NC , NC)	6 ( 2.1) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Homogeneity P-value [c]		0.827 ( 0.252, 2.713) 0.75330 NA

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table TEAE.KM.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Overall, Level: NA

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=296)	Chemotherapy (N=291)
Taste disorder	No. of Events (%) Median Survival Est. (95% CI)	11 ( 3.7) NC (NC , NC)	0 NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Homogeneity P-value [c]		NA (NA , NA) 0.00084 NA
Psychiatric disorders	No. of Events (%) Median Survival Est. (95% CI)	55 ( 18.6) NC (18.27, NC)	46 ( 15.8) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Homogeneity P-value [c]		1.116 ( 0.753, 1.655) 0.58552 NA

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table TEAE.KM.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Overall, Level: NA

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=296)	Chemotherapy (N=291)
Anxiety	No. of Events (%) Median Survival Est. (95% CI)	8 ( 2.7) NC (NC , NC)	6 ( 2.1) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Homogeneity P-value [c]		1.231 ( 0.426, 3.558) 0.70048 NA
Confusional state	No. of Events (%) Median Survival Est. (95% CI)	7 ( 2.4) NC (NC , NC)	4 ( 1.4) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Homogeneity P-value [c]		1.614 ( 0.471, 5.528) 0.44161 NA

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table TEAE.KM.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Overall, Level: NA

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=296)	Chemotherapy (N=291)
Depression	No. of Events (%) Median Survival Est. (95% CI)	10 ( 3.4) NC (NC , NC)	3 ( 1.0) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Homogeneity P-value [c]		3.201 ( 0.880, 11.648) 0.06206 NA
Insomnia	No. of Events (%) Median Survival Est. (95% CI)	33 ( 11.1) NC (18.27, NC)	23 ( 7.9) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Homogeneity P-value [c]		1.332 ( 0.780, 2.275) 0.29230 NA

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table TEAE.KM.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Overall, Level: NA

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=296)	Chemotherapy (N=291)
Renal and urinary disorders	No. of Events (%)	75 ( 25.3)	52 ( 17.9)
	Median Survival Est. (95% CI)	NC (NC , NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]		1.437 ( 1.008, 2.049)
	Treatment P-value [b]		0.04362
	Homogeneity P-value [c]		NA
Acute kidney injury	No. of Events (%)	19 ( 6.4)	8 ( 2.7)
	Median Survival Est. (95% CI)	NC (NC , NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]		2.337 ( 1.022, 5.344)
	Treatment P-value [b]		0.03822
	Homogeneity P-value [c]		NA

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table TEAE.KM.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Overall, Level: NA

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=296)	Chemotherapy (N=291)
Dysuria	No. of Events (%) Median Survival Est. (95% CI)	11 ( 3.7) NC (NC , NC)	4 ( 1.4) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Homogeneity P-value [c]		2.452 ( 0.775, 7.760) 0.11520 NA
Haematuria	No. of Events (%) Median Survival Est. (95% CI)	33 ( 11.1) NC (NC , NC)	25 ( 8.6) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Homogeneity P-value [c]		1.265 ( 0.752, 2.130) 0.37400 NA

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table TEAE.KM.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Overall, Level: NA

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=296)	Chemotherapy (N=291)
Urinary retention	No. of Events (%) Median Survival Est. (95% CI)	5 ( 1.7) NC (NC , NC)	5 ( 1.7) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Homogeneity P-value [c]		0.978 ( 0.283, 3.381) 0.97158 NA
Reproductive system and breast disorders	No. of Events (%) Median Survival Est. (95% CI)	10 ( 3.4) NC (NC , NC)	12 ( 4.1) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Homogeneity P-value [c]		0.777 ( 0.335, 1.801) 0.55493 NA

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table TEAE.KM.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Overall, Level: NA

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=296)		Chemotherapy (N=291)	
Respiratory, thoracic and mediastinal disorders	No. of Events (%)	101 ( 34.1)		68 ( 23.4)	
	Median Survival Est. (95% CI)	NC (NC , , NC)		NC (NC , , NC)	
	Hazard Ratio (95% CI) [a]			1.482 ( 1.088, 2.018)	
	Treatment P-value [b]			0.01190	
	Homogeneity P-value [c]			NA	
Cough	No. of Events (%)	24 ( 8.1)		18 ( 6.2)	
	Median Survival Est. (95% CI)	NC (NC , , NC)		NC (NC , , NC)	
	Hazard Ratio (95% CI) [a]			1.180 ( 0.637, 2.184)	
	Treatment P-value [b]			0.59821	
	Homogeneity P-value [c]			NA	

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table TEAE.KM.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Overall, Level: NA

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=296)	Chemotherapy (N=291)
Dysphonia	No. of Events (%) Median Survival Est. (95% CI)	8 ( 2.7) NC (NC , NC)	2 ( 0.7) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Homogeneity P-value [c]		3.474 ( 0.730, 16.525) 0.09593 NA
Dyspnoea	No. of Events (%) Median Survival Est. (95% CI)	29 ( 9.8) NC (NC , NC)	29 ( 10.0) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Homogeneity P-value [c]		0.930 ( 0.555, 1.558) 0.78322 NA

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table TEAE.KM.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Overall, Level: NA

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=296)	Chemotherapy (N=291)
Dyspnoea exertional	No. of Events (%) Median Survival Est. (95% CI)	8 ( 2.7) NC (NC , NC)	3 ( 1.0) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Homogeneity P-value [c]		2.312 ( 0.606, 8.819) 0.20734 NA
Epistaxis	No. of Events (%) Median Survival Est. (95% CI)	10 ( 3.4) NC (NC , NC)	4 ( 1.4) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Homogeneity P-value [c]		2.416 ( 0.757, 7.713) 0.12420 NA

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table TEAE.KM.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Overall, Level: NA

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=296)	Chemotherapy (N=291)
Pulmonary embolism	No. of Events (%) Median Survival Est. (95% CI)	8 ( 2.7) NC (NC , NC)	2 ( 0.7) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Homogeneity P-value [c]		3.620 ( 0.765, 17.121) 0.08283 NA
Rhinorrhoea	No. of Events (%) Median Survival Est. (95% CI)	14 ( 4.7) NC (NC , NC)	7 ( 2.4) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Homogeneity P-value [c]		1.835 ( 0.739, 4.559) 0.18433 NA

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table TEAE.KM.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Overall, Level: NA

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=296)	Chemotherapy (N=291)
Skin and subcutaneous tissue disorders	No. of Events (%) Median Survival Est. (95% CI)	237 ( 80.1) 0.66 ( 0.49, 0.79)	150 ( 51.5) 3.12 ( 1.41, NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Homogeneity P-value [c]		2.217 ( 1.800, 2.732) <.00001 NA
Alopecia	No. of Events (%) Median Survival Est. (95% CI)	139 ( 47.0) 12.42 ( 2.40, NC)	110 ( 37.8) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Homogeneity P-value [c]		1.113 ( 0.865, 1.431) 0.39527 NA

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table TEAE.KM.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Overall, Level: NA

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=296)	Chemotherapy (N=291)
Blister	No. of Events (%) Median Survival Est. (95% CI)	9 ( 3.0) NC (NC , NC)	1 ( 0.3) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Homogeneity P-value [c]		8.901 ( 1.127, 70.273) 0.01202 NA
Drug eruption	No. of Events (%) Median Survival Est. (95% CI)	26 ( 8.8) NC (NC , NC)	4 ( 1.4) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Homogeneity P-value [c]		6.765 ( 2.360, 19.394) 0.00004 NA

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table TEAE.KM.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Overall, Level: NA

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=296)	Chemotherapy (N=291)
Dry skin	No. of Events (%) Median Survival Est. (95% CI)	50 ( 16.9) NC (NC , NC)	11 ( 3.8) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Homogeneity P-value [c]		4.639 ( 2.410, 8.928) <.00001 NA
Erythema	No. of Events (%) Median Survival Est. (95% CI)	12 ( 4.1) NC (NC , NC)	5 ( 1.7) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Homogeneity P-value [c]		2.360 ( 0.831, 6.699) 0.09645 NA

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table TEAE.KM.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Overall, Level: NA

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=296)	Chemotherapy (N=291)
Pruritus	No. of Events (%) Median Survival Est. (95% CI)	102 ( 34.5) NC (NC , NC)	20 ( 6.9) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Homogeneity P-value [c]		6.363 ( 3.929, 10.304) <.00001 NA
Rash	No. of Events (%) Median Survival Est. (95% CI)	50 ( 16.9) NC (NC , NC)	17 ( 5.8) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Homogeneity P-value [c]		3.063 ( 1.765, 5.315) 0.00003 NA

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table TEAE.KM.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Overall, Level: NA

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=296)	Chemotherapy (N=291)
Rash erythematous	No. of Events (%) Median Survival Est. (95% CI)	10 ( 3.4) NC (NC , NC)	1 ( 0.3) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Homogeneity P-value [c]		9.790 ( 1.252, 76.579) 0.00750 NA
Rash maculo-papular	No. of Events (%) Median Survival Est. (95% CI)	50 ( 16.9) NC (NC , NC)	6 ( 2.1) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Homogeneity P-value [c]		9.396 ( 4.011, 22.011) <.00001 NA

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table TEAE.KM.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Overall, Level: NA

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=296)	Chemotherapy (N=291)
Skin hyperpigmentation	No. of Events (%) Median Survival Est. (95% CI)	19 ( 6.4) NC (NC , NC)	1 ( 0.3) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Homogeneity P-value [c]		20.704 ( 2.763, 155.151) 0.00003 NA
Vascular disorders	No. of Events (%) Median Survival Est. (95% CI)	43 ( 14.5) NC (NC , NC)	37 ( 12.7) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Homogeneity P-value [c]		1.109 ( 0.713, 1.723) 0.64852 NA

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table TEAE.KM.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Overall, Level: NA

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=296)	Chemotherapy (N=291)
Hypertension	No. of Events (%) Median Survival Est. (95% CI)	11 ( 3.7) NC (NC , NC)	10 ( 3.4) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Homogeneity P-value [c]		1.011 ( 0.427, 2.392) 0.98021 NA
Hypotension	No. of Events (%) Median Survival Est. (95% CI)	13 ( 4.4) NC (NC , NC)	8 ( 2.7) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Homogeneity P-value [c]		1.621 ( 0.671, 3.914) 0.28120 NA

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table TEAE.KM.S1.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Age Group 1, Level: &lt;65 years

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=106)	Chemotherapy (N=103)
Any Event	No. of Events (%) Median Survival Est. (95% CI)	105 ( 99.1) 0.16 ( 0.13, 0.23)	102 ( 99.0) 0.13 ( 0.10, 0.16)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		0.980 ( 0.746, 1.288) 0.94924 0.55868
Blood and lymphatic system disorders	No. of Events (%) Median Survival Est. (95% CI)	27 ( 25.5) NC (NC , NC)	37 ( 35.9) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		0.602 ( 0.367, 0.989) 0.04573 0.84010

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table TEAE.KM.S1.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Age Group 1, Level: &lt;65 years

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=106)	Chemotherapy (N=103)
Anaemia	No. of Events (%) Median Survival Est. (95% CI)	21 ( 19.8) NC (NC , NC)	29 ( 28.2) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		0.626 ( 0.357, 1.098) 0.10506 0.96584
Febrile neutropenia	No. of Events (%) Median Survival Est. (95% CI)	0 NC (NC , NC)	5 ( 4.9) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		NA (NA , NA) 0.02154 0.98898

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table TEAE.KM.S1.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Age Group 1, Level: &lt;65 years

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=106)	Chemotherapy (N=103)
Eye disorders	No. of Events (%)	23 ( 21.7)	7 ( 6.8)
	Median Survival Est. (95% CI)	NC (NC , NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]	3.288 ( 1.411, 7.662)	
	Treatment P-value [b]	0.00330	
	Interaction P-value [c]	0.96712	
Dry eye	No. of Events (%)	7 ( 6.6)	2 ( 1.9)
	Median Survival Est. (95% CI)	NC (NC , NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]	3.304 ( 0.686, 15.910)	
	Treatment P-value [b]	0.10996	
	Interaction P-value [c]	0.32583	

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table TEAE.KM.S1.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Age Group 1, Level: &lt;65 years

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=106)	Chemotherapy (N=103)
Lacrimation increased	No. of Events (%) Median Survival Est. (95% CI)	10 ( 9.4) NC (NC , NC)	2 ( 1.9) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		4.816 ( 1.055, 21.979) 0.02455 0.30398
Vision blurred	No. of Events (%) Median Survival Est. (95% CI)	2 ( 1.9) NC (NC , NC)	3 ( 2.9) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		0.606 ( 0.101, 3.625) 0.58904 0.03844

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table TEAE.KM.S1.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Age Group 1, Level: &lt;65 years

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=106)	Chemotherapy (N=103)
Diarrhoea	No. of Events (%)	32 ( 30.2)	22 ( 21.4)
	Median Survival Est. (95% CI)	NC (NC , NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]		1.425 ( 0.828, 2.452)
	Treatment P-value [b]		0.20376
	Interaction P-value [c]		0.68778
Dry mouth	No. of Events (%)	9 ( 8.5)	0
	Median Survival Est. (95% CI)	NC (NC , NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]		NA (NA , NA)
	Treatment P-value [b]		0.00262
	Interaction P-value [c]		0.98593

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table TEAE.KM.S1.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Age Group 1, Level: &lt;65 years

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=106)	Chemotherapy (N=103)
Chills	No. of Events (%) Median Survival Est. (95% CI)	4 ( 3.8) NC (NC , NC)	1 ( 1.0) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		3.876 ( 0.433, 34.677) 0.18785 0.74770
Fatigue	No. of Events (%) Median Survival Est. (95% CI)	35 ( 33.0) NC (NC , NC)	22 ( 21.4) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		1.540 ( 0.904, 2.626) 0.11207 0.62262

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table TEAE.KM.S1.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Age Group 1, Level: &lt;65 years

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=106)	Chemotherapy (N=103)
Infections and infestations	No. of Events (%)	47 ( 44.3)	32 ( 31.1)
	Median Survival Est. (95% CI)	NC ( 3.88, NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]		1.460 ( 0.932, 2.288)
	Treatment P-value [b]		0.09068
	Interaction P-value [c]		0.81722
Conjunctivitis	No. of Events (%)	2 ( 1.9)	0
	Median Survival Est. (95% CI)	NC (NC , NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]		NA (NA , NA)
	Treatment P-value [b]		0.17627
	Interaction P-value [c]		0.99213

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table TEAE.KM.S1.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Age Group 1, Level: &lt;65 years

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=106)	Chemotherapy (N=103)
Alanine aminotransferase increased	No. of Events (%) Median Survival Est. (95% CI)	8 ( 7.5) NC (NC , NC)	1 ( 1.0) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		7.896 ( 0.988, 63.128) 0.02007 0.68200
Aspartate aminotransferase increased	No. of Events (%) Median Survival Est. (95% CI)	11 ( 10.4) NC (NC , NC)	2 ( 1.9) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		5.431 ( 1.204, 24.503) 0.01281 0.63543

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table TEAE.KM.S1.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Age Group 1, Level: &lt;65 years

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=106)	Chemotherapy (N=103)
Blood creatinine increased	No. of Events (%) Median Survival Est. (95% CI)	9 ( 8.5) NC (NC , NC)	2 ( 1.9) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		4.377 ( 0.946, 20.257) 0.03830 0.79475
Neutrophil count decreased	No. of Events (%) Median Survival Est. (95% CI)	7 ( 6.6) NC (NC , NC)	16 ( 15.5) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		0.374 ( 0.154, 0.910) 0.02932 0.34752

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table TEAE.KM.S1.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Age Group 1, Level: &lt;65 years

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=106)	Chemotherapy (N=103)
Weight decreased	No. of Events (%) Median Survival Est. (95% CI)	17 ( 16.0) NC (NC , NC)	6 ( 5.8) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		2.719 ( 1.072, 6.897) 0.02909 0.78236
White blood cell count decreased	No. of Events (%) Median Survival Est. (95% CI)	3 ( 2.8) NC (NC , NC)	11 ( 10.7) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		0.238 ( 0.066, 0.854) 0.01992 0.23428

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table TEAE.KM.S1.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Age Group 1, Level: &lt;65 years

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=106)	Chemotherapy (N=103)
Metabolism and nutrition disorders	No. of Events (%)	61 ( 57.5)	40 ( 38.8)
	Median Survival Est. (95% CI)	3.25 ( 1.58, NC)	NC ( 6.05, NC)
	Hazard Ratio (95% CI) [a]		1.577 ( 1.058, 2.350)
	Treatment P-value [b]		0.02256
	Interaction P-value [c]		0.57352
Decreased appetite	No. of Events (%)	44 ( 41.5)	25 ( 24.3)
	Median Survival Est. (95% CI)	NC ( 5.55, NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]		1.728 ( 1.058, 2.823)
	Treatment P-value [b]		0.02735
	Interaction P-value [c]		0.61973

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table TEAE.KM.S1.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Age Group 1, Level: &lt;65 years

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=106)	Chemotherapy (N=103)
Hyperglycaemia	No. of Events (%)	7 ( 6.6)	2 ( 1.9)
	Median Survival Est. (95% CI)	NC (NC , NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]		3.367 ( 0.699, 16.207)
	Treatment P-value [b]		0.11120
	Interaction P-value [c]		0.51997
Musculoskeletal and connective tissue disorders	No. of Events (%)	34 ( 32.1)	48 ( 46.6)
	Median Survival Est. (95% CI)	NC (NC , NC)	6.01 ( 2.56, NC)
	Hazard Ratio (95% CI) [a]		0.547 ( 0.352, 0.849)
	Treatment P-value [b]		0.00544
	Interaction P-value [c]		0.16283

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table TEAE.KM.S1.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Age Group 1, Level: &lt;65 years

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=106)	Chemotherapy (N=103)
Arthralgia	No. of Events (%) Median Survival Est. (95% CI)	8 ( 7.5) NC (NC , NC)	14 ( 13.6) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		0.511 ( 0.214, 1.219) 0.11940 0.96568
Myalgia	No. of Events (%) Median Survival Est. (95% CI)	6 ( 5.7) NC (NC , NC)	12 ( 11.7) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		0.452 ( 0.170, 1.205) 0.10202 0.92264

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table TEAE.KM.S1.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Age Group 1, Level: &lt;65 years

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=106)	Chemotherapy (N=103)
Nervous system disorders	No. of Events (%)	68 ( 64.2)	47 ( 45.6)
	Median Survival Est. (95% CI)	2.99 ( 2.00, 4.60)	8.84 ( 3.48, NC)
	Hazard Ratio (95% CI) [a]		1.476 ( 1.018, 2.141)
	Treatment P-value [b]		0.03394
	Interaction P-value [c]		0.92300
Dysgeusia	No. of Events (%)	27 ( 25.5)	9 ( 8.7)
	Median Survival Est. (95% CI)	NC (NC , NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]		3.087 ( 1.452, 6.565)
	Treatment P-value [b]		0.00195
	Interaction P-value [c]		0.74200

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table TEAE.KM.S1.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Age Group 1, Level: &lt;65 years

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=106)	Chemotherapy (N=103)
Peripheral sensory neuropathy	No. of Events (%) Median Survival Est. (95% CI)	33 ( 31.1) NC (NC , NC)	27 ( 26.2) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		1.053 ( 0.633, 1.751) 0.82087 0.11970
Renal and urinary disorders	No. of Events (%) Median Survival Est. (95% CI)	27 ( 25.5) NC (NC , NC)	22 ( 21.4) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		1.210 ( 0.689, 2.125) 0.48431 0.42824

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table TEAE.KM.S1.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Age Group 1, Level: &lt;65 years

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=106)	Chemotherapy (N=103)
Acute kidney injury	No. of Events (%) Median Survival Est. (95% CI)	8 ( 7.5) NC (NC , NC)	4 ( 3.9) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		1.928 ( 0.581, 6.403) 0.27221 0.68351
Respiratory, thoracic and mediastinal disorders	No. of Events (%) Median Survival Est. (95% CI)	30 ( 28.3) NC (NC , NC)	20 ( 19.4) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		1.466 ( 0.833, 2.582) 0.18456 0.89876

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table TEAE.KM.S1.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Age Group 1, Level: &lt;65 years

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=106)	Chemotherapy (N=103)
Skin and subcutaneous tissue disorders	No. of Events (%)	88 ( 83.0)	53 ( 51.5)
	Median Survival Est. (95% CI)	0.69 ( 0.46, 0.92)	3.12 ( 0.72, NC)
	Hazard Ratio (95% CI) [a]		2.284 ( 1.622, 3.216)
	Treatment P-value [b]		<.00001
	Interaction P-value [c]		0.66920
Drug eruption	No. of Events (%)	7 ( 6.6)	0
	Median Survival Est. (95% CI)	NC (NC , NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]		NA (NA , NA)
	Treatment P-value [b]		0.00832
	Interaction P-value [c]		0.98787

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table TEAE.KM.S1.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Age Group 1, Level: &lt;65 years

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=106)	Chemotherapy (N=103)
Dry skin	No. of Events (%) Median Survival Est. (95% CI)	18 ( 17.0) NC (NC , NC)	6 ( 5.8) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		3.033 ( 1.204, 7.640) 0.01361 0.23604
Pruritus	No. of Events (%) Median Survival Est. (95% CI)	38 ( 35.8) NC (NC , NC)	6 ( 5.8) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		7.419 ( 3.137, 17.546) <.00001 0.55365

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table TEAE.KM.S1.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Age Group 1, Level: &lt;65 years

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=106)	Chemotherapy (N=103)
Rash	No. of Events (%) Median Survival Est. (95% CI)	19 ( 17.9) NC (NC , NC)	8 ( 7.8) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		2.411 ( 1.055, 5.508) 0.03200 0.47987
Rash maculo-papular	No. of Events (%) Median Survival Est. (95% CI)	19 ( 17.9) NC (NC , NC)	2 ( 1.9) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		9.792 ( 2.281, 42.040) 0.00016 0.85000

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table TEAE.KM.S1.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Age Group 1, Level: &lt;65 years

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=106)	Chemotherapy (N=103)
Skin hyperpigmentation	No. of Events (%)	6 ( 5.7)	0
	Median Survival Est. (95% CI)	NC (NC , NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]	NA (NA , NA)	
	Treatment P-value [b]	0.01511	
	Interaction P-value [c]	0.99102	

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table TEAE.KM.S1.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Age Group 1, Level: &gt;=65 years

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=190)	Chemotherapy (N=188)
Any Event	No. of Events (%) Median Survival Est. (95% CI)	185 ( 97.4) 0.21 ( 0.16, 0.26)	186 ( 98.9) 0.13 ( 0.10, 0.16)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		0.886 ( 0.722, 1.086) 0.21796 0.55868
Blood and lymphatic system disorders	No. of Events (%) Median Survival Est. (95% CI)	58 ( 30.5) NC (NC , NC)	86 ( 45.7) 12.94 ( 4.11, NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		0.566 ( 0.406, 0.790) 0.00068 0.84010

Subgroup analyses are conducted if there exist at least 2 levels with >= 10 patients across treatment arms and >=10 events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table TEAE.KM.S1.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Age Group 1, Level: &gt;=65 years

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=190)	Chemotherapy (N=188)
Anaemia	No. of Events (%) Median Survival Est. (95% CI)	39 ( 20.5) NC (NC , NC)	58 ( 30.9) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		0.617 ( 0.411, 0.925) 0.01786 0.96584
Febrile neutropenia	No. of Events (%) Median Survival Est. (95% CI)	4 ( 2.1) NC (NC , NC)	11 ( 5.9) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		0.351 ( 0.112, 1.103) 0.05992 0.98898

Subgroup analyses are conducted if there exist at least 2 levels with >= 10 patients across treatment arms and >=10 events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table TEAE.KM.S1.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Age Group 1, Level: &gt;=65 years

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=190)	Chemotherapy (N=188)
Eye disorders	No. of Events (%)	57 ( 30.0)	19 ( 10.1)
	Median Survival Est. (95% CI)	NC (NC , NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]		3.357 ( 1.997, 5.643)
	Treatment P-value [b]		<.00001
	Interaction P-value [c]		0.96712
Dry eye	No. of Events (%)	12 ( 6.3)	1 ( 0.5)
	Median Survival Est. (95% CI)	NC (NC , NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]		12.014 ( 1.563, 92.365)
	Treatment P-value [b]		0.00232
	Interaction P-value [c]		0.32583

Subgroup analyses are conducted if there exist at least 2 levels with >= 10 patients across treatment arms and >=10 events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table TEAE.KM.S1.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Age Group 1, Level: &gt;=65 years

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=190)	Chemotherapy (N=188)
Lacrimation increased	No. of Events (%) Median Survival Est. (95% CI)	20 ( 10.5) NC (NC , NC)	10 ( 5.3) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		1.977 ( 0.925, 4.224) 0.07114 0.30398
Vision blurred	No. of Events (%) Median Survival Est. (95% CI)	14 ( 7.4) NC (NC , NC)	2 ( 1.1) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		7.045 ( 1.601, 31.003) 0.00264 0.03844

Subgroup analyses are conducted if there exist at least 2 levels with >= 10 patients across treatment arms and >=10 events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table TEAE.KM.S1.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Age Group 1, Level: &gt;=65 years

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=190)	Chemotherapy (N=188)
Diarrhoea	No. of Events (%)	71 ( 37.4)	45 ( 23.9)
	Median Survival Est. (95% CI)	NC (15.11, NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]		1.631 ( 1.122, 2.370)
	Treatment P-value [b]		0.00970
	Interaction P-value [c]		0.68778
Dry mouth	No. of Events (%)	15 ( 7.9)	7 ( 3.7)
	Median Survival Est. (95% CI)	NC (NC , NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]		2.166 ( 0.883, 5.312)
	Treatment P-value [b]		0.08546
	Interaction P-value [c]		0.98593

Subgroup analyses are conducted if there exist at least 2 levels with >= 10 patients across treatment arms and >=10 events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table TEAE.KM.S1.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Age Group 1, Level: &gt;=65 years

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=190)	Chemotherapy (N=188)
Chills	No. of Events (%) Median Survival Est. (95% CI)	13 ( 6.8) NC (NC , NC)	5 ( 2.7) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		2.604 ( 0.928, 7.307) 0.05922 0.74770
Fatigue	No. of Events (%) Median Survival Est. (95% CI)	73 ( 38.4) NC (NC , NC)	56 ( 29.8) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		1.313 ( 0.927, 1.860) 0.12266 0.62262

Subgroup analyses are conducted if there exist at least 2 levels with >= 10 patients across treatment arms and >=10 events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table TEAE.KM.S1.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Age Group 1, Level: &gt;=65 years

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=190)	Chemotherapy (N=188)
Infections and infestations	No. of Events (%) Median Survival Est. (95% CI)	105 ( 55.3) 3.84 ( 2.86, 8.64)	73 ( 38.8) NC ( 9.23, NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		1.556 ( 1.154, 2.098) 0.00331 0.81722
Conjunctivitis	No. of Events (%) Median Survival Est. (95% CI)	17 ( 8.9) NC (NC , NC)	2 ( 1.1) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		8.616 ( 1.990, 37.299) 0.00050 0.99213

Subgroup analyses are conducted if there exist at least 2 levels with >= 10 patients across treatment arms and >=10 events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table TEAE.KM.S1.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Age Group 1, Level: &gt;=65 years

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=190)	Chemotherapy (N=188)
Alanine aminotransferase increased	No. of Events (%) Median Survival Est. (95% CI)	19 ( 10.0) NC (NC , NC)	4 ( 2.1) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		4.839 ( 1.646, 14.226) 0.00150 0.68200
Aspartate aminotransferase increased	No. of Events (%) Median Survival Est. (95% CI)	25 ( 13.2) NC (NC , NC)	3 ( 1.6) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		8.651 ( 2.612, 28.655) 0.00002 0.63543

Subgroup analyses are conducted if there exist at least 2 levels with >= 10 patients across treatment arms and >=10 events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table TEAE.KM.S1.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Age Group 1, Level: &gt;=65 years

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=190)	Chemotherapy (N=188)
Blood creatinine increased	No. of Events (%) Median Survival Est. (95% CI)	17 ( 8.9) NC (NC , NC)	5 ( 2.7) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		3.434 ( 1.267, 9.310) 0.01010 0.79475
Neutrophil count decreased	No. of Events (%) Median Survival Est. (95% CI)	26 ( 13.7) NC (NC , NC)	38 ( 20.2) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		0.610 ( 0.370, 1.005) 0.04779 0.34752

Subgroup analyses are conducted if there exist at least 2 levels with >= 10 patients across treatment arms and >=10 events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table TEAE.KM.S1.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Age Group 1, Level: &gt;=65 years

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=190)	Chemotherapy (N=188)
Weight decreased	No. of Events (%) Median Survival Est. (95% CI)	31 ( 16.3) NC (NC , NC)	14 ( 7.4) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		2.321 ( 1.235, 4.363) 0.00706 0.78236
White blood cell count decreased	No. of Events (%) Median Survival Est. (95% CI)	13 ( 6.8) NC (NC , NC)	21 ( 11.2) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		0.575 ( 0.288, 1.148) 0.11003 0.23428

Subgroup analyses are conducted if there exist at least 2 levels with >= 10 patients across treatment arms and >=10 events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table TEAE.KM.S1.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Age Group 1, Level: &gt;=65 years

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=190)	Chemotherapy (N=188)
Metabolism and nutrition disorders	No. of Events (%) Median Survival Est. (95% CI)	113 ( 59.5) 1.91 ( 1.05, 4.86)	86 ( 45.7) NC ( 2.79, NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		1.371 ( 1.035, 1.815) 0.02912 0.57352
Decreased appetite	No. of Events (%) Median Survival Est. (95% CI)	77 ( 40.5) NC ( 9.10, NC)	53 ( 28.2) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		1.483 ( 1.045, 2.105) 0.02650 0.61973

Subgroup analyses are conducted if there exist at least 2 levels with >= 10 patients across treatment arms and >=10 events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table TEAE.KM.S1.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Age Group 1, Level: &gt;=65 years

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=190)	Chemotherapy (N=188)
Hyperglycaemia	No. of Events (%) Median Survival Est. (95% CI)	24 ( 12.6) NC (NC , NC)	4 ( 2.1) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		6.271 ( 2.176, 18.075) 0.00010 0.51997
Musculoskeletal and connective tissue disorders	No. of Events (%) Median Survival Est. (95% CI)	66 ( 34.7) NC (NC , NC)	72 ( 38.3) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		0.810 ( 0.580, 1.131) 0.22167 0.16283

Subgroup analyses are conducted if there exist at least 2 levels with >= 10 patients across treatment arms and >=10 events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table TEAE.KM.S1.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Age Group 1, Level: &gt;=65 years

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=190)	Chemotherapy (N=188)
Arthralgia	No. of Events (%) Median Survival Est. (95% CI)	12 ( 6.3) NC (NC , NC)	22 ( 11.7) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		0.499 ( 0.247, 1.008) 0.04785 0.96568
Myalgia	No. of Events (%) Median Survival Est. (95% CI)	9 ( 4.7) NC (NC , NC)	20 ( 10.6) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		0.425 ( 0.193, 0.933) 0.02860 0.92264

Subgroup analyses are conducted if there exist at least 2 levels with >= 10 patients across treatment arms and >=10 events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table TEAE.KM.S1.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Age Group 1, Level: &gt;=65 years

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=190)	Chemotherapy (N=188)
Nervous system disorders	No. of Events (%)	121 ( 63.7)	90 ( 47.9)
	Median Survival Est. (95% CI)	2.79 ( 1.87, 3.81)	6.93 ( 2.79, NC)
	Hazard Ratio (95% CI) [a]		1.443 ( 1.098, 1.896)
	Treatment P-value [b]		0.00924
	Interaction P-value [c]		0.92300
Dysgeusia	No. of Events (%)	47 ( 24.7)	14 ( 7.4)
	Median Survival Est. (95% CI)	NC (NC , NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]		3.629 ( 1.997, 6.591)
	Treatment P-value [b]		<.00001
	Interaction P-value [c]		0.74200

Subgroup analyses are conducted if there exist at least 2 levels with >= 10 patients across treatment arms and >=10 events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table TEAE.KM.S1.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Age Group 1, Level: &gt;=65 years

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=190)	Chemotherapy (N=188)
Peripheral sensory neuropathy	No. of Events (%) Median Survival Est. (95% CI)	69 ( 36.3) NC (10.58, NC)	39 ( 20.7) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		1.754 ( 1.184, 2.598) 0.00440 0.11970
Renal and urinary disorders	No. of Events (%) Median Survival Est. (95% CI)	48 ( 25.3) NC (NC , NC)	30 ( 16.0) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		1.622 ( 1.028, 2.560) 0.03590 0.42824

Subgroup analyses are conducted if there exist at least 2 levels with >= 10 patients across treatment arms and >=10 events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table TEAE.KM.S1.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Age Group 1, Level: &gt;=65 years

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=190)	Chemotherapy (N=188)
Acute kidney injury	No. of Events (%) Median Survival Est. (95% CI)	11 ( 5.8) NC (NC , NC)	4 ( 2.1) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		2.722 ( 0.867, 8.552) 0.07167 0.68351
Respiratory, thoracic and mediastinal disorders	No. of Events (%) Median Survival Est. (95% CI)	71 ( 37.4) NC (NC , NC)	48 ( 25.5) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		1.532 ( 1.062, 2.209) 0.02093 0.89876

Subgroup analyses are conducted if there exist at least 2 levels with >= 10 patients across treatment arms and >=10 events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table TEAE.KM.S1.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Age Group 1, Level: &gt;=65 years

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=190)	Chemotherapy (N=188)
Skin and subcutaneous tissue disorders	No. of Events (%)	149 ( 78.4)	97 ( 51.6)
	Median Survival Est. (95% CI)	0.62 ( 0.43, 0.89)	3.25 ( 0.82, NC)
	Hazard Ratio (95% CI) [a]		2.081 ( 1.610, 2.691)
	Treatment P-value [b]		<.00001
	Interaction P-value [c]		0.66920
Drug eruption	No. of Events (%)	19 ( 10.0)	4 ( 2.1)
	Median Survival Est. (95% CI)	NC (NC , NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]		4.817 ( 1.638, 14.159)
	Treatment P-value [b]		0.00159
	Interaction P-value [c]		0.98787

Subgroup analyses are conducted if there exist at least 2 levels with >= 10 patients across treatment arms and >=10 events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table TEAE.KM.S1.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Age Group 1, Level: &gt;=65 years

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=190)	Chemotherapy (N=188)
Dry skin	No. of Events (%) Median Survival Est. (95% CI)	32 ( 16.8) NC (NC , NC)	5 ( 2.7) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		6.736 ( 2.624, 17.288) <.00001 0.23604
Pruritus	No. of Events (%) Median Survival Est. (95% CI)	64 ( 33.7) NC (NC , NC)	14 ( 7.4) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		5.423 ( 3.041, 9.672) <.00001 0.55365

Subgroup analyses are conducted if there exist at least 2 levels with >= 10 patients across treatment arms and >=10 events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table TEAE.KM.S1.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Age Group 1, Level: &gt;=65 years

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=190)	Chemotherapy (N=188)
Rash	No. of Events (%) Median Survival Est. (95% CI)	31 ( 16.3) NC (NC , NC)	9 ( 4.8) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		3.598 ( 1.713, 7.558) 0.00028 0.47987
Rash maculo-papular	No. of Events (%) Median Survival Est. (95% CI)	31 ( 16.3) NC (NC , NC)	4 ( 2.1) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		8.238 ( 2.908, 23.340) <.00001 0.85000

Subgroup analyses are conducted if there exist at least 2 levels with >= 10 patients across treatment arms and >=10 events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table TEAE.KM.S1.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Age Group 1, Level: &gt;=65 years

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=190)	Chemotherapy (N=188)
Skin hyperpigmentation	No. of Events (%)	13 ( 6.8)	1 ( 0.5)
	Median Survival Est. (95% CI)	NC (NC , NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]		13.448 ( 1.759, 102.803)
	Treatment P-value [b]		0.00108
	Interaction P-value [c]		0.99102

Subgroup analyses are conducted if there exist at least 2 levels with >= 10 patients across treatment arms and >=10 events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table TEAE.KM.S2.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Age Group 2, Level: &lt;75 years

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=245)	Chemotherapy (N=226)
Any Event	No. of Events (%) Median Survival Est. (95% CI)	241 ( 98.4) 0.20 ( 0.16, 0.23)	224 ( 99.1) 0.13 ( 0.10, 0.16)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		0.920 ( 0.767, 1.105) 0.37336 0.93808
Blood and lymphatic system disorders	No. of Events (%) Median Survival Est. (95% CI)	69 ( 28.2) NC (NC , NC)	91 ( 40.3) NC ( 7.26, NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		0.593 ( 0.434, 0.812) 0.00091 0.82035

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table TEAE.KM.S2.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Age Group 2, Level: &lt;75 years

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=245)	Chemotherapy (N=226)
Anaemia	No. of Events (%) Median Survival Est. (95% CI)	50 ( 20.4) NC (NC , NC)	65 ( 28.8) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		0.642 ( 0.444, 0.928) 0.01672 0.72503
Febrile neutropenia	No. of Events (%) Median Survival Est. (95% CI)	4 ( 1.6) NC (NC , NC)	10 ( 4.4) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		0.355 ( 0.111, 1.132) 0.06606 0.98869

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table TEAE.KM.S2.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Age Group 2, Level: &lt;75 years

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=245)	Chemotherapy (N=226)
Eye disorders	No. of Events (%)	61 ( 24.9)	18 ( 8.0)
	Median Survival Est. (95% CI)	NC (NC , NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]		3.307 ( 1.955, 5.595)
	Treatment P-value [b]		<.00001
	Interaction P-value [c]		0.75919
Dry eye	No. of Events (%)	12 ( 4.9)	3 ( 1.3)
	Median Survival Est. (95% CI)	NC (NC , NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]		3.588 ( 1.012, 12.717)
	Treatment P-value [b]		0.03428
	Interaction P-value [c]		0.98988

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table TEAE.KM.S2.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Age Group 2, Level: &lt;75 years

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=245)	Chemotherapy (N=226)
Lacrimation increased	No. of Events (%) Median Survival Est. (95% CI)	26 ( 10.6) NC (NC , NC)	7 ( 3.1) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		3.381 ( 1.468, 7.790) 0.00246 0.14079
Vision blurred	No. of Events (%) Median Survival Est. (95% CI)	9 ( 3.7) NC (NC , NC)	4 ( 1.8) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		1.985 ( 0.611, 6.448) 0.24537 0.18740

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table TEAE.KM.S2.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Age Group 2, Level: &lt;75 years

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=245)	Chemotherapy (N=226)
Diarrhoea	No. of Events (%)	82 ( 33.5)	49 ( 21.7)
	Median Survival Est. (95% CI)	NC (NC , NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]		1.572 ( 1.103, 2.239)
	Treatment P-value [b]		0.01168
	Interaction P-value [c]		0.94436
Dry mouth	No. of Events (%)	20 ( 8.2)	5 ( 2.2)
	Median Survival Est. (95% CI)	NC (NC , NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]		3.728 ( 1.399, 9.935)
	Treatment P-value [b]		0.00470
	Interaction P-value [c]		0.74195

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table TEAE.KM.S2.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Age Group 2, Level: &lt;75 years

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=245)	Chemotherapy (N=226)
Chills	No. of Events (%) Median Survival Est. (95% CI)	14 ( 5.7) NC (NC , NC)	4 ( 1.8) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		3.229 ( 1.063, 9.811) 0.02883 0.64861
Fatigue	No. of Events (%) Median Survival Est. (95% CI)	84 ( 34.3) NC (NC , NC)	59 ( 26.1) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		1.298 ( 0.930, 1.810) 0.12171 0.36383

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table TEAE.KM.S2.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Age Group 2, Level: &lt;75 years

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=245)	Chemotherapy (N=226)
Infections and infestations	No. of Events (%) Median Survival Est. (95% CI)	123 ( 50.2) 7.82 ( 3.71, NC)	76 ( 33.6) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		1.575 ( 1.183, 2.097) 0.00171 0.78793
Conjunctivitis	No. of Events (%) Median Survival Est. (95% CI)	14 ( 5.7) NC (NC , NC)	1 ( 0.4) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		12.706 ( 1.671, 96.617) 0.00160 0.67772

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table TEAE.KM.S2.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Age Group 2, Level: &lt;75 years

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=245)	Chemotherapy (N=226)
Alanine aminotransferase increased	No. of Events (%) Median Survival Est. (95% CI)	22 ( 9.0) NC (NC , NC)	4 ( 1.8) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		5.119 ( 1.764, 14.854) 0.00079 0.80670
Amylase increased	No. of Events (%) Median Survival Est. (95% CI)	9 ( 3.7) NC (NC , NC)	2 ( 0.9) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		3.980 ( 0.860, 18.423) 0.05546 0.99298

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table TEAE.KM.S2.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Age Group 2, Level: &lt;75 years

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=245)	Chemotherapy (N=226)
Aspartate aminotransferase increased	No. of Events (%) Median Survival Est. (95% CI)	31 ( 12.7) NC (NC , NC)	5 ( 2.2) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		5.857 ( 2.277, 15.064) 0.00003 0.98843
Blood creatinine increased	No. of Events (%) Median Survival Est. (95% CI)	23 ( 9.4) NC (NC , NC)	5 ( 2.2) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		4.258 ( 1.618, 11.200) 0.00139 0.46893

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table TEAE.KM.S2.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Age Group 2, Level: &lt;75 years

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=245)	Chemotherapy (N=226)
Neutrophil count decreased	No. of Events (%) Median Survival Est. (95% CI)	30 ( 12.2) NC (NC , NC)	38 ( 16.8) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		0.648 ( 0.402, 1.046) 0.07774 0.10257
Weight decreased	No. of Events (%) Median Survival Est. (95% CI)	36 ( 14.7) NC (NC , NC)	13 ( 5.8) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		2.561 ( 1.358, 4.828) 0.00257 0.99467

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table TEAE.KM.S2.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Age Group 2, Level: &lt;75 years

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=245)	Chemotherapy (N=226)
White blood cell count decreased	No. of Events (%) Median Survival Est. (95% CI)	14 ( 5.7) NC (NC , NC)	24 ( 10.6) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		0.492 ( 0.254, 0.951) 0.03331 0.58044
Metabolism and nutrition disorders	No. of Events (%) Median Survival Est. (95% CI)	139 ( 56.7) 2.99 ( 1.77, 6.34)	93 ( 41.2) NC ( 7.23, NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		1.422 ( 1.094, 1.850) 0.00751 0.59352

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table TEAE.KM.S2.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Age Group 2, Level: &lt;75 years

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=245)	Chemotherapy (N=226)
Decreased appetite	No. of Events (%) Median Survival Est. (95% CI)	100 ( 40.8) NC ( 9.10, NC)	52 ( 23.0) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		1.819 ( 1.301, 2.544) 0.00037 0.11207
Hyperglycaemia	No. of Events (%) Median Survival Est. (95% CI)	22 ( 9.0) NC (NC , NC)	4 ( 1.8) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		5.165 ( 1.780, 14.988) 0.00077 0.84329

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table TEAE.KM.S2.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Age Group 2, Level: &lt;75 years

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=245)	Chemotherapy (N=226)
Musculoskeletal and connective tissue disorders	No. of Events (%)	80 ( 32.7)	95 ( 42.0)
	Median Survival Est. (95% CI)	NC (NC , NC)	NC ( 5.68, NC)
	Hazard Ratio (95% CI) [a]		0.647 ( 0.481, 0.872)
	Treatment P-value [b]		0.00411
	Interaction P-value [c]		0.22677
Arthralgia	No. of Events (%)	16 ( 6.5)	26 ( 11.5)
	Median Survival Est. (95% CI)	NC (NC , NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]		0.522 ( 0.280, 0.974)
	Treatment P-value [b]		0.03783
	Interaction P-value [c]		0.88727

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table TEAE.KM.S2.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Age Group 2, Level: &lt;75 years

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=245)	Chemotherapy (N=226)
Myalgia	No. of Events (%) Median Survival Est. (95% CI)	13 ( 5.3) NC (NC , NC)	24 ( 10.6) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		0.470 ( 0.239, 0.922) 0.02375 0.62647
Nervous system disorders	No. of Events (%) Median Survival Est. (95% CI)	157 ( 64.1) 2.99 ( 2.20, 3.71)	102 ( 45.1) 7.66 ( 4.17, NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		1.521 ( 1.185, 1.953) 0.00070 0.52634

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table TEAE.KM.S2.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Age Group 2, Level: &lt;75 years

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=245)	Chemotherapy (N=226)
Dysgeusia	No. of Events (%) Median Survival Est. (95% CI)	62 ( 25.3) NC (NC , NC)	17 ( 7.5) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		3.585 ( 2.096, 6.131) <.00001 0.71697
Peripheral motor neuropathy	No. of Events (%) Median Survival Est. (95% CI)	10 ( 4.1) NC (NC , NC)	0 NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		NA (NA , NA) 0.00453 0.99985

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table TEAE.KM.S2.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Age Group 2, Level: &lt;75 years

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=245)	Chemotherapy (N=226)
Peripheral sensory neuropathy	No. of Events (%) Median Survival Est. (95% CI)	85 ( 34.7) NC (NC , NC)	53 ( 23.5) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		1.383 ( 0.981, 1.948) 0.06127 0.57962
Renal and urinary disorders	No. of Events (%) Median Survival Est. (95% CI)	64 ( 26.1) NC (NC , NC)	43 ( 19.0) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		1.369 ( 0.930, 2.015) 0.10933 0.63684

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table TEAE.KM.S2.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Age Group 2, Level: &lt;75 years

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=245)	Chemotherapy (N=226)
Acute kidney injury	No. of Events (%) Median Survival Est. (95% CI)	15 ( 6.1) NC (NC , NC)	6 ( 2.7) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		2.270 ( 0.881, 5.852) 0.08114 0.87019
Respiratory, thoracic and mediastinal disorders	No. of Events (%) Median Survival Est. (95% CI)	82 ( 33.5) NC (NC , NC)	59 ( 26.1) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		1.266 ( 0.906, 1.769) 0.16605 0.03107

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table TEAE.KM.S2.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Age Group 2, Level: &lt;75 years

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=245)	Chemotherapy (N=226)
Skin and subcutaneous tissue disorders	No. of Events (%)	197 ( 80.4)	114 ( 50.4)
	Median Survival Est. (95% CI)	0.66 ( 0.49, 0.82)	3.12 ( 1.41, NC)
	Hazard Ratio (95% CI) [a]		2.205 ( 1.748, 2.780)
	Treatment P-value [b]		<.00001
	Interaction P-value [c]		0.66898
Blister	No. of Events (%)	9 ( 3.7)	1 ( 0.4)
	Median Survival Est. (95% CI)	NC (NC , NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]		7.890 ( 0.999, 62.294)
	Treatment P-value [b]		0.02001
	Interaction P-value [c]		0.99949

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table TEAE.KM.S2.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Age Group 2, Level: &lt;75 years

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=245)	Chemotherapy (N=226)
Drug eruption	No. of Events (%) Median Survival Est. (95% CI)	25 ( 10.2) NC (NC , NC)	3 ( 1.3) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		7.872 ( 2.377, 26.071) 0.00006 0.23782
Dry skin	No. of Events (%) Median Survival Est. (95% CI)	40 ( 16.3) NC (NC , NC)	9 ( 4.0) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		4.220 ( 2.048, 8.697) 0.00002 0.50949

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table TEAE.KM.S2.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Age Group 2, Level: &lt;75 years

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=245)	Chemotherapy (N=226)
Pruritus	No. of Events (%) Median Survival Est. (95% CI)	82 ( 33.5) NC (NC , NC)	17 ( 7.5) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		5.224 ( 3.098, 8.809) <.00001 0.24940
Rash	No. of Events (%) Median Survival Est. (95% CI)	46 ( 18.8) NC (NC , NC)	14 ( 6.2) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		3.193 ( 1.756, 5.809) 0.00006 0.46328

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table TEAE.KM.S2.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Age Group 2, Level: &lt;75 years

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=245)	Chemotherapy (N=226)
Rash maculo-papular	No. of Events (%) Median Survival Est. (95% CI)	42 ( 17.1) NC (NC , NC)	4 ( 1.8) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		10.238 ( 3.671, 28.553) <.00001 0.53842
Skin hyperpigmentation	No. of Events (%) Median Survival Est. (95% CI)	14 ( 5.7) NC (NC , NC)	1 ( 0.4) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		13.097 ( 1.722, 99.604) 0.00127 0.98914

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table TEAE.KM.S2.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Age Group 2, Level: &gt;=75 years

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=51)	Chemotherapy (N=65)
Any Event	No. of Events (%) Median Survival Est. (95% CI)	49 ( 96.1) 0.20 ( 0.13, 0.26)	64 ( 98.5) 0.13 ( 0.07, 0.23)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		0.905 ( 0.624, 1.314) 0.64142 0.93808
Blood and lymphatic system disorders	No. of Events (%) Median Survival Est. (95% CI)	16 ( 31.4) NC (NC , NC)	32 ( 49.2) 12.94 ( 1.41, NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		0.549 ( 0.301, 1.000) 0.05005 0.82035

Subgroup analyses are conducted if there exist at least 2 levels with >= 10 patients across treatment arms and >=10 events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table TEAE.KM.S2.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Age Group 2, Level: &gt;=75 years

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=51)	Chemotherapy (N=65)
Anaemia	No. of Events (%) Median Survival Est. (95% CI)	10 ( 19.6) NC (NC , NC)	22 ( 33.8) NC (12.94, NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		0.552 ( 0.262, 1.167) 0.12061 0.72503
Febrile neutropenia	No. of Events (%) Median Survival Est. (95% CI)	0 NC (NC , NC)	6 ( 9.2) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		NA (NA , NA) 0.02741 0.98869

Subgroup analyses are conducted if there exist at least 2 levels with >= 10 patients across treatment arms and >=10 events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table TEAE.KM.S2.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Age Group 2, Level: &gt;=75 years

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=51)	Chemotherapy (N=65)
Eye disorders	No. of Events (%) Median Survival Est. (95% CI)	19 ( 37.3) NC ( 3.94, NC)	8 ( 12.3) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		3.855 ( 1.687, 8.808) 0.00091 0.75919
Dry eye	No. of Events (%) Median Survival Est. (95% CI)	7 ( 13.7) NC (NC , NC)	0 NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		NA (NA , NA) 0.00217 0.98988

Subgroup analyses are conducted if there exist at least 2 levels with >= 10 patients across treatment arms and >=10 events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table TEAE.KM.S2.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Age Group 2, Level: &gt;=75 years

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=51)	Chemotherapy (N=65)
Lacrimation increased	No. of Events (%) Median Survival Est. (95% CI)	4 ( 7.8) NC (NC , NC)	5 ( 7.7) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		1.049 ( 0.282, 3.908) 0.91920 0.14079
Vision blurred	No. of Events (%) Median Survival Est. (95% CI)	7 ( 13.7) NC (NC , NC)	1 ( 1.5) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		10.002 ( 1.230, 81.311) 0.00795 0.18740

Subgroup analyses are conducted if there exist at least 2 levels with >= 10 patients across treatment arms and >=10 events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table TEAE.KM.S2.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Age Group 2, Level: &gt;=75 years

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=51)	Chemotherapy (N=65)
Diarrhoea	No. of Events (%) Median Survival Est. (95% CI)	21 ( 41.2) NC ( 1.74, NC)	18 ( 27.7) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		1.613 ( 0.859, 3.028) 0.12946 0.94436
Dry mouth	No. of Events (%) Median Survival Est. (95% CI)	4 ( 7.8) NC (NC , NC)	2 ( 3.1) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		2.682 ( 0.491, 14.647) 0.22255 0.74195

Subgroup analyses are conducted if there exist at least 2 levels with >= 10 patients across treatment arms and >=10 events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table TEAE.KM.S2.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Age Group 2, Level: &gt;=75 years

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=51)	Chemotherapy (N=65)
Chills	No. of Events (%) Median Survival Est. (95% CI)	3 ( 5.9) NC (NC , NC)	2 ( 3.1) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		1.979 ( 0.331, 11.844) 0.45686 0.64861
Fatigue	No. of Events (%) Median Survival Est. (95% CI)	24 ( 47.1) NC ( 1.35, NC)	19 ( 29.2) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		1.785 ( 0.977, 3.259) 0.04767 0.36383

Subgroup analyses are conducted if there exist at least 2 levels with >= 10 patients across treatment arms and >=10 events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table TEAE.KM.S2.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Age Group 2, Level: &gt;=75 years

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=51)	Chemotherapy (N=65)
Infections and infestations	No. of Events (%) Median Survival Est. (95% CI)	29 ( 56.9) 2.56 ( 1.84, NC)	29 ( 44.6) NC ( 3.29, NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		1.453 ( 0.868, 2.432) 0.15528 0.78793
Conjunctivitis	No. of Events (%) Median Survival Est. (95% CI)	5 ( 9.8) NC (NC , NC)	1 ( 1.5) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		6.791 ( 0.793, 58.159) 0.04221 0.67772

Subgroup analyses are conducted if there exist at least 2 levels with >= 10 patients across treatment arms and >=10 events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table TEAE.KM.S2.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Age Group 2, Level: &gt;=75 years

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=51)	Chemotherapy (N=65)
Alanine aminotransferase increased	No. of Events (%) Median Survival Est. (95% CI)	5 ( 9.8) NC (NC , NC)	1 ( 1.5) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		6.903 ( 0.807, 59.031) 0.04184 0.80670
Amylase increased	No. of Events (%) Median Survival Est. (95% CI)	2 ( 3.9) NC (NC , NC)	0 NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		NA (NA , NA) 0.09426 0.99298

Subgroup analyses are conducted if there exist at least 2 levels with >= 10 patients across treatment arms and >=10 events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table TEAE.KM.S2.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Age Group 2, Level: &gt;=75 years

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=51)	Chemotherapy (N=65)
Aspartate aminotransferase increased	No. of Events (%) Median Survival Est. (95% CI)	5 ( 9.8) NC (NC , NC)	0 NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]	NA (NA , NA)	0.00927 0.98843
Blood creatinine increased	No. of Events (%) Median Survival Est. (95% CI)	3 ( 5.9) NC (NC , NC)	2 ( 3.1) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]	2.008 ( 0.336, 12.018) 0.43654 0.46893	

Subgroup analyses are conducted if there exist at least 2 levels with >= 10 patients across treatment arms and >=10 events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table TEAE.KM.S2.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Age Group 2, Level: &gt;=75 years

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=51)	Chemotherapy (N=65)
Neutrophil count decreased	No. of Events (%) Median Survival Est. (95% CI)	3 ( 5.9) NC (NC , NC)	16 ( 24.6) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		0.215 ( 0.063, 0.739) 0.00792 0.10257
Weight decreased	No. of Events (%) Median Survival Est. (95% CI)	12 ( 23.5) NC (NC , NC)	7 ( 10.8) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		2.570 ( 1.012, 6.531) 0.03773 0.99467

Subgroup analyses are conducted if there exist at least 2 levels with >= 10 patients across treatment arms and >=10 events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table TEAE.KM.S2.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Age Group 2, Level: &gt;=75 years

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=51)	Chemotherapy (N=65)
White blood cell count decreased	No. of Events (%) Median Survival Est. (95% CI)	2 ( 3.9) NC (NC , NC)	8 ( 12.3) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		0.306 ( 0.065, 1.441) 0.11752 0.58044
Metabolism and nutrition disorders	No. of Events (%) Median Survival Est. (95% CI)	35 ( 68.6) 0.69 ( 0.46, 4.11)	33 ( 50.8) 5.29 ( 1.45, NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		1.649 ( 1.025, 2.655) 0.04715 0.59352

Subgroup analyses are conducted if there exist at least 2 levels with >= 10 patients across treatment arms and >=10 events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table TEAE.KM.S2.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Age Group 2, Level: &gt;=75 years

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=51)	Chemotherapy (N=65)
Decreased appetite	No. of Events (%) Median Survival Est. (95% CI)	21 ( 41.2) NC ( 2.14, NC)	26 ( 40.0) NC ( 3.61, NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		1.060 ( 0.597, 1.885) 0.83503 0.11207
Hyperglycaemia	No. of Events (%) Median Survival Est. (95% CI)	9 ( 17.6) NC (NC , NC)	2 ( 3.1) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		6.235 ( 1.347, 28.860) 0.00736 0.84329

Subgroup analyses are conducted if there exist at least 2 levels with >= 10 patients across treatment arms and >=10 events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table TEAE.KM.S2.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Age Group 2, Level: &gt;=75 years

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=51)	Chemotherapy (N=65)
Musculoskeletal and connective tissue disorders	No. of Events (%)	20 ( 39.2)	25 ( 38.5)
	Median Survival Est. (95% CI)	NC ( 3.42, NC)	NC ( 4.27, NC)
	Hazard Ratio (95% CI) [a]		0.972 ( 0.540, 1.751)
	Treatment P-value [b]		0.85004
	Interaction P-value [c]		0.22677
Arthralgia	No. of Events (%)	4 ( 7.8)	10 ( 15.4)
	Median Survival Est. (95% CI)	NC (NC , NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]		0.475 ( 0.149, 1.514)
	Treatment P-value [b]		0.19459
	Interaction P-value [c]		0.88727

Subgroup analyses are conducted if there exist at least 2 levels with >= 10 patients across treatment arms and >=10 events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table TEAE.KM.S2.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Age Group 2, Level: &gt;=75 years

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=51)	Chemotherapy (N=65)
Myalgia	No. of Events (%) Median Survival Est. (95% CI)	2 ( 3.9) NC (NC , NC)	8 ( 12.3) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		0.309 ( 0.066, 1.453) 0.11487 0.62647
Nervous system disorders	No. of Events (%) Median Survival Est. (95% CI)	32 ( 62.7) 2.56 ( 0.95, 7.92)	35 ( 53.8) 2.86 ( 1.45, NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		1.277 ( 0.791, 2.064) 0.41575 0.52634

Subgroup analyses are conducted if there exist at least 2 levels with >= 10 patients across treatment arms and >=10 events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table TEAE.KM.S2.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Age Group 2, Level: &gt;=75 years

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=51)	Chemotherapy (N=65)
Dysgeusia	No. of Events (%) Median Survival Est. (95% CI)	12 ( 23.5) NC (NC , NC)	6 ( 9.2) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		2.915 ( 1.094, 7.770) 0.03073 0.71697
Peripheral motor neuropathy	No. of Events (%) Median Survival Est. (95% CI)	1 ( 2.0) NC (NC , NC)	0 NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		NA (NA , NA) 0.24145 0.99985

Subgroup analyses are conducted if there exist at least 2 levels with >= 10 patients across treatment arms and >=10 events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table TEAE.KM.S2.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Age Group 2, Level: &gt;=75 years

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=51)	Chemotherapy (N=65)
Peripheral sensory neuropathy	No. of Events (%) Median Survival Est. (95% CI)	17 ( 33.3) NC ( 5.72, NC)	13 ( 20.0) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		1.733 ( 0.842, 3.569) 0.13873 0.57962
Renal and urinary disorders	No. of Events (%) Median Survival Est. (95% CI)	11 ( 21.6) NC (NC , NC)	9 ( 13.8) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		1.726 ( 0.715, 4.167) 0.21258 0.63684

Subgroup analyses are conducted if there exist at least 2 levels with >= 10 patients across treatment arms and >=10 events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table TEAE.KM.S2.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Age Group 2, Level: &gt;=75 years

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=51)	Chemotherapy (N=65)
Acute kidney injury	No. of Events (%) Median Survival Est. (95% CI)	4 ( 7.8) NC (NC , NC)	2 ( 3.1) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		2.670 ( 0.489, 14.582) 0.23226 0.87019
Respiratory, thoracic and mediastinal disorders	No. of Events (%) Median Survival Est. (95% CI)	19 ( 37.3) NC ( 3.94, NC)	9 ( 13.8) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		3.264 ( 1.476, 7.215) 0.00267 0.03107

Subgroup analyses are conducted if there exist at least 2 levels with >= 10 patients across treatment arms and >=10 events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table TEAE.KM.S2.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Age Group 2, Level: &gt;=75 years

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=51)	Chemotherapy (N=65)
Skin and subcutaneous tissue disorders	No. of Events (%)	40 ( 78.4)	36 ( 55.4)
	Median Survival Est. (95% CI)	0.56 ( 0.30, 1.12)	2.86 ( 0.69, NC)
	Hazard Ratio (95% CI) [a]		1.974 ( 1.258, 3.099)
	Treatment P-value [b]		0.00395
	Interaction P-value [c]		0.66898
Blister	No. of Events (%)	0	0
	Median Survival Est. (95% CI)	NC (NC , NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]		NA (NA , NA)
	Treatment P-value [b]		NA
	Interaction P-value [c]		0.99949

Subgroup analyses are conducted if there exist at least 2 levels with >= 10 patients across treatment arms and >=10 events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table TEAE.KM.S2.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Age Group 2, Level: &gt;=75 years

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=51)	Chemotherapy (N=65)
Drug eruption	No. of Events (%) Median Survival Est. (95% CI)	1 ( 2.0) NC (NC , NC)	1 ( 1.5) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		1.277 ( 0.080, 20.423) 0.86783 0.23782
Dry skin	No. of Events (%) Median Survival Est. (95% CI)	10 ( 19.6) NC (NC , NC)	2 ( 3.1) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		7.431 ( 1.629, 33.903) 0.00253 0.50949

Subgroup analyses are conducted if there exist at least 2 levels with >= 10 patients across treatment arms and >=10 events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table TEAE.KM.S2.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Age Group 2, Level: &gt;=75 years

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=51)	Chemotherapy (N=65)
Pruritus	No. of Events (%) Median Survival Est. (95% CI)	20 ( 39.2) NC ( 0.92, NC)	3 ( 4.6) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		11.355 ( 3.373, 38.222) <.00001 0.24940
Rash	No. of Events (%) Median Survival Est. (95% CI)	4 ( 7.8) NC (NC , NC)	3 ( 4.6) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		1.747 ( 0.391, 7.806) 0.45593 0.46328

Subgroup analyses are conducted if there exist at least 2 levels with >= 10 patients across treatment arms and >=10 events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table TEAE.KM.S2.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Age Group 2, Level: &gt;=75 years

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=51)	Chemotherapy (N=65)
Rash maculo-papular	No. of Events (%) Median Survival Est. (95% CI)	8 ( 15.7) NC (NC , NC)	2 ( 3.1) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		5.714 ( 1.213, 26.913) 0.01551 0.53842
Skin hyperpigmentation	No. of Events (%) Median Survival Est. (95% CI)	5 ( 9.8) NC (NC , NC)	0 NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		NA (NA , NA) 0.00851 0.98914

Subgroup analyses are conducted if there exist at least 2 levels with >= 10 patients across treatment arms and >=10 events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table TEAE.KM.S3.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Gender, Level: Male

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=234)	Chemotherapy (N=219)
Any Event	No. of Events (%) Median Survival Est. (95% CI)	231 ( 98.7) 0.20 ( 0.16, 0.23)	216 ( 98.6) 0.13 ( 0.10, 0.16)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		0.990 ( 0.821, 1.193) 0.99150 0.10014
Blood and lymphatic system disorders	No. of Events (%) Median Survival Est. (95% CI)	60 ( 25.6) NC (NC , NC)	96 ( 43.8) NC ( 5.36, NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		0.476 ( 0.345, 0.658) <.00001 0.01525

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table TEAE.KM.S3.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Gender, Level: Male

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=234)	Chemotherapy (N=219)
Anaemia	No. of Events (%) Median Survival Est. (95% CI)	40 ( 17.1) NC (NC , NC)	61 ( 27.9) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		0.555 ( 0.372, 0.827) 0.00313 0.23335
Febrile neutropenia	No. of Events (%) Median Survival Est. (95% CI)	2 ( 0.9) NC (NC , NC)	15 ( 6.8) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		0.118 ( 0.027, 0.517) 0.00073 0.03720

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table TEAE.KM.S3.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Gender, Level: Male

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=234)	Chemotherapy (N=219)
Eye disorders	No. of Events (%)	69 ( 29.5)	18 ( 8.2)
	Median Survival Est. (95% CI)	NC (NC , NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]	3.927 ( 2.337, 6.597)	
	Treatment P-value [b]	<.00001	
	Interaction P-value [c]	0.12203	
Dry eye	No. of Events (%)	15 ( 6.4)	2 ( 0.9)
	Median Survival Est. (95% CI)	NC (NC , NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]	6.893 ( 1.576, 30.153)	
	Treatment P-value [b]	0.00274	
	Interaction P-value [c]	0.79671	

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table TEAE.KM.S3.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Gender, Level: Male

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=234)	Chemotherapy (N=219)
Lacrimation increased	No. of Events (%) Median Survival Est. (95% CI)	28 ( 12.0) NC (NC , NC)	9 ( 4.1) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		2.872 ( 1.355, 6.087) 0.00399 0.19320
Vision blurred	No. of Events (%) Median Survival Est. (95% CI)	14 ( 6.0) NC (NC , NC)	4 ( 1.8) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		3.182 ( 1.047, 9.668) 0.03129 0.83771

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table TEAE.KM.S3.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Gender, Level: Male

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=234)	Chemotherapy (N=219)
Diarrhoea	No. of Events (%)	83 ( 35.5)	47 ( 21.5)
	Median Survival Est. (95% CI)	NC (NC , NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]		1.703 ( 1.190, 2.436)
	Treatment P-value [b]		0.00300
	Interaction P-value [c]		0.34376
Dry mouth	No. of Events (%)	16 ( 6.8)	5 ( 2.3)
	Median Survival Est. (95% CI)	NC (NC , NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]		3.019 ( 1.106, 8.242)
	Treatment P-value [b]		0.02145
	Interaction P-value [c]		0.60090

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table TEAE.KM.S3.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Gender, Level: Male

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=234)	Chemotherapy (N=219)
Chills	No. of Events (%) Median Survival Est. (95% CI)	13 ( 5.6) NC (NC , NC)	5 ( 2.3) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		2.438 ( 0.869, 6.839) 0.08006 0.59147
Fatigue	No. of Events (%) Median Survival Est. (95% CI)	88 ( 37.6) NC (NC , NC)	55 ( 25.1) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		1.521 ( 1.086, 2.130) 0.01364 0.23290

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table TEAE.KM.S3.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Gender, Level: Male

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=234)	Chemotherapy (N=219)
Infections and infestations	No. of Events (%) Median Survival Est. (95% CI)	123 ( 52.6) 4.76 ( 3.02, NC)	81 ( 37.0) NC (10.41, NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		1.504 ( 1.136, 1.991) 0.00420 0.97278
Conjunctivitis	No. of Events (%) Median Survival Est. (95% CI)	14 ( 6.0) NC (NC , NC)	2 ( 0.9) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		6.417 ( 1.458, 28.245) 0.00427 0.99134

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table TEAE.KM.S3.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Gender, Level: Male

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=234)	Chemotherapy (N=219)
Alanine aminotransferase increased	No. of Events (%) Median Survival Est. (95% CI)	23 ( 9.8) NC (NC , NC)	4 ( 1.8) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		5.466 ( 1.890, 15.807) 0.00042 0.92806
Amylase increased	No. of Events (%) Median Survival Est. (95% CI)	9 ( 3.8) NC (NC , NC)	1 ( 0.5) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		8.129 ( 1.030, 64.173) 0.01811 0.45460

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table TEAE.KM.S3.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Gender, Level: Male

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=234)	Chemotherapy (N=219)
Aspartate aminotransferase increased	No. of Events (%) Median Survival Est. (95% CI)	30 ( 12.8) NC (NC , NC)	3 ( 1.4) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		9.652 ( 2.946, 31.629) <.00001 0.34178
Blood creatinine increased	No. of Events (%) Median Survival Est. (95% CI)	17 ( 7.3) NC (NC , NC)	5 ( 2.3) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		3.152 ( 1.163, 8.545) 0.01735 0.52017

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table TEAE.KM.S3.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Gender, Level: Male

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=234)	Chemotherapy (N=219)
Neutrophil count decreased	No. of Events (%) Median Survival Est. (95% CI)	22 ( 9.4) NC (NC , NC)	37 ( 16.9) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		0.496 ( 0.292, 0.840) 0.00841 0.49806
Weight decreased	No. of Events (%) Median Survival Est. (95% CI)	38 ( 16.2) NC (NC , NC)	16 ( 7.3) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		2.276 ( 1.269, 4.082) 0.00442 0.65450

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table TEAE.KM.S3.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Gender, Level: Male

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=234)	Chemotherapy (N=219)
White blood cell count decreased	No. of Events (%) Median Survival Est. (95% CI)	12 ( 5.1) NC (NC , NC)	18 ( 8.2) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		0.583 ( 0.281, 1.211) 0.14854 0.31778
Metabolism and nutrition disorders	No. of Events (%) Median Survival Est. (95% CI)	141 ( 60.3) 1.91 ( 1.35, 3.98)	97 ( 44.3) NC ( 4.11, NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		1.415 ( 1.093, 1.834) 0.00773 0.91733

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table TEAE.KM.S3.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Gender, Level: Male

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=234)	Chemotherapy (N=219)
Decreased appetite	No. of Events (%) Median Survival Est. (95% CI)	99 ( 42.3) NC ( 6.37, NC)	60 ( 27.4) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		1.565 ( 1.136, 2.157) 0.00541 0.88670
Hyperglycaemia	No. of Events (%) Median Survival Est. (95% CI)	28 ( 12.0) NC (NC , NC)	4 ( 1.8) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		6.726 ( 2.359, 19.174) 0.00004 0.21570

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table TEAE.KM.S3.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Gender, Level: Male

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=234)	Chemotherapy (N=219)
Musculoskeletal and connective tissue disorders	No. of Events (%)	79 ( 33.8)	87 ( 39.7)
	Median Survival Est. (95% CI)	NC (NC , NC)	NC ( 7.59, NC)
	Hazard Ratio (95% CI) [a]		0.754 ( 0.556, 1.022)
	Treatment P-value [b]		0.07175
	Interaction P-value [c]		0.36112
Arthralgia	No. of Events (%)	14 ( 6.0)	25 ( 11.4)
	Median Survival Est. (95% CI)	NC (NC , NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]		0.482 ( 0.250, 0.927)
	Treatment P-value [b]		0.02755
	Interaction P-value [c]		0.73376

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table TEAE.KM.S3.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Gender, Level: Male

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=234)	Chemotherapy (N=219)
Myalgia	No. of Events (%) Median Survival Est. (95% CI)	15 ( 6.4) NC (NC , NC)	25 ( 11.4) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		0.531 ( 0.280, 1.007) 0.04724 0.98611
Nervous system disorders	No. of Events (%) Median Survival Est. (95% CI)	150 ( 64.1) 2.96 ( 2.27, 3.71)	98 ( 44.7) 8.61 ( 3.98, NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		1.586 ( 1.229, 2.046) 0.00029 0.18530

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table TEAE.KM.S3.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Gender, Level: Male

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=234)	Chemotherapy (N=219)
Dysgeusia	No. of Events (%) Median Survival Est. (95% CI)	60 ( 25.6) NC (NC , NC)	18 ( 8.2) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		3.342 ( 1.973, 5.660) <.00001 0.89670
Peripheral motor neuropathy	No. of Events (%) Median Survival Est. (95% CI)	11 ( 4.7) NC (NC , NC)	0 NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		NA (NA , NA) 0.00310 0.99756

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table TEAE.KM.S3.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Gender, Level: Male

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=234)	Chemotherapy (N=219)
Peripheral sensory neuropathy	No. of Events (%) Median Survival Est. (95% CI)	81 ( 34.6) NC (NC , NC)	49 ( 22.4) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		1.477 ( 1.036, 2.106) 0.02996 0.87930
Renal and urinary disorders	No. of Events (%) Median Survival Est. (95% CI)	61 ( 26.1) NC (NC , NC)	41 ( 18.7) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		1.394 ( 0.938, 2.071) 0.09527 0.74721

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table TEAE.KM.S3.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Gender, Level: Male

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=234)	Chemotherapy (N=219)
Acute kidney injury	No. of Events (%) Median Survival Est. (95% CI)	15 ( 6.4) NC (NC , NC)	6 ( 2.7) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		2.320 ( 0.900, 5.983) 0.06897 0.98911
Respiratory, thoracic and mediastinal disorders	No. of Events (%) Median Survival Est. (95% CI)	80 ( 34.2) NC (NC , NC)	53 ( 24.2) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		1.412 ( 0.998, 1.999) 0.04898 0.48987

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table TEAE.KM.S3.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Gender, Level: Male

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=234)	Chemotherapy (N=219)
Skin and subcutaneous tissue disorders	No. of Events (%)	190 ( 81.2)	106 ( 48.4)
	Median Survival Est. (95% CI)	0.62 ( 0.46, 0.82)	5.13 ( 2.04, NC)
	Hazard Ratio (95% CI) [a]		2.446 ( 1.925, 3.107)
	Treatment P-value [b]		<.00001
	Interaction P-value [c]		0.03120
Drug eruption	No. of Events (%)	19 ( 8.1)	3 ( 1.4)
	Median Survival Est. (95% CI)	NC (NC , NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]		6.038 ( 1.787, 20.401)
	Treatment P-value [b]		0.00095
	Interaction P-value [c]		0.79283

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table TEAE.KM.S3.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Gender, Level: Male

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=234)	Chemotherapy (N=219)
Dry skin	No. of Events (%) Median Survival Est. (95% CI)	43 ( 18.4) NC (NC , NC)	8 ( 3.7) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		5.298 ( 2.491, 11.268) <.00001 0.43716
Pruritus	No. of Events (%) Median Survival Est. (95% CI)	80 ( 34.2) NC (NC , NC)	12 ( 5.5) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		7.459 ( 4.065, 13.686) <.00001 0.21071

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table TEAE.KM.S3.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Gender, Level: Male

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=234)	Chemotherapy (N=219)
Rash	No. of Events (%) Median Survival Est. (95% CI)	44 ( 18.8) NC (NC , NC)	13 ( 5.9) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		3.297 ( 1.776, 6.122) 0.00006 0.44032
Rash maculo-papular	No. of Events (%) Median Survival Est. (95% CI)	39 ( 16.7) NC (NC , NC)	1 ( 0.5) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		38.851 ( 5.343, 282.519) <.00001 0.02131

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table TEAE.KM.S3.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Gender, Level: Male

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=234)	Chemotherapy (N=219)
Skin hyperpigmentation	No. of Events (%)	16 ( 6.8)	0
	Median Survival Est. (95% CI)	NC (NC , NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]	NA (NA , NA)	
	Treatment P-value [b]	0.00009	
	Interaction P-value [c]	0.99071	

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table TEAE.KM.S3.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Gender, Level: Female

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=62)	Chemotherapy (N=72)
Any Event	No. of Events (%) Median Survival Est. (95% CI)	59 ( 95.2) 0.20 ( 0.13, 0.26)	72 (100.0) 0.13 ( 0.10, 0.20)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		0.711 ( 0.503, 1.005) 0.06855 0.10014
Blood and lymphatic system disorders	No. of Events (%) Median Survival Est. (95% CI)	25 ( 40.3) NC ( 4.86, NC)	27 ( 37.5) NC ( 5.68, NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		1.042 ( 0.605, 1.796) 0.86871 0.01525

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table TEAE.KM.S3.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Gender, Level: Female

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=62)	Chemotherapy (N=72)
Anaemia	No. of Events (%) Median Survival Est. (95% CI)	20 ( 32.3) NC (NC , NC)	26 ( 36.1) NC ( 7.26, NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		0.853 ( 0.476, 1.527) 0.58195 0.23335
Febrile neutropenia	No. of Events (%) Median Survival Est. (95% CI)	2 ( 3.2) NC (NC , NC)	1 ( 1.4) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		2.362 ( 0.214, 26.051) 0.44672 0.03720

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table TEAE.KM.S3.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Gender, Level: Female

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=62)	Chemotherapy (N=72)
Eye disorders	No. of Events (%)	11 ( 17.7)	8 ( 11.1)
	Median Survival Est. (95% CI)	NC (NC , NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]		1.718 ( 0.691, 4.270)
	Treatment P-value [b]		0.24465
	Interaction P-value [c]		0.12203
Dry eye	No. of Events (%)	4 ( 6.5)	1 ( 1.4)
	Median Survival Est. (95% CI)	NC (NC , NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]		4.871 ( 0.544, 43.583)
	Treatment P-value [b]		0.11911
	Interaction P-value [c]		0.79671

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table TEAE.KM.S3.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Gender, Level: Female

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=62)	Chemotherapy (N=72)
Lacrimation increased	No. of Events (%) Median Survival Est. (95% CI)	2 ( 3.2) NC (NC , NC)	3 ( 4.2) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		0.792 ( 0.132, 4.739) 0.80580 0.19320
Vision blurred	No. of Events (%) Median Survival Est. (95% CI)	2 ( 3.2) NC (NC , NC)	1 ( 1.4) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		2.413 ( 0.219, 26.613) 0.46448 0.83771

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table TEAE.KM.S3.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Gender, Level: Female

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=62)	Chemotherapy (N=72)
Diarrhoea	No. of Events (%)	20 ( 32.3)	20 ( 27.8)
	Median Survival Est. (95% CI)	NC (NC , NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]		1.205 ( 0.648, 2.240)
	Treatment P-value [b]		0.59619
	Interaction P-value [c]		0.34376
Dry mouth	No. of Events (%)	8 ( 12.9)	2 ( 2.8)
	Median Survival Est. (95% CI)	NC (NC , NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]		4.942 ( 1.049, 23.272)
	Treatment P-value [b]		0.02362
	Interaction P-value [c]		0.60090

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table TEAE.KM.S3.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Gender, Level: Female

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=62)	Chemotherapy (N=72)
Chills	No. of Events (%) Median Survival Est. (95% CI)	4 ( 6.5) NC (NC , NC)	1 ( 1.4) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		4.731 ( 0.529, 42.305) 0.11619 0.59147
Fatigue	No. of Events (%) Median Survival Est. (95% CI)	20 ( 32.3) NC (NC , NC)	23 ( 31.9) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		1.001 ( 0.550, 1.822) 0.96995 0.23290

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table TEAE.KM.S3.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Gender, Level: Female

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=62)	Chemotherapy (N=72)
Infections and infestations	No. of Events (%)	29 ( 46.8)	24 ( 33.3)
	Median Survival Est. (95% CI)	8.64 ( 3.09, NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]		1.520 ( 0.885, 2.611)
	Treatment P-value [b]		0.12528
	Interaction P-value [c]		0.97278
Conjunctivitis	No. of Events (%)	5 ( 8.1)	0
	Median Survival Est. (95% CI)	NC (NC , NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]		NA (NA , NA)
	Treatment P-value [b]		0.01159
	Interaction P-value [c]		0.99134

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table TEAE.KM.S3.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Gender, Level: Female

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=62)	Chemotherapy (N=72)
Alanine aminotransferase increased	No. of Events (%) Median Survival Est. (95% CI)	4 ( 6.5) NC (NC , NC)	1 ( 1.4) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		4.886 ( 0.546, 43.716) 0.12075 0.92806
Amylase increased	No. of Events (%) Median Survival Est. (95% CI)	2 ( 3.2) NC (NC , NC)	1 ( 1.4) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		2.428 ( 0.220, 26.780) 0.47028 0.45460

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table TEAE.KM.S3.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Gender, Level: Female

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=62)	Chemotherapy (N=72)
Aspartate aminotransferase increased	No. of Events (%) Median Survival Est. (95% CI)	6 ( 9.7) NC (NC , NC)	2 ( 2.8) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		3.672 ( 0.741, 18.195) 0.08996 0.34178
Blood creatinine increased	No. of Events (%) Median Survival Est. (95% CI)	9 ( 14.5) NC (NC , NC)	2 ( 2.8) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		5.743 ( 1.241, 26.582) 0.01169 0.52017

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table TEAE.KM.S3.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Gender, Level: Female

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=62)	Chemotherapy (N=72)
Neutrophil count decreased	No. of Events (%) Median Survival Est. (95% CI)	11 ( 17.7) NC (NC , NC)	17 ( 23.6) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		0.682 ( 0.319, 1.456) 0.33381 0.49806
Weight decreased	No. of Events (%) Median Survival Est. (95% CI)	10 ( 16.1) NC (NC , NC)	4 ( 5.6) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		3.062 ( 0.960, 9.762) 0.04737 0.65450

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table TEAE.KM.S3.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Gender, Level: Female

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=62)	Chemotherapy (N=72)
White blood cell count decreased	No. of Events (%) Median Survival Est. (95% CI)	4 ( 6.5) NC (NC , NC)	14 ( 19.4) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		0.296 ( 0.097, 0.900) 0.02406 0.31778
Metabolism and nutrition disorders	No. of Events (%) Median Survival Est. (95% CI)	33 ( 53.2) 5.06 ( 1.25, NC)	29 ( 40.3) NC ( 3.61, NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		1.458 ( 0.885, 2.401) 0.15061 0.91733

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table TEAE.KM.S3.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Gender, Level: Female

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=62)	Chemotherapy (N=72)
Decreased appetite	No. of Events (%) Median Survival Est. (95% CI)	22 ( 35.5) NC ( 7.52, NC)	18 ( 25.0) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		1.487 ( 0.798, 2.773) 0.21469 0.88670
Hyperglycaemia	No. of Events (%) Median Survival Est. (95% CI)	3 ( 4.8) NC (NC , NC)	2 ( 2.8) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		1.815 ( 0.303, 10.864) 0.50099 0.21570

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table TEAE.KM.S3.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Gender, Level: Female

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=62)	Chemotherapy (N=72)
Musculoskeletal and connective tissue disorders	No. of Events (%)	21 ( 33.9)	33 ( 45.8)
	Median Survival Est. (95% CI)	NC ( 6.60, , NC)	NC ( 1.58, , NC)
	Hazard Ratio (95% CI) [a]		0.563 ( 0.326, 0.973)
	Treatment P-value [b]		0.04506
	Interaction P-value [c]		0.36112
Arthralgia	No. of Events (%)	6 ( 9.7)	11 ( 15.3)
	Median Survival Est. (95% CI)	NC (NC , , NC)	NC (NC , , NC)
	Hazard Ratio (95% CI) [a]		0.592 ( 0.219, 1.602)
	Treatment P-value [b]		0.30588
	Interaction P-value [c]		0.73376

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table TEAE.KM.S3.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Gender, Level: Female

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=62)		Chemotherapy (N=72)	
Myalgia	No. of Events (%)	0		7 ( 9.7)	
	Median Survival Est. (95% CI)	NC (NC , NC)		NC (NC , NC)	
	Hazard Ratio (95% CI) [a]			NA (NA , NA)	
	Treatment P-value [b]			0.01247	
	Interaction P-value [c]			0.98611	
Nervous system disorders	No. of Events (%)	39 ( 62.9)		39 ( 54.2)	
	Median Survival Est. (95% CI)	2.73 ( 1.45, 4.14)		2.40 ( 0.85, NC)	
	Hazard Ratio (95% CI) [a]			1.122 ( 0.719, 1.749)	
	Treatment P-value [b]			0.68433	
	Interaction P-value [c]			0.18530	

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table TEAE.KM.S3.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Gender, Level: Female

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=62)	Chemotherapy (N=72)
Dysgeusia	No. of Events (%) Median Survival Est. (95% CI)	14 ( 22.6) NC (NC , NC)	5 ( 6.9) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		3.606 ( 1.299, 10.014) 0.00956 0.89670
Peripheral motor neuropathy	No. of Events (%) Median Survival Est. (95% CI)	0 NC (NC , NC)	0 NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		NA (NA , NA) NA 0.99756

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table TEAE.KM.S3.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Gender, Level: Female

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=62)	Chemotherapy (N=72)
Peripheral sensory neuropathy	No. of Events (%) Median Survival Est. (95% CI)	21 ( 33.9) NC ( 5.72, NC)	17 ( 23.6) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		1.396 ( 0.736, 2.646) 0.28312 0.87930
Renal and urinary disorders	No. of Events (%) Median Survival Est. (95% CI)	14 ( 22.6) NC (NC , NC)	11 ( 15.3) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		1.612 ( 0.732, 3.551) 0.22871 0.74721

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table TEAE.KM.S3.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Gender, Level: Female

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=62)	Chemotherapy (N=72)
Acute kidney injury	No. of Events (%) Median Survival Est. (95% CI)	4 ( 6.5) NC (NC , NC)	2 ( 2.8) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		2.352 ( 0.431, 12.839) 0.28953 0.98911
Respiratory, thoracic and mediastinal disorders	No. of Events (%) Median Survival Est. (95% CI)	21 ( 33.9) NC (NC , NC)	15 ( 20.8) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		1.838 ( 0.948, 3.567) 0.06292 0.48987

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table TEAE.KM.S3.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Gender, Level: Female

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=62)	Chemotherapy (N=72)
Skin and subcutaneous tissue disorders	No. of Events (%)	47 ( 75.8)	44 ( 61.1)
	Median Survival Est. (95% CI)	0.72 ( 0.39, 1.08)	0.69 ( 0.66, 7.62)
	Hazard Ratio (95% CI) [a]		1.451 ( 0.961, 2.189)
	Treatment P-value [b]		0.07657
	Interaction P-value [c]		0.03120
Drug eruption	No. of Events (%)	7 ( 11.3)	1 ( 1.4)
	Median Survival Est. (95% CI)	NC (NC , NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]		8.354 ( 1.028, 67.879)
	Treatment P-value [b]		0.01800
	Interaction P-value [c]		0.79283

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table TEAE.KM.S3.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Gender, Level: Female

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=62)	Chemotherapy (N=72)
Dry skin	No. of Events (%) Median Survival Est. (95% CI)	7 ( 11.3) NC (NC , NC)	3 ( 4.2) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		2.867 ( 0.741, 11.087) 0.11883 0.43716
Pruritus	No. of Events (%) Median Survival Est. (95% CI)	22 ( 35.5) NC ( 7.92, NC)	8 ( 11.1) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		3.910 ( 1.740, 8.785) 0.00044 0.21071

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table TEAE.KM.S3.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Gender, Level: Female

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=62)	Chemotherapy (N=72)
Rash	No. of Events (%) Median Survival Est. (95% CI)	6 ( 9.7) NC (NC , NC)	4 ( 5.6) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		1.893 ( 0.534, 6.710) 0.32660 0.44032
Rash maculo-papular	No. of Events (%) Median Survival Est. (95% CI)	11 ( 17.7) NC (NC , NC)	5 ( 6.9) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		2.770 ( 0.962, 7.972) 0.04920 0.02131

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table TEAE.KM.S3.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Gender, Level: Female

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=62)	Chemotherapy (N=72)
Skin hyperpigmentation	No. of Events (%)	3 ( 4.8)	1 ( 1.4)
	Median Survival Est. (95% CI)	NC (NC , NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]	3.602 ( 0.375, 34.631)	
	Treatment P-value [b]	0.23799	
	Interaction P-value [c]	0.99071	

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table TEAE.KM.S4.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Region, Level: Western Europe

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=122)	Chemotherapy (N=123)
Any Event	No. of Events (%) Median Survival Est. (95% CI)	118 ( 96.7) 0.23 ( 0.16, 0.26)	121 ( 98.4) 0.13 ( 0.07, 0.16)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		0.857 ( 0.665, 1.105) 0.32375 0.68127
Blood and lymphatic system disorders	No. of Events (%) Median Survival Est. (95% CI)	31 ( 25.4) NC (NC , NC)	52 ( 42.3) NC ( 2.33, NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		0.478 ( 0.307, 0.747) 0.00084 0.05004

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table TEAE.KM.S4.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Region, Level: Western Europe

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=122)	Chemotherapy (N=123)
Anaemia	No. of Events (%) Median Survival Est. (95% CI)	21 ( 17.2) NC (NC , NC)	38 ( 30.9) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		0.485 ( 0.285, 0.827) 0.00528 0.00445
Febrile neutropenia	No. of Events (%) Median Survival Est. (95% CI)	0 NC (NC , NC)	6 ( 4.9) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		NA (NA , NA) 0.01257 0.99987

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table TEAE.KM.S4.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Region, Level: Western Europe

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=122)	Chemotherapy (N=123)
Eye disorders	No. of Events (%) Median Survival Est. (95% CI)	42 ( 34.4) NC ( 8.80, NC)	7 ( 5.7) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		6.944 ( 3.119, 15.462) <.00001 0.04826
Lacrimation increased	No. of Events (%) Median Survival Est. (95% CI)	18 ( 14.8) NC (NC , NC)	3 ( 2.4) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		6.159 ( 1.814, 20.909) 0.00094 0.11050

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table TEAE.KM.S4.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Region, Level: Western Europe

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=122)	Chemotherapy (N=123)
Vision blurred	No. of Events (%) Median Survival Est. (95% CI)	9 ( 7.4) NC (NC , NC)	1 ( 0.8) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		8.748 ( 1.108, 69.053) 0.01357 0.34487
Diarrhoea	No. of Events (%) Median Survival Est. (95% CI)	51 ( 41.8) NC ( 5.68, NC)	24 ( 19.5) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		2.359 ( 1.452, 3.832) 0.00038 0.02358

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table TEAE.KM.S4.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Region, Level: Western Europe

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=122)	Chemotherapy (N=123)
Dry mouth	No. of Events (%) Median Survival Est. (95% CI)	10 ( 8.2) NC (NC , NC)	5 ( 4.1) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		2.002 ( 0.684, 5.858) 0.19556 0.85466
Chills	No. of Events (%) Median Survival Est. (95% CI)	5 ( 4.1) NC (NC , NC)	1 ( 0.8) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		4.980 ( 0.582, 42.632) 0.10921 0.41717

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table TEAE.KM.S4.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Region, Level: Western Europe

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=122)	Chemotherapy (N=123)
Fatigue	No. of Events (%) Median Survival Est. (95% CI)	43 ( 35.2) NC (NC , NC)	34 ( 27.6) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		1.276 ( 0.814, 2.000) 0.28840 0.26690
Infections and infestations	No. of Events (%) Median Survival Est. (95% CI)	64 ( 52.5) 4.14 ( 2.86, NC)	53 ( 43.1) NC ( 4.34, NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		1.242 ( 0.863, 1.788) 0.23848 0.19322

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table TEAE.KM.S4.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Region, Level: Western Europe

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=122)	Chemotherapy (N=123)
Conjunctivitis	No. of Events (%) Median Survival Est. (95% CI)	13 ( 10.7) NC (NC , NC)	1 ( 0.8) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		13.038 ( 1.706, 99.669) 0.00133 0.32369
Alanine aminotransferase increased	No. of Events (%) Median Survival Est. (95% CI)	10 ( 8.2) NC (NC , NC)	2 ( 1.6) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		4.982 ( 1.092, 22.740) 0.02239 0.47337

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table TEAE.KM.S4.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Region, Level: Western Europe

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=122)	Chemotherapy (N=123)
Aspartate aminotransferase increased	No. of Events (%) Median Survival Est. (95% CI)	14 ( 11.5) NC (NC , NC)	1 ( 0.8) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		14.013 ( 1.843, 106.556) 0.00079 0.68299
Blood creatinine increased	No. of Events (%) Median Survival Est. (95% CI)	8 ( 6.6) NC (NC , NC)	3 ( 2.4) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		2.624 ( 0.696, 9.890) 0.13351 0.82290

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table TEAE.KM.S4.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Region, Level: Western Europe

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=122)	Chemotherapy (N=123)
Neutrophil count decreased	No. of Events (%) Median Survival Est. (95% CI)	4 ( 3.3) NC (NC , NC)	12 ( 9.8) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		0.313 ( 0.101, 0.971) 0.02266 0.61418
Weight decreased	No. of Events (%) Median Survival Est. (95% CI)	15 ( 12.3) NC (NC , NC)	9 ( 7.3) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		1.638 ( 0.717, 3.744) 0.24586 0.50575

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table TEAE.KM.S4.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Region, Level: Western Europe

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=122)	Chemotherapy (N=123)
White blood cell count decreased	No. of Events (%) Median Survival Est. (95% CI)	1 ( 0.8) NC (NC , NC)	6 ( 4.9) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		0.159 ( 0.019, 1.322) 0.04432 0.26977
Metabolism and nutrition disorders	No. of Events (%) Median Survival Est. (95% CI)	63 ( 51.6) 4.07 ( 2.10, NC)	53 ( 43.1) NC ( 2.79, NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		1.125 ( 0.780, 1.621) 0.50401 0.15788

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table TEAE.KM.S4.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Region, Level: Western Europe

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=122)	Chemotherapy (N=123)
Decreased appetite	No. of Events (%) Median Survival Est. (95% CI)	41 ( 33.6) NC (NC , NC)	35 ( 28.5) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		1.106 ( 0.705, 1.737) 0.64806 0.12069
Hyperglycaemia	No. of Events (%) Median Survival Est. (95% CI)	15 ( 12.3) NC (NC , NC)	4 ( 3.3) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		3.766 ( 1.250, 11.349) 0.01103 0.98065

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table TEAE.KM.S4.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Region, Level: Western Europe

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=122)	Chemotherapy (N=123)
Musculoskeletal and connective tissue disorders	No. of Events (%)	48 ( 39.3)	54 ( 43.9)
	Median Survival Est. (95% CI)	NC ( 6.31, NC)	8.02 ( 3.02, NC)
	Hazard Ratio (95% CI) [a]		0.784 ( 0.532, 1.157)
	Treatment P-value [b]		0.21063
	Interaction P-value [c]		0.55162
Arthralgia	No. of Events (%)	11 ( 9.0)	14 ( 11.4)
	Median Survival Est. (95% CI)	NC (NC , NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]		0.742 ( 0.337, 1.635)
	Treatment P-value [b]		0.44659
	Interaction P-value [c]		0.41958

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table TEAE.KM.S4.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Region, Level: Western Europe

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=122)	Chemotherapy (N=123)
Myalgia	No. of Events (%) Median Survival Est. (95% CI)	11 ( 9.0) NC (NC , NC)	13 ( 10.6) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		0.807 ( 0.361, 1.801) 0.57513 0.10858
Nervous system disorders	No. of Events (%) Median Survival Est. (95% CI)	74 ( 60.7) 2.79 ( 2.00, 3.81)	48 ( 39.0) NC ( 6.97, NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		1.770 ( 1.230, 2.547) 0.00187 0.33276

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table TEAE.KM.S4.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Region, Level: Western Europe

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=122)	Chemotherapy (N=123)
Dysgeusia	No. of Events (%) Median Survival Est. (95% CI)	24 ( 19.7) NC (NC , NC)	6 ( 4.9) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		4.267 ( 1.745, 10.436) 0.00055 0.40176
Peripheral sensory neuropathy	No. of Events (%) Median Survival Est. (95% CI)	36 ( 29.5) NC (NC , NC)	13 ( 10.6) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		2.883 ( 1.529, 5.436) 0.00063 0.02158

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table TEAE.KM.S4.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Region, Level: Western Europe

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=122)	Chemotherapy (N=123)
Renal and urinary disorders	No. of Events (%)	32 ( 26.2)	19 ( 15.4)
	Median Survival Est. (95% CI)	NC (NC , NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]		1.702 ( 0.965, 3.003)
	Treatment P-value [b]		0.06596
	Interaction P-value [c]		0.71056
Acute kidney injury	No. of Events (%)	9 ( 7.4)	3 ( 2.4)
	Median Survival Est. (95% CI)	NC (NC , NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]		2.917 ( 0.790, 10.774)
	Treatment P-value [b]		0.09400
	Interaction P-value [c]		0.81987

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table TEAE.KM.S4.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Region, Level: Western Europe

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=122)		Chemotherapy (N=123)	
Respiratory, thoracic and mediastinal disorders	No. of Events (%)	36 ( 29.5)		27 ( 22.0)	
	Median Survival Est. (95% CI)	NC (NC , , NC)		NC (NC , , NC)	
	Hazard Ratio (95% CI) [a]			1.327 ( 0.806, 2.186)	
	Treatment P-value [b]			0.26620	
	Interaction P-value [c]			0.23510	
Skin and subcutaneous tissue disorders	No. of Events (%)	88 ( 72.1)		48 ( 39.0)	
	Median Survival Est. (95% CI)	1.05 ( 0.82, 1.18)		NC ( 3.12, NC)	
	Hazard Ratio (95% CI) [a]			2.379 ( 1.672, 3.384)	
	Treatment P-value [b]			<.00001	
	Interaction P-value [c]			0.33244	

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table TEAE.KM.S4.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Region, Level: Western Europe

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=122)	Chemotherapy (N=123)
Drug eruption	No. of Events (%) Median Survival Est. (95% CI)	4 ( 3.3) NC (NC , NC)	1 ( 0.8) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		3.962 ( 0.443, 35.449) 0.18411 0.94205
Dry skin	No. of Events (%) Median Survival Est. (95% CI)	21 ( 17.2) NC (NC , NC)	1 ( 0.8) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		21.866 ( 2.941, 162.555) 0.00001 0.12778

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table TEAE.KM.S4.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Region, Level: Western Europe

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=122)	Chemotherapy (N=123)
Pruritus	No. of Events (%) Median Survival Est. (95% CI)	28 ( 23.0) NC (NC , NC)	2 ( 1.6) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		15.470 ( 3.685, 64.940) <.00001 0.24829
Rash	No. of Events (%) Median Survival Est. (95% CI)	29 ( 23.8) NC (NC , NC)	4 ( 3.3) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		7.864 ( 2.764, 22.371) <.00001 0.02195

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table TEAE.KM.S4.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Region, Level: Western Europe

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=122)	Chemotherapy (N=123)
Rash maculo-papular	No. of Events (%) Median Survival Est. (95% CI)	10 ( 8.2) NC (NC , NC)	0 NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]	NA (NA 0.00157 0.98747	, NA)
Skin hyperpigmentation	No. of Events (%) Median Survival Est. (95% CI)	2 ( 1.6) NC (NC , NC)	0 NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]	NA (NA 0.16308 0.99993	, NA)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table TEAE.KM.S4.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Region, Level: US

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=42)	Chemotherapy (N=39)
Any Event	No. of Events (%) Median Survival Est. (95% CI)	41 ( 97.6) 0.26 ( 0.13, 0.26)	39 (100.0) 0.10 ( 0.07, 0.20)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		0.870 ( 0.560, 1.350) 0.39603 0.68127
Blood and lymphatic system disorders	No. of Events (%) Median Survival Est. (95% CI)	10 ( 23.8) NC (NC , NC)	22 ( 56.4) 2.79 ( 0.72, NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		0.316 ( 0.149, 0.667) 0.00178 0.05004

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table TEAE.KM.S4.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Region, Level: US

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=42)	Chemotherapy (N=39)
Anaemia	No. of Events (%) Median Survival Est. (95% CI)	5 ( 11.9) NC (NC , NC)	18 ( 46.2) NC ( 1.38, NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		0.197 ( 0.073, 0.530) 0.00061 0.00445
Febrile neutropenia	No. of Events (%) Median Survival Est. (95% CI)	1 ( 2.4) NC (NC , NC)	0 NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		NA (NA , NA) 0.33523 0.99987

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table TEAE.KM.S4.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Region, Level: US

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=42)	Chemotherapy (N=39)
Eye disorders	No. of Events (%) Median Survival Est. (95% CI)	16 ( 38.1) NC ( 3.94, NC)	9 ( 23.1) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		1.885 ( 0.833, 4.266) 0.10991 0.04826
Lacrimation increased	No. of Events (%) Median Survival Est. (95% CI)	6 ( 14.3) NC (NC , NC)	5 ( 12.8) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		1.120 ( 0.342, 3.669) 0.82930 0.11050

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table TEAE.KM.S4.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Region, Level: US

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=42)	Chemotherapy (N=39)
Vision blurred	No. of Events (%) Median Survival Est. (95% CI)	3 ( 7.1) NC (NC , NC)	1 ( 2.6) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		2.769 ( 0.288, 26.619) 0.36367 0.34487
Diarrhoea	No. of Events (%) Median Survival Est. (95% CI)	13 ( 31.0) NC (NC , NC)	16 ( 41.0) NC ( 2.69, NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		0.702 ( 0.338, 1.460) 0.36814 0.02358

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table TEAE.KM.S4.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Region, Level: US

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=42)	Chemotherapy (N=39)
Dry mouth	No. of Events (%) Median Survival Est. (95% CI)	7 ( 16.7) NC (NC , NC)	2 ( 5.1) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		3.450 ( 0.717, 16.607) 0.09999 0.85466
Chills	No. of Events (%) Median Survival Est. (95% CI)	5 ( 11.9) NC (NC , NC)	5 ( 12.8) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		0.935 ( 0.271, 3.231) 0.91152 0.41717

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table TEAE.KM.S4.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Region, Level: US

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=42)	Chemotherapy (N=39)
Fatigue	No. of Events (%) Median Survival Est. (95% CI)	19 ( 45.2) NC ( 1.48, NC)	18 ( 46.2) 8.08 ( 2.10, NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		0.933 ( 0.490, 1.778) 0.83217 0.26690
Infections and infestations	No. of Events (%) Median Survival Est. (95% CI)	26 ( 61.9) 3.45 ( 1.28, NC)	13 ( 33.3) NC ( 5.39, NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		2.465 ( 1.266, 4.798) 0.00790 0.19322

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table TEAE.KM.S4.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Region, Level: US

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=42)	Chemotherapy (N=39)
Conjunctivitis	No. of Events (%) Median Survival Est. (95% CI)	1 ( 2.4) NC (NC , NC)	1 ( 2.6) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		0.935 ( 0.059, 14.956) 0.95956 0.32369
Alanine aminotransferase increased	No. of Events (%) Median Survival Est. (95% CI)	5 ( 11.9) NC (NC , NC)	2 ( 5.1) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		2.421 ( 0.470, 12.482) 0.27678 0.47337

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table TEAE.KM.S4.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Region, Level: US

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=42)	Chemotherapy (N=39)
Aspartate aminotransferase increased	No. of Events (%) Median Survival Est. (95% CI)	9 ( 21.4) NC (NC , NC)	2 ( 5.1) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		4.514 ( 0.975, 20.896) 0.03132 0.68299
Blood creatinine increased	No. of Events (%) Median Survival Est. (95% CI)	9 ( 21.4) NC (NC , NC)	2 ( 5.1) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		4.536 ( 0.980, 20.996) 0.03441 0.82290

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table TEAE.KM.S4.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Region, Level: US

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=42)	Chemotherapy (N=39)
Neutrophil count decreased	No. of Events (%) Median Survival Est. (95% CI)	6 ( 14.3) NC (NC , NC)	8 ( 20.5) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		0.620 ( 0.215, 1.787) 0.38278 0.61418
Weight decreased	No. of Events (%) Median Survival Est. (95% CI)	12 ( 28.6) NC (NC , NC)	4 ( 10.3) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		3.037 ( 0.979, 9.417) 0.04841 0.50575

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table TEAE.KM.S4.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Region, Level: US

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=42)	Chemotherapy (N=39)
White blood cell count decreased	No. of Events (%) Median Survival Est. (95% CI)	4 ( 9.5) NC (NC , NC)	3 ( 7.7) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		1.200 ( 0.269, 5.363) 0.80009 0.26977
Metabolism and nutrition disorders	No. of Events (%) Median Survival Est. (95% CI)	30 ( 71.4) 0.90 ( 0.46, 2.17)	23 ( 59.0) 1.74 ( 0.69, NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		1.356 ( 0.787, 2.335) 0.28738 0.15788

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table TEAE.KM.S4.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Region, Level: US

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=42)	Chemotherapy (N=39)
Decreased appetite	No. of Events (%) Median Survival Est. (95% CI)	19 ( 45.2) NC ( 2.10, NC)	12 ( 30.8) NC ( 7.23, NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		1.534 ( 0.745, 3.162) 0.27612 0.12069
Hyperglycaemia	No. of Events (%) Median Survival Est. (95% CI)	7 ( 16.7) NC (NC , NC)	0 NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		NA (NA , NA) 0.00782 0.98065

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table TEAE.KM.S4.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Region, Level: US

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=42)	Chemotherapy (N=39)
Musculoskeletal and connective tissue disorders	No. of Events (%)	14 ( 33.3)	21 ( 53.8)
	Median Survival Est. (95% CI)	NC ( 3.48, NC)	2.56 ( 0.62, NC)
	Hazard Ratio (95% CI) [a]		0.508 ( 0.258, 0.999)
	Treatment P-value [b]		0.05629
	Interaction P-value [c]		0.55162
Arthralgia	No. of Events (%)	3 ( 7.1)	8 ( 20.5)
	Median Survival Est. (95% CI)	NC (NC , NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]		0.309 ( 0.082, 1.165)
	Treatment P-value [b]		0.06925
	Interaction P-value [c]		0.41958

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table TEAE.KM.S4.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Region, Level: US

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=42)	Chemotherapy (N=39)
Myalgia	No. of Events (%) Median Survival Est. (95% CI)	1 ( 2.4) NC (NC , NC)	3 ( 7.7) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		0.303 ( 0.032, 2.914) 0.27552 0.10858
Nervous system disorders	No. of Events (%) Median Survival Est. (95% CI)	30 ( 71.4) 1.87 ( 0.95, 4.21)	24 ( 61.5) 2.79 ( 1.15, 6.93)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		1.147 ( 0.671, 1.963) 0.65160 0.33276

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table TEAE.KM.S4.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Region, Level: US

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=42)	Chemotherapy (N=39)
Dysgeusia	No. of Events (%) Median Survival Est. (95% CI)	14 ( 33.3) NC ( 5.55, NC)	7 ( 17.9) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		1.952 ( 0.788, 4.837) 0.14837 0.40176
Peripheral sensory neuropathy	No. of Events (%) Median Survival Est. (95% CI)	16 ( 38.1) NC ( 4.17, NC)	10 ( 25.6) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		1.500 ( 0.681, 3.306) 0.30103 0.02158

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table TEAE.KM.S4.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Region, Level: US

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=42)	Chemotherapy (N=39)
Renal and urinary disorders	No. of Events (%)	14 ( 33.3)	9 ( 23.1)
	Median Survival Est. (95% CI)	NC ( 5.88, NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]		1.488 ( 0.644, 3.438)
	Treatment P-value [b]		0.34735
	Interaction P-value [c]		0.71056
Acute kidney injury	No. of Events (%)	3 ( 7.1)	2 ( 5.1)
	Median Survival Est. (95% CI)	NC (NC , NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]		1.431 ( 0.239, 8.567)
	Treatment P-value [b]		0.69943
	Interaction P-value [c]		0.81987

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table TEAE.KM.S4.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Region, Level: US

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=42)	Chemotherapy (N=39)
Respiratory, thoracic and mediastinal disorders	No. of Events (%)	21 ( 50.0)	19 ( 48.7)
	Median Survival Est. (95% CI)	5.82 ( 1.87, NC)	5.52 ( 2.56, NC)
	Hazard Ratio (95% CI) [a]		1.078 ( 0.580, 2.006)
	Treatment P-value [b]		0.78388
	Interaction P-value [c]		0.23510
Skin and subcutaneous tissue disorders	No. of Events (%)	35 ( 83.3)	26 ( 66.7)
	Median Survival Est. (95% CI)	0.56 ( 0.39, 0.95)	0.76 ( 0.49, 3.78)
	Hazard Ratio (95% CI) [a]		1.545 ( 0.930, 2.568)
	Treatment P-value [b]		0.07453
	Interaction P-value [c]		0.33244

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table TEAE.KM.S4.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Region, Level: US

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=42)	Chemotherapy (N=39)
Drug eruption	No. of Events (%) Median Survival Est. (95% CI)	4 ( 9.5) NC (NC , NC)	0 NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]	NA (NA , NA)	0.04963 0.94205
Dry skin	No. of Events (%) Median Survival Est. (95% CI)	13 ( 31.0) NC ( 5.55, NC)	3 ( 7.7) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]	4.561 ( 1.299, 16.014) 0.00896 0.12778	

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table TEAE.KM.S4.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Region, Level: US

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=42)	Chemotherapy (N=39)
Pruritus	No. of Events (%) Median Survival Est. (95% CI)	20 ( 47.6) NC ( 0.72, NC)	3 ( 7.7) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		8.049 ( 2.391, 27.098) 0.00005 0.24829
Rash	No. of Events (%) Median Survival Est. (95% CI)	3 ( 7.1) NC (NC , NC)	4 ( 10.3) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		0.691 ( 0.155, 3.089) 0.58534 0.02195

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table TEAE.KM.S4.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Region, Level: US

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=42)	Chemotherapy (N=39)
Rash maculo-papular	No. of Events (%) Median Survival Est. (95% CI)	20 ( 47.6) NC ( 0.59, NC)	3 ( 7.7) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		8.072 ( 2.396, 27.191) 0.00005 0.98747
Skin hyperpigmentation	No. of Events (%) Median Survival Est. (95% CI)	6 ( 14.3) NC (NC , NC)	1 ( 2.6) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		5.979 ( 0.720, 49.667) 0.05908 0.99993

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table TEAE.KM.S4.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Region, Level: Rest of the World

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=132)	Chemotherapy (N=129)
Any Event	No. of Events (%) Median Survival Est. (95% CI)	131 ( 99.2) 0.16 ( 0.13, 0.23)	128 ( 99.2) 0.16 ( 0.10, 0.16)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		0.996 ( 0.780, 1.271) 0.93420 0.68127
Blood and lymphatic system disorders	No. of Events (%) Median Survival Est. (95% CI)	44 ( 33.3) NC (NC , NC)	49 ( 38.0) NC (12.94, NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		0.818 ( 0.544, 1.228) 0.31808 0.05004

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table TEAE.KM.S4.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Region, Level: Rest of the World

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=132)	Chemotherapy (N=129)
Anaemia	No. of Events (%) Median Survival Est. (95% CI)	34 ( 25.8) NC (NC , NC)	31 ( 24.0) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		1.075 ( 0.661, 1.749) 0.78721 0.00445
Febrile neutropenia	No. of Events (%) Median Survival Est. (95% CI)	3 ( 2.3) NC (NC , NC)	10 ( 7.8) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		0.285 ( 0.078, 1.034) 0.04126 0.99987

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table TEAE.KM.S4.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Region, Level: Rest of the World

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=132)	Chemotherapy (N=129)
Eye disorders	No. of Events (%) Median Survival Est. (95% CI)	22 ( 16.7) NC (NC , NC)	10 ( 7.8) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		2.231 ( 1.057, 4.712) 0.02912 0.04826
Lacrimation increased	No. of Events (%) Median Survival Est. (95% CI)	6 ( 4.5) NC (NC , NC)	4 ( 3.1) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		1.431 ( 0.404, 5.072) 0.56570 0.11050

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table TEAE.KM.S4.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Region, Level: Rest of the World

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=132)	Chemotherapy (N=129)
Vision blurred	No. of Events (%) Median Survival Est. (95% CI)	4 ( 3.0) NC (NC , NC)	3 ( 2.3) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		1.312 ( 0.294, 5.863) 0.70913 0.34487
Diarrhoea	No. of Events (%) Median Survival Est. (95% CI)	39 ( 29.5) NC (15.11, NC)	27 ( 20.9) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		1.416 ( 0.867, 2.314) 0.16659 0.02358

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table TEAE.KM.S4.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Region, Level: Rest of the World

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=132)	Chemotherapy (N=129)
Dry mouth	No. of Events (%) Median Survival Est. (95% CI)	7 ( 5.3) NC (NC , NC)	0 NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]	NA (NA 0.00828 0.85466	, NA ,
Chills	No. of Events (%) Median Survival Est. (95% CI)	7 ( 5.3) NC (NC , NC)	0 NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]	NA (NA 0.00770 0.41717	, NA ,

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table TEAE.KM.S4.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Region, Level: Rest of the World

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=132)	Chemotherapy (N=129)
Fatigue	No. of Events (%) Median Survival Est. (95% CI)	46 ( 34.8) NC (NC , NC)	26 ( 20.2) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		1.790 ( 1.107, 2.896) 0.01672 0.26690
Infections and infestations	No. of Events (%) Median Survival Est. (95% CI)	62 ( 47.0) 10.87 ( 3.55, NC)	39 ( 30.2) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		1.614 ( 1.081, 2.410) 0.02263 0.19322

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table TEAE.KM.S4.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Region, Level: Rest of the World

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=132)	Chemotherapy (N=129)
Conjunctivitis	No. of Events (%) Median Survival Est. (95% CI)	5 ( 3.8) NC (NC , NC)	0 NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		NA (NA , NA) 0.03059 0.32369
Alanine aminotransferase increased	No. of Events (%) Median Survival Est. (95% CI)	12 ( 9.1) NC (NC , NC)	1 ( 0.8) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		12.352 ( 1.607, 94.950) 0.00197 0.47337

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table TEAE.KM.S4.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Region, Level: Rest of the World

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=132)	Chemotherapy (N=129)
Aspartate aminotransferase increased	No. of Events (%) Median Survival Est. (95% CI)	13 ( 9.8) NC (NC , NC)	2 ( 1.6) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		6.774 ( 1.529, 30.019) 0.00375 0.68299
Blood creatinine increased	No. of Events (%) Median Survival Est. (95% CI)	9 ( 6.8) NC (NC , NC)	2 ( 1.6) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		4.520 ( 0.977, 20.913) 0.03309 0.82290

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table TEAE.KM.S4.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Region, Level: Rest of the World

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=132)	Chemotherapy (N=129)
Neutrophil count decreased	No. of Events (%) Median Survival Est. (95% CI)	23 ( 17.4) NC (NC , NC)	34 ( 26.4) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		0.566 ( 0.333, 0.961) 0.03983 0.61418
Weight decreased	No. of Events (%) Median Survival Est. (95% CI)	21 ( 15.9) NC (NC , NC)	7 ( 5.4) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		3.138 ( 1.334, 7.383) 0.00604 0.50575

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table TEAE.KM.S4.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Region, Level: Rest of the World

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=132)	Chemotherapy (N=129)
White blood cell count decreased	No. of Events (%) Median Survival Est. (95% CI)	11 ( 8.3) NC (NC , NC)	23 ( 17.8) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		0.415 ( 0.202, 0.852) 0.01539 0.26977
Metabolism and nutrition disorders	No. of Events (%) Median Survival Est. (95% CI)	81 ( 61.4) 1.87 ( 1.05, 5.06)	50 ( 38.8) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		1.844 ( 1.296, 2.624) 0.00059 0.15788

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table TEAE.KM.S4.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Region, Level: Rest of the World

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=132)	Chemotherapy (N=129)
Decreased appetite	No. of Events (%) Median Survival Est. (95% CI)	61 ( 46.2) NC ( 4.11, NC)	31 ( 24.0) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		2.131 ( 1.383, 3.285) 0.00047 0.12069
Hyperglycaemia	No. of Events (%) Median Survival Est. (95% CI)	9 ( 6.8) NC (NC , NC)	2 ( 1.6) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		4.553 ( 0.984, 21.075) 0.03498 0.98065

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table TEAE.KM.S4.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Region, Level: Rest of the World

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=132)		Chemotherapy (N=129)	
Musculoskeletal and connective tissue disorders	No. of Events (%)	38 ( 28.8)		45 ( 34.9)	
	Median Survival Est. (95% CI)	NC (NC , , NC)		NC (NC , , NC)	
	Hazard Ratio (95% CI) [a]			0.702 ( 0.456, 1.081)	
	Treatment P-value [b]			0.11101	
	Interaction P-value [c]			0.55162	
Arthralgia	No. of Events (%)	6 ( 4.5)		14 ( 10.9)	
	Median Survival Est. (95% CI)	NC (NC , , NC)		NC (NC , , NC)	
	Hazard Ratio (95% CI) [a]			0.386 ( 0.148, 1.005)	
	Treatment P-value [b]			0.04203	
	Interaction P-value [c]			0.41958	

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table TEAE.KM.S4.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Region, Level: Rest of the World

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=132)	Chemotherapy (N=129)
Myalgia	No. of Events (%) Median Survival Est. (95% CI)	3 ( 2.3) NC (NC , NC)	16 ( 12.4) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		0.171 ( 0.050, 0.588) 0.00166 0.10858
Nervous system disorders	No. of Events (%) Median Survival Est. (95% CI)	85 ( 64.4) 3.09 ( 2.00, 4.07)	65 ( 50.4) 4.53 ( 2.40, NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		1.320 ( 0.956, 1.824) 0.08390 0.33276

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table TEAE.KM.S4.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Region, Level: Rest of the World

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=132)	Chemotherapy (N=129)
Dysgeusia	No. of Events (%) Median Survival Est. (95% CI)	36 ( 27.3) NC (NC , NC)	10 ( 7.8) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		3.904 ( 1.937, 7.867) 0.00004 0.40176
Peripheral sensory neuropathy	No. of Events (%) Median Survival Est. (95% CI)	50 ( 37.9) NC ( 6.60, NC)	43 ( 33.3) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		0.996 ( 0.663, 1.498) 0.99676 0.02158

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table TEAE.KM.S4.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Region, Level: Rest of the World

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=132)	Chemotherapy (N=129)
Renal and urinary disorders	No. of Events (%)	29 ( 22.0)	24 ( 18.6)
	Median Survival Est. (95% CI)	NC (NC , NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]		1.225 ( 0.713, 2.104)
	Treatment P-value [b]		0.50334
	Interaction P-value [c]		0.71056
Acute kidney injury	No. of Events (%)	7 ( 5.3)	3 ( 2.3)
	Median Survival Est. (95% CI)	NC (NC , NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]		2.328 ( 0.602, 9.007)
	Treatment P-value [b]		0.20106
	Interaction P-value [c]		0.81987

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table TEAE.KM.S4.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Region, Level: Rest of the World

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=132)		Chemotherapy (N=129)	
Respiratory, thoracic and mediastinal disorders	No. of Events (%)	44 ( 33.3)		22 ( 17.1)	
	Median Survival Est. (95% CI)	NC (NC , , NC)		NC (NC , , NC)	
	Hazard Ratio (95% CI) [a]			2.083 ( 1.249, 3.475)	
	Treatment P-value [b]			0.00381	
	Interaction P-value [c]			0.23510	
Skin and subcutaneous tissue disorders	No. of Events (%)	114 ( 86.4)		76 ( 58.9)	
	Median Survival Est. (95% CI)	0.39 ( 0.33, 0.49)		0.82 ( 0.69, 2.37)	
	Hazard Ratio (95% CI) [a]			2.331 ( 1.741, 3.121)	
	Treatment P-value [b]			<.00001	
	Interaction P-value [c]			0.33244	

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table TEAE.KM.S4.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Region, Level: Rest of the World

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=132)	Chemotherapy (N=129)
Drug eruption	No. of Events (%) Median Survival Est. (95% CI)	18 ( 13.6) NC (NC , NC)	3 ( 2.3) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		6.164 ( 1.816, 20.930) 0.00090 0.94205
Dry skin	No. of Events (%) Median Survival Est. (95% CI)	16 ( 12.1) NC (NC , NC)	7 ( 5.4) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		2.354 ( 0.968, 5.723) 0.05427 0.12778

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table TEAE.KM.S4.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Region, Level: Rest of the World

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=132)	Chemotherapy (N=129)
Pruritus	No. of Events (%) Median Survival Est. (95% CI)	54 ( 40.9) NC ( 7.92, NC)	15 ( 11.6) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		4.533 ( 2.557, 8.036) <.00001 0.24829
Rash	No. of Events (%) Median Survival Est. (95% CI)	18 ( 13.6) NC (NC , NC)	9 ( 7.0) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		2.057 ( 0.924, 4.580) 0.07052 0.02195

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table TEAE.KM.S4.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Region, Level: Rest of the World

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=132)	Chemotherapy (N=129)
Rash maculo-papular	No. of Events (%) Median Survival Est. (95% CI)	20 ( 15.2) NC (NC , NC)	3 ( 2.3) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		7.028 ( 2.088, 23.654) 0.00030 0.98747
Skin hyperpigmentation	No. of Events (%) Median Survival Est. (95% CI)	11 ( 8.3) NC (NC , NC)	0 NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		NA (NA , NA) 0.00072 0.99993

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table TEAE.KM.S5.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: ECOG PS from IRT Strata, Level: 0

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=120)	Chemotherapy (N=119)
Any Event	No. of Events (%) Median Survival Est. (95% CI)	117 ( 97.5) 0.20 ( 0.13, 0.26)	117 ( 98.3) 0.13 ( 0.10, 0.20)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		1.014 ( 0.784, 1.311) 0.87629 0.30531
Blood and lymphatic system disorders	No. of Events (%) Median Survival Est. (95% CI)	27 ( 22.5) NC (NC , NC)	43 ( 36.1) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		0.553 ( 0.342, 0.895) 0.01449 0.88622

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table TEAE.KM.S5.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: ECOG PS from IRT Strata, Level: 0

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=120)	Chemotherapy (N=119)
Anaemia	No. of Events (%)	17 ( 14.2)	33 ( 27.7)
	Median Survival Est. (95% CI)	NC (NC , NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]		0.461 ( 0.257, 0.827)
	Treatment P-value [b]		0.00841
	Interaction P-value [c]		0.22327
Febrile neutropenia	No. of Events (%)	2 ( 1.7)	3 ( 2.5)
	Median Survival Est. (95% CI)	NC (NC , NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]		0.664 ( 0.111, 3.973)
	Treatment P-value [b]		0.65810
	Interaction P-value [c]		0.19076

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table TEAE.KM.S5.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: ECOG PS from IRT Strata, Level: 0

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=120)	Chemotherapy (N=119)
Eye disorders	No. of Events (%)	31 ( 25.8)	10 ( 8.4)
	Median Survival Est. (95% CI)	NC (NC , NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]		3.483 ( 1.707, 7.105)
	Treatment P-value [b]		0.00022
	Interaction P-value [c]		0.83848
Dry eye	No. of Events (%)	3 ( 2.5)	2 ( 1.7)
	Median Survival Est. (95% CI)	NC (NC , NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]		1.510 ( 0.252, 9.035)
	Treatment P-value [b]		0.64252
	Interaction P-value [c]		0.09203

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table TEAE.KM.S5.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: ECOG PS from IRT Strata, Level: 0

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=120)	Chemotherapy (N=119)
Lacrimation increased	No. of Events (%) Median Survival Est. (95% CI)	11 ( 9.2) NC (NC , NC)	4 ( 3.4) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		2.871 ( 0.914, 9.017) 0.05783 0.71431
Vision blurred	No. of Events (%) Median Survival Est. (95% CI)	6 ( 5.0) NC (NC , NC)	1 ( 0.8) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		6.167 ( 0.742, 51.226) 0.05343 0.42692

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table TEAE.KM.S5.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: ECOG PS from IRT Strata, Level: 0

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=120)	Chemotherapy (N=119)
Diarrhoea	No. of Events (%)	41 ( 34.2)	30 ( 25.2)
	Median Survival Est. (95% CI)	NC (15.11, NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]		1.376 ( 0.859, 2.204)
	Treatment P-value [b]		0.19013
	Interaction P-value [c]		0.49825
Dry mouth	No. of Events (%)	11 ( 9.2)	3 ( 2.5)
	Median Survival Est. (95% CI)	NC (NC , NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]		3.780 ( 1.054, 13.550)
	Treatment P-value [b]		0.02921
	Interaction P-value [c]		0.84715

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table TEAE.KM.S5.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: ECOG PS from IRT Strata, Level: 0

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=120)	Chemotherapy (N=119)
Chills	No. of Events (%) Median Survival Est. (95% CI)	7 ( 5.8) NC (NC , NC)	1 ( 0.8) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		7.090 ( 0.872, 57.625) 0.03314 0.28177
Fatigue	No. of Events (%) Median Survival Est. (95% CI)	37 ( 30.8) NC (NC , NC)	36 ( 30.3) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		0.979 ( 0.619, 1.549) 0.91944 0.06118

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table TEAE.KM.S5.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: ECOG PS from IRT Strata, Level: 0

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=120)	Chemotherapy (N=119)
Infections and infestations	No. of Events (%)	60 ( 50.0)	36 ( 30.3)
	Median Survival Est. (95% CI)	9.03 ( 3.84, NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]		1.779 ( 1.176, 2.689)
	Treatment P-value [b]		0.00597
	Interaction P-value [c]		0.33434
Conjunctivitis	No. of Events (%)	10 ( 8.3)	0
	Median Survival Est. (95% CI)	NC (NC , NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]		NA (NA , NA)
	Treatment P-value [b]		0.00134
	Interaction P-value [c]		0.98855

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table TEAE.KM.S5.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: ECOG PS from IRT Strata, Level: 0

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=120)	Chemotherapy (N=119)
Alanine aminotransferase increased	No. of Events (%) Median Survival Est. (95% CI)	15 ( 12.5) NC (NC , NC)	1 ( 0.8) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		16.121 ( 2.130, 122.039) 0.00028 0.14575
Aspartate aminotransferase increased	No. of Events (%) Median Survival Est. (95% CI)	19 ( 15.8) NC (NC , NC)	0 NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		NA (NA , NA) <.00001 0.98375

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table TEAE.KM.S5.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: ECOG PS from IRT Strata, Level: 0

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=120)	Chemotherapy (N=119)
Blood creatinine increased	No. of Events (%) Median Survival Est. (95% CI)	9 ( 7.5) NC (NC , NC)	1 ( 0.8) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		9.369 ( 1.188, 73.898) 0.00970 0.28591
Neutrophil count decreased	No. of Events (%) Median Survival Est. (95% CI)	16 ( 13.3) NC (NC , NC)	31 ( 26.1) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		0.443 ( 0.242, 0.810) 0.00798 0.36881

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table TEAE.KM.S5.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: ECOG PS from IRT Strata, Level: 0

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=120)	Chemotherapy (N=119)
Weight decreased	No. of Events (%) Median Survival Est. (95% CI)	17 ( 14.2) NC (NC , NC)	8 ( 6.7) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		2.182 ( 0.942, 5.056) 0.06345 0.74891
White blood cell count decreased	No. of Events (%) Median Survival Est. (95% CI)	10 ( 8.3) NC (NC , NC)	17 ( 14.3) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		0.536 ( 0.245, 1.170) 0.12016 0.53413

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table TEAE.KM.S5.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: ECOG PS from IRT Strata, Level: 0

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=120)	Chemotherapy (N=119)
Metabolism and nutrition disorders	No. of Events (%)	57 ( 47.5)	44 ( 37.0)
	Median Survival Est. (95% CI)	NC ( 2.04, NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]		1.359 ( 0.917, 2.014)
	Treatment P-value [b]		0.13628
	Interaction P-value [c]		0.73842
Decreased appetite	No. of Events (%)	39 ( 32.5)	29 ( 24.4)
	Median Survival Est. (95% CI)	NC (NC , NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]		1.377 ( 0.851, 2.227)
	Treatment P-value [b]		0.19991
	Interaction P-value [c]		0.53353

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table TEAE.KM.S5.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: ECOG PS from IRT Strata, Level: 0

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=120)	Chemotherapy (N=119)
Hyperglycaemia	No. of Events (%)	11 ( 9.2)	2 ( 1.7)
	Median Survival Est. (95% CI)	NC (NC , NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]		5.715 ( 1.267, 25.783)
	Treatment P-value [b]		0.01009
	Interaction P-value [c]		0.88420
Musculoskeletal and connective tissue disorders	No. of Events (%)	38 ( 31.7)	49 ( 41.2)
	Median Survival Est. (95% CI)	NC (NC , NC)	NC ( 5.68, NC)
	Hazard Ratio (95% CI) [a]		0.669 ( 0.438, 1.022)
	Treatment P-value [b]		0.06220
	Interaction P-value [c]		0.78634

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table TEAE.KM.S5.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: ECOG PS from IRT Strata, Level: 0

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=120)	Chemotherapy (N=119)
Arthralgia	No. of Events (%) Median Survival Est. (95% CI)	8 ( 6.7) NC (NC , NC)	16 ( 13.4) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		0.469 ( 0.201, 1.097) 0.07547 0.82772
Myalgia	No. of Events (%) Median Survival Est. (95% CI)	6 ( 5.0) NC (NC , NC)	11 ( 9.2) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		0.521 ( 0.193, 1.409) 0.19235 0.65428

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table TEAE.KM.S5.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: ECOG PS from IRT Strata, Level: 0

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=120)	Chemotherapy (N=119)
Nervous system disorders	No. of Events (%)	85 ( 70.8)	62 ( 52.1)
	Median Survival Est. (95% CI)	2.56 ( 1.54, 3.68)	4.86 ( 2.14, NC)
	Hazard Ratio (95% CI) [a]		1.524 ( 1.098, 2.116)
	Treatment P-value [b]		0.01236
	Interaction P-value [c]		0.71859
Dysgeusia	No. of Events (%)	39 ( 32.5)	12 ( 10.1)
	Median Survival Est. (95% CI)	NC (NC , NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]		3.621 ( 1.896, 6.918)
	Treatment P-value [b]		0.00004
	Interaction P-value [c]		0.82973

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table TEAE.KM.S5.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: ECOG PS from IRT Strata, Level: 0

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=120)	Chemotherapy (N=119)
Peripheral sensory neuropathy	No. of Events (%) Median Survival Est. (95% CI)	46 ( 38.3) NC ( 8.34, NC)	37 ( 31.1) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		1.171 ( 0.759, 1.806) 0.47682 0.16547
Renal and urinary disorders	No. of Events (%) Median Survival Est. (95% CI)	25 ( 20.8) NC (NC , NC)	16 ( 13.4) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		1.634 ( 0.872, 3.061) 0.13100 0.62460

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table TEAE.KM.S5.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: ECOG PS from IRT Strata, Level: 0

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=120)	Chemotherapy (N=119)
Acute kidney injury	No. of Events (%) Median Survival Est. (95% CI)	4 ( 3.3) NC (NC , NC)	0 NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		NA (NA , NA) 0.04479 0.98677
Respiratory, thoracic and mediastinal disorders	No. of Events (%) Median Survival Est. (95% CI)	34 ( 28.3) NC (NC , NC)	23 ( 19.3) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		1.556 ( 0.916, 2.641) 0.09731 0.85717

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table TEAE.KM.S5.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: ECOG PS from IRT Strata, Level: 0

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=120)	Chemotherapy (N=119)
Skin and subcutaneous tissue disorders	No. of Events (%)	103 ( 85.8)	64 ( 53.8)
	Median Survival Est. (95% CI)	0.39 ( 0.33, 0.49)	3.12 ( 0.72, NC)
	Hazard Ratio (95% CI) [a]		2.606 ( 1.904, 3.568)
	Treatment P-value [b]		<.00001
	Interaction P-value [c]		0.14032
Drug eruption	No. of Events (%)	18 ( 15.0)	3 ( 2.5)
	Median Survival Est. (95% CI)	NC (NC , NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]		6.418 ( 1.890, 21.792)
	Treatment P-value [b]		0.00073
	Interaction P-value [c]		0.88230

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table TEAE.KM.S5.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: ECOG PS from IRT Strata, Level: 0

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=120)	Chemotherapy (N=119)
Dry skin	No. of Events (%) Median Survival Est. (95% CI)	18 ( 15.0) NC (NC , NC)	5 ( 4.2) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		3.845 ( 1.427, 10.357) 0.00407 0.61182
Pruritus	No. of Events (%) Median Survival Est. (95% CI)	49 ( 40.8) NC ( 5.55, NC)	11 ( 9.2) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		5.544 ( 2.881, 10.665) <.00001 0.69747

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table TEAE.KM.S5.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: ECOG PS from IRT Strata, Level: 0

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=120)	Chemotherapy (N=119)
Rash	No. of Events (%) Median Survival Est. (95% CI)	20 ( 16.7) NC (NC , NC)	7 ( 5.9) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		3.044 ( 1.287, 7.200) 0.00806 0.99579
Rash maculo-papular	No. of Events (%) Median Survival Est. (95% CI)	24 ( 20.0) NC (NC , NC)	2 ( 1.7) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		13.395 ( 3.166, 56.683) <.00001 0.43192

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table TEAE.KM.S5.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: ECOG PS from IRT Strata, Level: 0

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=120)	Chemotherapy (N=119)
Skin hyperpigmentation	No. of Events (%)	13 ( 10.8)	0
	Median Survival Est. (95% CI)	NC (NC , NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]	NA (NA , NA)	
	Treatment P-value [b]	0.00022	
	Interaction P-value [c]	0.99173	

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table TEAE.KM.S5.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: ECOG PS from IRT Strata, Level: 1

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=176)	Chemotherapy (N=172)
Any Event	No. of Events (%) Median Survival Est. (95% CI)	173 ( 98.3) 0.20 ( 0.16, 0.23)	171 ( 99.4) 0.13 ( 0.10, 0.16)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		0.852 ( 0.689, 1.053) 0.13195 0.30531
Blood and lymphatic system disorders	No. of Events (%) Median Survival Est. (95% CI)	58 ( 33.0) NC (NC , NC)	80 ( 46.5) 7.26 ( 2.33, NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		0.577 ( 0.412, 0.810) 0.00143 0.88622

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table TEAE.KM.S5.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: ECOG PS from IRT Strata, Level: 1

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=176)	Chemotherapy (N=172)
Anaemia	No. of Events (%) Median Survival Est. (95% CI)	43 ( 24.4) NC (NC , NC)	54 ( 31.4) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		0.716 ( 0.479, 1.069) 0.09874 0.22327
Febrile neutropenia	No. of Events (%) Median Survival Est. (95% CI)	2 ( 1.1) NC (NC , NC)	13 ( 7.6) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		0.140 ( 0.032, 0.622) 0.00288 0.19076

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table TEAE.KM.S5.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: ECOG PS from IRT Strata, Level: 1

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=176)	Chemotherapy (N=172)
Eye disorders	No. of Events (%)	49 ( 27.8)	16 ( 9.3)
	Median Survival Est. (95% CI)	NC (NC , NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]	3.169 ( 1.802, 5.572)	
	Treatment P-value [b]	0.00002	
	Interaction P-value [c]	0.83848	
Dry eye	No. of Events (%)	16 ( 9.1)	1 ( 0.6)
	Median Survival Est. (95% CI)	NC (NC , NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]	15.360 ( 2.036, 115.862)	
	Treatment P-value [b]	0.00040	
	Interaction P-value [c]	0.09203	

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table TEAE.KM.S5.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: ECOG PS from IRT Strata, Level: 1

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=176)	Chemotherapy (N=172)
Lacrimation increased	No. of Events (%) Median Survival Est. (95% CI)	19 ( 10.8) NC (NC , NC)	8 ( 4.7) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		2.206 ( 0.965, 5.040) 0.05115 0.71431
Vision blurred	No. of Events (%) Median Survival Est. (95% CI)	10 ( 5.7) NC (NC , NC)	4 ( 2.3) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		2.318 ( 0.727, 7.393) 0.14821 0.42692

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table TEAE.KM.S5.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: ECOG PS from IRT Strata, Level: 1

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=176)	Chemotherapy (N=172)
Diarrhoea	No. of Events (%)	62 ( 35.2)	37 ( 21.5)
	Median Survival Est. (95% CI)	NC (NC , NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]		1.706 ( 1.135, 2.564)
	Treatment P-value [b]		0.00916
	Interaction P-value [c]		0.49825
Dry mouth	No. of Events (%)	13 ( 7.4)	4 ( 2.3)
	Median Survival Est. (95% CI)	NC (NC , NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]		3.198 ( 1.043, 9.810)
	Treatment P-value [b]		0.03122
	Interaction P-value [c]		0.84715

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table TEAE.KM.S5.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: ECOG PS from IRT Strata, Level: 1

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=176)	Chemotherapy (N=172)
Chills	No. of Events (%) Median Survival Est. (95% CI)	10 ( 5.7) NC (NC , NC)	5 ( 2.9) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		1.946 ( 0.665, 5.695) 0.22702 0.28177
Fatigue	No. of Events (%) Median Survival Est. (95% CI)	71 ( 40.3) NC ( 6.14, NC)	42 ( 24.4) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		1.731 ( 1.182, 2.535) 0.00448 0.06118

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table TEAE.KM.S5.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: ECOG PS from IRT Strata, Level: 1

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=176)	Chemotherapy (N=172)
Infections and infestations	No. of Events (%) Median Survival Est. (95% CI)	92 ( 52.3) 3.94 ( 2.73, NC)	69 ( 40.1) NC ( 5.52, NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		1.378 ( 1.008, 1.883) 0.04385 0.33434
Conjunctivitis	No. of Events (%) Median Survival Est. (95% CI)	9 ( 5.1) NC (NC , NC)	2 ( 1.2) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		4.259 ( 0.920, 19.719) 0.04378 0.98855

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table TEAE.KM.S5.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: ECOG PS from IRT Strata, Level: 1

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=176)	Chemotherapy (N=172)
Alanine aminotransferase increased	No. of Events (%)	12 ( 6.8)	4 ( 2.3)
	Median Survival Est. (95% CI)	NC (NC , NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]		2.883 ( 0.930, 8.940)
	Treatment P-value [b]		0.05452
	Interaction P-value [c]		0.14575
Aspartate aminotransferase increased	No. of Events (%)	17 ( 9.7)	5 ( 2.9)
	Median Survival Est. (95% CI)	NC (NC , NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]		3.266 ( 1.205, 8.854)
	Treatment P-value [b]		0.01412
	Interaction P-value [c]		0.98375

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table TEAE.KM.S5.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: ECOG PS from IRT Strata, Level: 1

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=176)	Chemotherapy (N=172)
Blood creatinine increased	No. of Events (%) Median Survival Est. (95% CI)	17 ( 9.7) NC (NC , NC)	6 ( 3.5) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		2.729 ( 1.076, 6.924) 0.02714 0.28591
Neutrophil count decreased	No. of Events (%) Median Survival Est. (95% CI)	17 ( 9.7) NC (NC , NC)	23 ( 13.4) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		0.660 ( 0.353, 1.236) 0.17037 0.36881

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table TEAE.KM.S5.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: ECOG PS from IRT Strata, Level: 1

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=176)	Chemotherapy (N=172)
Weight decreased	No. of Events (%) Median Survival Est. (95% CI)	31 ( 17.6) NC (NC , NC)	12 ( 7.0) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		2.600 ( 1.335, 5.062) 0.00361 0.74891
White blood cell count decreased	No. of Events (%) Median Survival Est. (95% CI)	6 ( 3.4) NC (NC , NC)	15 ( 8.7) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		0.363 ( 0.141, 0.936) 0.02715 0.53413

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table TEAE.KM.S5.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: ECOG PS from IRT Strata, Level: 1

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=176)	Chemotherapy (N=172)
Metabolism and nutrition disorders	No. of Events (%)	117 ( 66.5)	82 ( 47.7)
	Median Survival Est. (95% CI)	1.71 ( 1.02, 2.89)	5.68 ( 2.60, NC)
	Hazard Ratio (95% CI) [a]		1.476 ( 1.113, 1.957)
	Treatment P-value [b]		0.00602
	Interaction P-value [c]		0.73842
Decreased appetite	No. of Events (%)	82 ( 46.6)	49 ( 28.5)
	Median Survival Est. (95% CI)	9.10 ( 4.11, NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]		1.665 ( 1.168, 2.372)
	Treatment P-value [b]		0.00439
	Interaction P-value [c]		0.53353

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table TEAE.KM.S5.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: ECOG PS from IRT Strata, Level: 1

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=176)	Chemotherapy (N=172)
Hyperglycaemia	No. of Events (%) Median Survival Est. (95% CI)	20 ( 11.4) NC (NC , NC)	4 ( 2.3) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		4.981 ( 1.702, 14.573) 0.00114 0.88420
Musculoskeletal and connective tissue disorders	No. of Events (%) Median Survival Est. (95% CI)	62 ( 35.2) NC (NC , NC)	71 ( 41.3) NC ( 4.67, NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		0.721 ( 0.513, 1.014) 0.06051 0.78634

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table TEAE.KM.S5.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: ECOG PS from IRT Strata, Level: 1

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=176)	Chemotherapy (N=172)
Arthralgia	No. of Events (%) Median Survival Est. (95% CI)	12 ( 6.8) NC (NC , NC)	20 ( 11.6) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		0.531 ( 0.259, 1.086) 0.07185 0.82772
Myalgia	No. of Events (%) Median Survival Est. (95% CI)	9 ( 5.1) NC (NC , NC)	21 ( 12.2) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		0.390 ( 0.179, 0.852) 0.01472 0.65428

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table TEAE.KM.S5.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: ECOG PS from IRT Strata, Level: 1

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=176)	Chemotherapy (N=172)
Nervous system disorders	No. of Events (%)	104 ( 59.1)	75 ( 43.6)
	Median Survival Est. (95% CI)	2.96 ( 2.46, 4.14)	7.66 ( 3.98, NC)
	Hazard Ratio (95% CI) [a]		1.405 ( 1.044, 1.891)
	Treatment P-value [b]		0.02203
	Interaction P-value [c]		0.71859
Dysgeusia	No. of Events (%)	35 ( 19.9)	11 ( 6.4)
	Median Survival Est. (95% CI)	NC (NC , NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]		3.268 ( 1.659, 6.434)
	Treatment P-value [b]		0.00027
	Interaction P-value [c]		0.82973

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table TEAE.KM.S5.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: ECOG PS from IRT Strata, Level: 1

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=176)	Chemotherapy (N=172)
Peripheral sensory neuropathy	No. of Events (%) Median Survival Est. (95% CI)	56 ( 31.8) NC (NC , NC)	29 ( 16.9) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		1.820 ( 1.163, 2.850) 0.00783 0.16547
Renal and urinary disorders	No. of Events (%) Median Survival Est. (95% CI)	50 ( 28.4) NC (NC , NC)	36 ( 20.9) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		1.352 ( 0.881, 2.075) 0.16409 0.62460

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table TEAE.KM.S5.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: ECOG PS from IRT Strata, Level: 1

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=176)	Chemotherapy (N=172)
Acute kidney injury	No. of Events (%) Median Survival Est. (95% CI)	15 ( 8.5) NC (NC , NC)	8 ( 4.7) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		1.809 ( 0.767, 4.267) 0.16885 0.98677
Respiratory, thoracic and mediastinal disorders	No. of Events (%) Median Survival Est. (95% CI)	67 ( 38.1) NC ( 6.64, NC)	45 ( 26.2) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		1.465 ( 1.004, 2.138) 0.04669 0.85717

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table TEAE.KM.S5.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: ECOG PS from IRT Strata, Level: 1

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=176)	Chemotherapy (N=172)
Skin and subcutaneous tissue disorders	No. of Events (%) Median Survival Est. (95% CI)	134 ( 76.1) 0.89 ( 0.66, 0.99)	86 ( 50.0) 3.02 ( 1.41, NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		1.909 ( 1.455, 2.505) <.00001 0.14032
Drug eruption	No. of Events (%) Median Survival Est. (95% CI)	8 ( 4.5) NC (NC , NC)	1 ( 0.6) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		7.701 ( 0.963, 61.577) 0.02506 0.88230

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table TEAE.KM.S5.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: ECOG PS from IRT Strata, Level: 1

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=176)	Chemotherapy (N=172)
Dry skin	No. of Events (%) Median Survival Est. (95% CI)	32 ( 18.2) NC (NC , NC)	6 ( 3.5) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		5.412 ( 2.263, 12.943) 0.00002 0.61182
Pruritus	No. of Events (%) Median Survival Est. (95% CI)	53 ( 30.1) NC (NC , NC)	9 ( 5.2) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		6.710 ( 3.310, 13.605) <.00001 0.69747

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table TEAE.KM.S5.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: ECOG PS from IRT Strata, Level: 1

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=176)	Chemotherapy (N=172)
Rash	No. of Events (%) Median Survival Est. (95% CI)	30 ( 17.0) NC (NC , NC)	10 ( 5.8) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		3.035 ( 1.483, 6.210) 0.00133 0.99579
Rash maculo-papular	No. of Events (%) Median Survival Est. (95% CI)	26 ( 14.8) NC (NC , NC)	4 ( 2.3) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		6.546 ( 2.284, 18.757) 0.00005 0.43192

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table TEAE.KM.S5.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: ECOG PS from IRT Strata, Level: 1

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=176)	Chemotherapy (N=172)
Skin hyperpigmentation	No. of Events (%)	6 ( 3.4)	1 ( 0.6)
	Median Survival Est. (95% CI)	NC (NC , NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]	5.925 ( 0.713, 49.220)	
	Treatment P-value [b]	0.05873	
	Interaction P-value [c]	0.99173	

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table TEAE.KM.S6.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Liver Metastasis from IRT Strata, Level: Yes

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=92)	Chemotherapy (N=87)
Any Event	No. of Events (%) Median Survival Est. (95% CI)	90 ( 97.8) 0.16 ( 0.13, 0.23)	84 ( 96.6) 0.13 ( 0.10, 0.16)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		1.087 ( 0.806, 1.465) 0.74580 0.17954
Blood and lymphatic system disorders	No. of Events (%) Median Survival Est. (95% CI)	30 ( 32.6) NC (NC , NC)	36 ( 41.4) NC ( 2.14, NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		0.704 ( 0.433, 1.142) 0.15988 0.33065

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table TEAE.KM.S6.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Liver Metastasis from IRT Strata, Level: Yes

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=92)	Chemotherapy (N=87)
Anaemia	No. of Events (%) Median Survival Est. (95% CI)	20 ( 21.7) NC (NC , NC)	23 ( 26.4) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		0.805 ( 0.442, 1.466) 0.51151 0.30817
Febrile neutropenia	No. of Events (%) Median Survival Est. (95% CI)	2 ( 2.2) NC (NC , NC)	6 ( 6.9) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		0.305 ( 0.062, 1.514) 0.13327 0.68061

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table TEAE.KM.S6.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Liver Metastasis from IRT Strata, Level: Yes

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=92)	Chemotherapy (N=87)
Eye disorders	No. of Events (%) Median Survival Est. (95% CI)	20 ( 21.7) NC (NC , NC)	7 ( 8.0) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		2.912 ( 1.231, 6.888) 0.01003 0.73707
Dry eye	No. of Events (%) Median Survival Est. (95% CI)	6 ( 6.5) NC (NC , NC)	0 NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		NA (NA , NA) 0.01686 0.99041

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table TEAE.KM.S6.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Liver Metastasis from IRT Strata, Level: Yes

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=92)	Chemotherapy (N=87)
Lacrimation increased	No. of Events (%) Median Survival Est. (95% CI)	7 ( 7.6) NC (NC , NC)	2 ( 2.3) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		3.200 ( 0.665, 15.405) 0.12449 0.71429
Vision blurred	No. of Events (%) Median Survival Est. (95% CI)	7 ( 7.6) NC (NC , NC)	3 ( 3.4) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		2.157 ( 0.557, 8.345) 0.25657 0.48810

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table TEAE.KM.S6.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Liver Metastasis from IRT Strata, Level: Yes

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=92)	Chemotherapy (N=87)
Diarrhoea	No. of Events (%)	27 ( 29.3)	17 ( 19.5)
	Median Survival Est. (95% CI)	NC (NC , NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]		1.570 ( 0.856, 2.881)
	Treatment P-value [b]		0.13216
	Interaction P-value [c]		0.98001
Dry mouth	No. of Events (%)	7 ( 7.6)	4 ( 4.6)
	Median Survival Est. (95% CI)	NC (NC , NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]		1.711 ( 0.501, 5.848)
	Treatment P-value [b]		0.39359
	Interaction P-value [c]		0.17166

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table TEAE.KM.S6.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Liver Metastasis from IRT Strata, Level: Yes

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=92)	Chemotherapy (N=87)
Chills	No. of Events (%) Median Survival Est. (95% CI)	5 ( 5.4) NC (NC , NC)	3 ( 3.4) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		1.581 ( 0.378, 6.618) 0.49822 0.33739
Fatigue	No. of Events (%) Median Survival Est. (95% CI)	32 ( 34.8) NC (NC , NC)	24 ( 27.6) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		1.269 ( 0.748, 2.155) 0.35598 0.72609

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table TEAE.KM.S6.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Liver Metastasis from IRT Strata, Level: Yes

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=92)	Chemotherapy (N=87)
Infections and infestations	No. of Events (%)	46 ( 50.0)	30 ( 34.5)
	Median Survival Est. (95% CI)	8.64 ( 2.37, NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]		1.510 ( 0.953, 2.393)
	Treatment P-value [b]		0.08651
	Interaction P-value [c]		0.98414
Conjunctivitis	No. of Events (%)	10 ( 10.9)	1 ( 1.1)
	Median Survival Est. (95% CI)	NC (NC , NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]		9.387 ( 1.201, 73.375)
	Treatment P-value [b]		0.01106
	Interaction P-value [c]		0.97821

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table TEAE.KM.S6.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Liver Metastasis from IRT Strata, Level: Yes

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=92)	Chemotherapy (N=87)
Alanine aminotransferase increased	No. of Events (%)	7 ( 7.6)	2 ( 2.3)
	Median Survival Est. (95% CI)	NC (NC , NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]		3.306 ( 0.687, 15.916)
	Treatment P-value [b]		0.11544
	Interaction P-value [c]		0.46769
Amylase increased	No. of Events (%)	1 ( 1.1)	0
	Median Survival Est. (95% CI)	NC (NC , NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]		NA (NA , NA)
	Treatment P-value [b]		0.36131
	Interaction P-value [c]		0.99374

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table TEAE.KM.S6.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Liver Metastasis from IRT Strata, Level: Yes

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=92)	Chemotherapy (N=87)
Aspartate aminotransferase increased	No. of Events (%) Median Survival Est. (95% CI)	9 ( 9.8) NC (NC , NC)	2 ( 2.3) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		4.264 ( 0.921, 19.738) 0.04628 0.42121
Blood creatinine increased	No. of Events (%) Median Survival Est. (95% CI)	7 ( 7.6) NC (NC , NC)	2 ( 2.3) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		3.334 ( 0.692, 16.052) 0.10743 0.87752

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table TEAE.KM.S6.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Liver Metastasis from IRT Strata, Level: Yes

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=92)	Chemotherapy (N=87)
Neutrophil count decreased	No. of Events (%) Median Survival Est. (95% CI)	13 ( 14.1) NC (NC , NC)	12 ( 13.8) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		0.944 ( 0.430, 2.069) 0.88253 0.09430
Weight decreased	No. of Events (%) Median Survival Est. (95% CI)	12 ( 13.0) NC (NC , NC)	9 ( 10.3) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		1.251 ( 0.527, 2.969) 0.60578 0.07160

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table TEAE.KM.S6.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Liver Metastasis from IRT Strata, Level: Yes

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=92)	Chemotherapy (N=87)
White blood cell count decreased	No. of Events (%) Median Survival Est. (95% CI)	2 ( 2.2) NC (NC , NC)	4 ( 4.6) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		0.454 ( 0.083, 2.481) 0.38082 0.99918
Metabolism and nutrition disorders	No. of Events (%) Median Survival Est. (95% CI)	55 ( 59.8) 1.38 ( 0.72, 4.90)	37 ( 42.5) NC ( 2.46, NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		1.584 ( 1.044, 2.404) 0.03144 0.58405

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table TEAE.KM.S6.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Liver Metastasis from IRT Strata, Level: Yes

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=92)	Chemotherapy (N=87)
Decreased appetite	No. of Events (%) Median Survival Est. (95% CI)	39 ( 42.4) NC ( 2.79, NC)	25 ( 28.7) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		1.539 ( 0.931, 2.543) 0.09160 0.94739
Hyperglycaemia	No. of Events (%) Median Survival Est. (95% CI)	10 ( 10.9) NC (NC , NC)	1 ( 1.1) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		10.010 ( 1.281, 78.198) 0.00684 0.46440

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table TEAE.KM.S6.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Liver Metastasis from IRT Strata, Level: Yes

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=92)	Chemotherapy (N=87)
Musculoskeletal and connective tissue disorders	No. of Events (%)	26 ( 28.3)	36 ( 41.4)
	Median Survival Est. (95% CI)	NC (NC , NC)	NC ( 2.30, NC)
	Hazard Ratio (95% CI) [a]		0.578 ( 0.349, 0.957)
	Treatment P-value [b]		0.02905
	Interaction P-value [c]		0.37015
Arthralgia	No. of Events (%)	7 ( 7.6)	8 ( 9.2)
	Median Survival Est. (95% CI)	NC (NC , NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]		0.776 ( 0.281, 2.141)
	Treatment P-value [b]		0.57480
	Interaction P-value [c]		0.32931

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table TEAE.KM.S6.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Liver Metastasis from IRT Strata, Level: Yes

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=92)	Chemotherapy (N=87)
Myalgia	No. of Events (%) Median Survival Est. (95% CI)	2 ( 2.2) NC (NC , NC)	10 ( 11.5) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		0.180 ( 0.039, 0.822) 0.01278 0.18388
Nervous system disorders	No. of Events (%) Median Survival Est. (95% CI)	48 ( 52.2) 4.04 ( 2.20, NC)	41 ( 47.1) 5.49 ( 2.43, NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		1.091 ( 0.719, 1.656) 0.64486 0.10877

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table TEAE.KM.S6.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Liver Metastasis from IRT Strata, Level: Yes

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=92)	Chemotherapy (N=87)
Dysgeusia	No. of Events (%) Median Survival Est. (95% CI)	15 ( 16.3) NC (NC , NC)	8 ( 9.2) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		1.797 ( 0.762, 4.240) 0.17245 0.09109
Peripheral sensory neuropathy	No. of Events (%) Median Survival Est. (95% CI)	24 ( 26.1) NC (NC , NC)	15 ( 17.2) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		1.402 ( 0.735, 2.672) 0.30225 0.87699

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table TEAE.KM.S6.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Liver Metastasis from IRT Strata, Level: Yes

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=92)	Chemotherapy (N=87)
Renal and urinary disorders	No. of Events (%)	19 ( 20.7)	13 ( 14.9)
	Median Survival Est. (95% CI)	NC (NC , NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]		1.404 ( 0.694, 2.843)
	Treatment P-value [b]		0.32356
	Interaction P-value [c]		0.91346
Acute kidney injury	No. of Events (%)	5 ( 5.4)	3 ( 3.4)
	Median Survival Est. (95% CI)	NC (NC , NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]		1.587 ( 0.379, 6.642)
	Treatment P-value [b]		0.58241
	Interaction P-value [c]		0.53192

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table TEAE.KM.S6.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Liver Metastasis from IRT Strata, Level: Yes

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=92)	Chemotherapy (N=87)
Respiratory, thoracic and mediastinal disorders	No. of Events (%)	32 ( 34.8)	20 ( 23.0)
	Median Survival Est. (95% CI)	NC ( 5.13, NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]		1.613 ( 0.923, 2.820)
	Treatment P-value [b]		0.09077
	Interaction P-value [c]		0.77226
Skin and subcutaneous tissue disorders	No. of Events (%)	66 ( 71.7)	45 ( 51.7)
	Median Survival Est. (95% CI)	0.62 ( 0.39, 0.95)	2.37 ( 1.12, NC)
	Hazard Ratio (95% CI) [a]		1.930 ( 1.321, 2.822)
	Treatment P-value [b]		0.00059
	Interaction P-value [c]		0.50244

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table TEAE.KM.S6.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Liver Metastasis from IRT Strata, Level: Yes

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=92)	Chemotherapy (N=87)
Drug eruption	No. of Events (%) Median Survival Est. (95% CI)	8 ( 8.7) NC (NC , NC)	2 ( 2.3) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		3.843 ( 0.816, 18.105) 0.06107 0.42139
Dry skin	No. of Events (%) Median Survival Est. (95% CI)	15 ( 16.3) NC (NC , NC)	5 ( 5.7) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		2.952 ( 1.073, 8.125) 0.02555 0.27720

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table TEAE.KM.S6.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Liver Metastasis from IRT Strata, Level: Yes

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=92)	Chemotherapy (N=87)
Pruritus	No. of Events (%) Median Survival Est. (95% CI)	32 ( 34.8) NC (NC , NC)	6 ( 6.9) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		6.211 ( 2.596, 14.859) <.00001 0.93372
Rash	No. of Events (%) Median Survival Est. (95% CI)	10 ( 10.9) NC (NC , NC)	5 ( 5.7) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		1.859 ( 0.635, 5.440) 0.25241 0.30028

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table TEAE.KM.S6.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Liver Metastasis from IRT Strata, Level: Yes

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=92)	Chemotherapy (N=87)
Rash erythematous	No. of Events (%) Median Survival Est. (95% CI)	1 ( 1.1) NC (NC , NC)	0 NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]	NA (NA , NA)	0.35734 0.99462
Rash maculo-papular	No. of Events (%) Median Survival Est. (95% CI)	18 ( 19.6) NC (NC , NC)	2 ( 2.3) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]	9.498 ( 2.203, 40.948)	0.00021 0.89327

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table TEAE.KM.S6.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Liver Metastasis from IRT Strata, Level: Yes

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=92)	Chemotherapy (N=87)
Skin hyperpigmentation	No. of Events (%)	3 ( 3.3)	0
	Median Survival Est. (95% CI)	NC (NC , NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]	NA (NA , NA)	
	Treatment P-value [b]	0.08265	
	Interaction P-value [c]	0.99267	

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table TEAE.KM.S6.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Liver Metastasis from IRT Strata, Level: No

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=204)	Chemotherapy (N=204)
Any Event	No. of Events (%) Median Survival Est. (95% CI)	200 ( 98.0) 0.21 ( 0.16, 0.26)	204 (100.0) 0.13 ( 0.10, 0.16)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		0.851 ( 0.700, 1.035) 0.11262 0.17954
Blood and lymphatic system disorders	No. of Events (%) Median Survival Est. (95% CI)	55 ( 27.0) NC (NC , NC)	87 ( 42.6) NC ( 5.68, NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		0.525 ( 0.374, 0.736) 0.00013 0.33065

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table TEAE.KM.S6.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Liver Metastasis from IRT Strata, Level: No

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=204)	Chemotherapy (N=204)
Anaemia	No. of Events (%) Median Survival Est. (95% CI)	40 ( 19.6) NC (NC , NC)	64 ( 31.4) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		0.554 ( 0.373, 0.823) 0.00269 0.30817
Febrile neutropenia	No. of Events (%) Median Survival Est. (95% CI)	2 ( 1.0) NC (NC , NC)	10 ( 4.9) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		0.192 ( 0.042, 0.877) 0.01712 0.68061

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table TEAE.KM.S6.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Liver Metastasis from IRT Strata, Level: No

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=204)	Chemotherapy (N=204)
Eye disorders	No. of Events (%) Median Survival Est. (95% CI)	60 ( 29.4) NC (NC , NC)	19 ( 9.3) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		3.458 ( 2.064, 5.794) <.00001 0.73707
Dry eye	No. of Events (%) Median Survival Est. (95% CI)	13 ( 6.4) NC (NC , NC)	3 ( 1.5) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		4.317 ( 1.230, 15.150) 0.01272 0.99041

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table TEAE.KM.S6.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Liver Metastasis from IRT Strata, Level: No

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=204)	Chemotherapy (N=204)
Lacrimation increased	No. of Events (%) Median Survival Est. (95% CI)	23 ( 11.3) NC (NC , NC)	10 ( 4.9) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		2.313 ( 1.101, 4.860) 0.02275 0.71429
Vision blurred	No. of Events (%) Median Survival Est. (95% CI)	9 ( 4.4) NC (NC , NC)	2 ( 1.0) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		4.445 ( 0.960, 20.569) 0.03636 0.48810

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table TEAE.KM.S6.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Liver Metastasis from IRT Strata, Level: No

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=204)	Chemotherapy (N=204)
Diarrhoea	No. of Events (%)	76 ( 37.3)	50 ( 24.5)
	Median Survival Est. (95% CI)	NC (15.11, NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]		1.556 ( 1.089, 2.224)
	Treatment P-value [b]		0.01391
	Interaction P-value [c]		0.98001
Dry mouth	No. of Events (%)	17 ( 8.3)	3 ( 1.5)
	Median Survival Est. (95% CI)	NC (NC , NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]		5.746 ( 1.684, 19.608)
	Treatment P-value [b]		0.00158
	Interaction P-value [c]		0.17166

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table TEAE.KM.S6.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Liver Metastasis from IRT Strata, Level: No

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=204)	Chemotherapy (N=204)
Chills	No. of Events (%) Median Survival Est. (95% CI)	12 ( 5.9) NC (NC , NC)	3 ( 1.5) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		4.027 ( 1.137, 14.271) 0.01963 0.33739
Fatigue	No. of Events (%) Median Survival Est. (95% CI)	76 ( 37.3) NC (NC , NC)	54 ( 26.5) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		1.422 ( 1.003, 2.015) 0.04578 0.72609

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table TEAE.KM.S6.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Liver Metastasis from IRT Strata, Level: No

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=204)	Chemotherapy (N=204)
Infections and infestations	No. of Events (%) Median Survival Est. (95% CI)	106 ( 52.0) 5.45 ( 3.45, NC)	75 ( 36.8) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		1.519 ( 1.130, 2.042) 0.00497 0.98414
Conjunctivitis	No. of Events (%) Median Survival Est. (95% CI)	9 ( 4.4) NC (NC , NC)	1 ( 0.5) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		9.013 ( 1.142, 71.144) 0.01131 0.97821

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table TEAE.KM.S6.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Liver Metastasis from IRT Strata, Level: No

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=204)	Chemotherapy (N=204)
Alanine aminotransferase increased	No. of Events (%) Median Survival Est. (95% CI)	20 ( 9.8) NC (NC , NC)	3 ( 1.5) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		6.900 ( 2.050, 23.219) 0.00030 0.46769
Amylase increased	No. of Events (%) Median Survival Est. (95% CI)	10 ( 4.9) NC (NC , NC)	2 ( 1.0) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		4.948 ( 1.084, 22.584) 0.02194 0.99374

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table TEAE.KM.S6.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Liver Metastasis from IRT Strata, Level: No

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=204)	Chemotherapy (N=204)
Aspartate aminotransferase increased	No. of Events (%) Median Survival Est. (95% CI)	27 ( 13.2) NC (NC , NC)	3 ( 1.5) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		9.460 ( 2.870, 31.185) <.00001 0.42121
Blood creatinine increased	No. of Events (%) Median Survival Est. (95% CI)	19 ( 9.3) NC (NC , NC)	5 ( 2.5) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		3.857 ( 1.440, 10.330) 0.00386 0.87752

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table TEAE.KM.S6.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Liver Metastasis from IRT Strata, Level: No

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=204)	Chemotherapy (N=204)
Neutrophil count decreased	No. of Events (%) Median Survival Est. (95% CI)	20 ( 9.8) NC (NC , NC)	42 ( 20.6) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		0.420 ( 0.247, 0.715) 0.00109 0.09430
Weight decreased	No. of Events (%) Median Survival Est. (95% CI)	36 ( 17.6) NC (NC , NC)	11 ( 5.4) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		3.428 ( 1.745, 6.735) 0.00014 0.07160

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table TEAE.KM.S6.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Liver Metastasis from IRT Strata, Level: No

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=204)	Chemotherapy (N=204)
White blood cell count decreased	No. of Events (%) Median Survival Est. (95% CI)	14 ( 6.9) NC (NC , NC)	28 ( 13.7) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		0.455 ( 0.239, 0.864) 0.01430 0.99918
Metabolism and nutrition disorders	No. of Events (%) Median Survival Est. (95% CI)	119 ( 58.3) 3.06 ( 1.84, 5.78)	89 ( 43.6) NC ( 5.68, NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		1.378 ( 1.047, 1.814) 0.01889 0.58405

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table TEAE.KM.S6.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Liver Metastasis from IRT Strata, Level: No

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=204)	Chemotherapy (N=204)
Decreased appetite	No. of Events (%) Median Survival Est. (95% CI)	82 ( 40.2) NC (NC , NC)	53 ( 26.0) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		1.571 ( 1.112, 2.219) 0.00939 0.94739
Hyperglycaemia	No. of Events (%) Median Survival Est. (95% CI)	21 ( 10.3) NC (NC , NC)	5 ( 2.5) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		4.282 ( 1.614, 11.355) 0.00143 0.46440

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table TEAE.KM.S6.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Liver Metastasis from IRT Strata, Level: No

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=204)	Chemotherapy (N=204)
Musculoskeletal and connective tissue disorders	No. of Events (%)	74 ( 36.3)	84 ( 41.2)
	Median Survival Est. (95% CI)	NC (NC , NC)	NC ( 7.59, NC)
	Hazard Ratio (95% CI) [a]		0.758 ( 0.554, 1.036)
	Treatment P-value [b]		0.08736
	Interaction P-value [c]		0.37015
Arthralgia	No. of Events (%)	13 ( 6.4)	28 ( 13.7)
	Median Survival Est. (95% CI)	NC (NC , NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]		0.425 ( 0.220, 0.821)
	Treatment P-value [b]		0.00948
	Interaction P-value [c]		0.32931

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table TEAE.KM.S6.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Liver Metastasis from IRT Strata, Level: No

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=204)	Chemotherapy (N=204)
Myalgia	No. of Events (%) Median Survival Est. (95% CI)	13 ( 6.4) NC (NC , NC)	22 ( 10.8) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		0.557 ( 0.281, 1.106) 0.09154 0.18388
Nervous system disorders	No. of Events (%) Median Survival Est. (95% CI)	141 ( 69.1) 2.69 ( 1.87, 3.09)	96 ( 47.1) 7.66 ( 3.94, NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		1.632 ( 1.258, 2.116) 0.00018 0.10877

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table TEAE.KM.S6.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Liver Metastasis from IRT Strata, Level: No

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=204)	Chemotherapy (N=204)
Dysgeusia	No. of Events (%) Median Survival Est. (95% CI)	59 ( 28.9) NC (NC , NC)	15 ( 7.4) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		4.363 ( 2.475, 7.691) <.00001 0.09109
Peripheral sensory neuropathy	No. of Events (%) Median Survival Est. (95% CI)	78 ( 38.2) NC ( 8.61, NC)	51 ( 25.0) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		1.485 ( 1.044, 2.115) 0.02665 0.87699

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table TEAE.KM.S6.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Liver Metastasis from IRT Strata, Level: No

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=204)	Chemotherapy (N=204)
Renal and urinary disorders	No. of Events (%)	56 ( 27.5)	39 ( 19.1)
	Median Survival Est. (95% CI)	NC (NC , NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]		1.469 ( 0.976, 2.211)
	Treatment P-value [b]		0.06624
	Interaction P-value [c]		0.91346
Acute kidney injury	No. of Events (%)	14 ( 6.9)	5 ( 2.5)
	Median Survival Est. (95% CI)	NC (NC , NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]		2.780 ( 1.001, 7.718)
	Treatment P-value [b]		0.03886
	Interaction P-value [c]		0.53192

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table TEAE.KM.S6.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Liver Metastasis from IRT Strata, Level: No

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=204)		Chemotherapy (N=204)	
Respiratory, thoracic and mediastinal disorders	No. of Events (%)	69 ( 33.8)		48 ( 23.5)	
	Median Survival Est. (95% CI)	NC (NC , , NC)	NC (NC , , NC)		
	Hazard Ratio (95% CI) [a]			1.461 ( 1.011, 2.112)	
	Treatment P-value [b]			0.04115	
	Interaction P-value [c]			0.77226	
Skin and subcutaneous tissue disorders	No. of Events (%)	171 ( 83.8)		105 ( 51.5)	
	Median Survival Est. (95% CI)	0.66 ( 0.46, 0.82)		3.42 ( 0.82, NC)	
	Hazard Ratio (95% CI) [a]			2.252 ( 1.763, 2.876)	
	Treatment P-value [b]			<.00001	
	Interaction P-value [c]			0.50244	

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table TEAE.KM.S6.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Liver Metastasis from IRT Strata, Level: No

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=204)	Chemotherapy (N=204)
Drug eruption	No. of Events (%) Median Survival Est. (95% CI)	18 ( 8.8) NC (NC , NC)	2 ( 1.0) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		9.208 ( 2.136, 39.682) 0.00030 0.42139
Dry skin	No. of Events (%) Median Survival Est. (95% CI)	35 ( 17.2) NC (NC , NC)	6 ( 2.9) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		6.180 ( 2.599, 14.693) <.00001 0.27720

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table TEAE.KM.S6.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Liver Metastasis from IRT Strata, Level: No

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=204)	Chemotherapy (N=204)
Pruritus	No. of Events (%) Median Survival Est. (95% CI)	70 ( 34.3) NC (NC , NC)	14 ( 6.9) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		5.942 ( 3.347, 10.550) <.00001 0.93372
Rash	No. of Events (%) Median Survival Est. (95% CI)	40 ( 19.6) NC (NC , NC)	12 ( 5.9) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		3.604 ( 1.891, 6.871) 0.00003 0.30028

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table TEAE.KM.S6.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Liver Metastasis from IRT Strata, Level: No

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=204)	Chemotherapy (N=204)
Rash erythematous	No. of Events (%) Median Survival Est. (95% CI)	9 ( 4.4) NC (NC , NC)	1 ( 0.5) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		9.079 ( 1.150, 71.659) 0.01090 0.99462
Rash maculo-papular	No. of Events (%) Median Survival Est. (95% CI)	32 ( 15.7) NC (NC , NC)	4 ( 2.0) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		8.401 ( 2.971, 23.755) <.00001 0.89327

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table TEAE.KM.S6.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Liver Metastasis from IRT Strata, Level: No

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=204)	Chemotherapy (N=204)
Skin hyperpigmentation	No. of Events (%)	16 ( 7.8)	1 ( 0.5)
	Median Survival Est. (95% CI)	NC (NC , NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]	16.462 ( 2.183, 124.132)	
	Treatment P-value [b]	0.00022	
	Interaction P-value [c]	0.99267	

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table TEAE.KM.S7.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Pre-selected Investigator's Choice of Paclitaxel/Docetaxel/Vinflunine, Level: Paclitaxel

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=140)	Chemotherapy (N=107)
Any Event	No. of Events (%) Median Survival Est. (95% CI)	137 ( 97.9) 0.16 ( 0.13, 0.23)	106 ( 99.1) 0.16 ( 0.10, 0.26)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		1.179 ( 0.913, 1.521) 0.22166 0.03090
Blood and lymphatic system disorders	No. of Events (%) Median Survival Est. (95% CI)	43 ( 30.7) NC (NC , NC)	29 ( 27.1) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		1.134 ( 0.708, 1.816) 0.63383 0.00244

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table TEAE.KM.S7.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Pre-selected Investigator's Choice of Paclitaxel/Docetaxel/Vinflunine, Level: Paclitaxel

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=140)	Chemotherapy (N=107)
Anaemia	No. of Events (%) Median Survival Est. (95% CI)	35 ( 25.0) NC (NC , NC)	19 ( 17.8) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		1.426 ( 0.816, 2.493) 0.21505 0.00105
Eye disorders	No. of Events (%) Median Survival Est. (95% CI)	35 ( 25.0) NC (NC , NC)	8 ( 7.5) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		3.684 ( 1.709, 7.942) 0.00035 0.05831

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table TEAE.KM.S7.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Pre-selected Investigator's Choice of Paclitaxel/Docetaxel/Vinflunine, Level: Paclitaxel

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=140)	Chemotherapy (N=107)
Dry eye	No. of Events (%) Median Survival Est. (95% CI)	11 ( 7.9) NC (NC , NC)	1 ( 0.9) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		8.385 ( 1.082, 64.951) 0.01385 0.76374
Lacrimation increased	No. of Events (%) Median Survival Est. (95% CI)	15 ( 10.7) NC (NC , NC)	1 ( 0.9) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		11.562 ( 1.529, 87.430) 0.00249 0.01021

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table TEAE.KM.S7.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Pre-selected Investigator's Choice of Paclitaxel/Docetaxel/Vinflunine, Level: Paclitaxel

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=140)	Chemotherapy (N=107)
Diarrhoea	No. of Events (%)	48 ( 34.3)	18 ( 16.8)
	Median Survival Est. (95% CI)	NC (NC , NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]	2.230 ( 1.297, 3.835)	
	Treatment P-value [b]	0.00265	
	Interaction P-value [c]	0.00461	
Dry mouth	No. of Events (%)	13 ( 9.3)	1 ( 0.9)
	Median Survival Est. (95% CI)	NC (NC , NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]	10.189 ( 1.333, 77.888)	
	Treatment P-value [b]	0.00555	
	Interaction P-value [c]	0.13877	

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table TEAE.KM.S7.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Pre-selected Investigator's Choice of Paclitaxel/Docetaxel/Vinflunine, Level: Paclitaxel

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=140)	Chemotherapy (N=107)
Chills	No. of Events (%) Median Survival Est. (95% CI)	9 ( 6.4) NC (NC , NC)	3 ( 2.8) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		2.304 ( 0.624, 8.513) 0.19647 0.94074
Fatigue	No. of Events (%) Median Survival Est. (95% CI)	56 ( 40.0) NC ( 6.51, NC)	36 ( 33.6) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		1.237 ( 0.814, 1.880) 0.30685 0.33056

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table TEAE.KM.S7.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Pre-selected Investigator's Choice of Paclitaxel/Docetaxel/Vinflunine, Level: Paclitaxel

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=140)	Chemotherapy (N=107)
Infections and infestations	No. of Events (%)	69 ( 49.3)	42 ( 39.3)
	Median Survival Est. (95% CI)	9.03 ( 3.52, NC)	NC ( 6.21, NC)
	Hazard Ratio (95% CI) [a]		1.301 ( 0.886, 1.909)
	Treatment P-value [b]		0.17748
	Interaction P-value [c]		0.59213
Conjunctivitis	No. of Events (%)	3 ( 2.1)	1 ( 0.9)
	Median Survival Est. (95% CI)	NC (NC , NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]		2.227 ( 0.232, 21.411)
	Treatment P-value [b]		0.50484
	Interaction P-value [c]		0.53991

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table TEAE.KM.S7.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Pre-selected Investigator's Choice of Paclitaxel/Docetaxel/Vinflunine, Level: Paclitaxel

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=140)	Chemotherapy (N=107)
Alanine aminotransferase increased	No. of Events (%) Median Survival Est. (95% CI)	13 ( 9.3) NC (NC , NC)	1 ( 0.9) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		10.116 ( 1.324, 77.324) 0.00564 0.69145
Aspartate aminotransferase increased	No. of Events (%) Median Survival Est. (95% CI)	18 ( 12.9) NC (NC , NC)	1 ( 0.9) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		14.367 ( 1.919, 107.567) 0.00059 0.66797

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table TEAE.KM.S7.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Pre-selected Investigator's Choice of Paclitaxel/Docetaxel/Vinflunine, Level: Paclitaxel

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=140)	Chemotherapy (N=107)
Blood creatinine increased	No. of Events (%) Median Survival Est. (95% CI)	10 ( 7.1) NC (NC , NC)	3 ( 2.8) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		2.556 ( 0.703, 9.288) 0.13243 0.54218
Neutrophil count decreased	No. of Events (%) Median Survival Est. (95% CI)	16 ( 11.4) NC (NC , NC)	13 ( 12.1) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		0.896 ( 0.431, 1.862) 0.74521 0.27741

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table TEAE.KM.S7.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Pre-selected Investigator's Choice of Paclitaxel/Docetaxel/Vinflunine, Level: Paclitaxel

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=140)	Chemotherapy (N=107)
Weight decreased	No. of Events (%) Median Survival Est. (95% CI)	24 ( 17.1) NC (NC , NC)	7 ( 6.5) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		2.715 ( 1.170, 6.302) 0.01586 0.04747
White blood cell count decreased	No. of Events (%) Median Survival Est. (95% CI)	5 ( 3.6) NC (NC , NC)	7 ( 6.5) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		0.526 ( 0.167, 1.657) 0.26725 0.94017

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table TEAE.KM.S7.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Pre-selected Investigator's Choice of Paclitaxel/Docetaxel/Vinflunine, Level: Paclitaxel

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=140)	Chemotherapy (N=107)
Metabolism and nutrition disorders	No. of Events (%)	87 ( 62.1)	31 ( 29.0)
	Median Survival Est. (95% CI)	2.20 ( 1.41, 3.94)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]	2.676 ( 1.775, 4.034)	
	Treatment P-value [b]	<.00001	
	Interaction P-value [c]	0.00030	
Decreased appetite	No. of Events (%)	61 ( 43.6)	16 ( 15.0)
	Median Survival Est. (95% CI)	NC ( 4.90, NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]	3.297 ( 1.901, 5.719)	
	Treatment P-value [b]	<.00001	
	Interaction P-value [c]	0.00209	

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table TEAE.KM.S7.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Pre-selected Investigator's Choice of Paclitaxel/Docetaxel/Vinflunine, Level: Paclitaxel

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=140)	Chemotherapy (N=107)
Hyperglycaemia	No. of Events (%)	12 ( 8.6)	2 ( 1.9)
	Median Survival Est. (95% CI)	NC (NC , NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]	4.684 ( 1.048, 20.929)	
	Treatment P-value [b]	0.02626	
	Interaction P-value [c]	0.79581	
Musculoskeletal and connective tissue disorders	No. of Events (%)	53 ( 37.9)	52 ( 48.6)
	Median Survival Est. (95% CI)	NC ( 7.59, NC)	5.68 ( 1.35, NC)
	Hazard Ratio (95% CI) [a]	0.599 ( 0.409, 0.879)	
	Treatment P-value [b]	0.00925	
	Interaction P-value [c]	0.68375	

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table TEAE.KM.S7.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Pre-selected Investigator's Choice of Paclitaxel/Docetaxel/Vinflunine, Level: Paclitaxel

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=140)	Chemotherapy (N=107)
Arthralgia	No. of Events (%) Median Survival Est. (95% CI)	10 ( 7.1) NC (NC , NC)	21 ( 19.6) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		0.311 ( 0.146, 0.661) 0.00143 0.28933
Myalgia	No. of Events (%) Median Survival Est. (95% CI)	9 ( 6.4) NC (NC , NC)	17 ( 15.9) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		0.375 ( 0.167, 0.841) 0.01419 0.97017

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table TEAE.KM.S7.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Pre-selected Investigator's Choice of Paclitaxel/Docetaxel/Vinflunine, Level: Paclitaxel

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=140)	Chemotherapy (N=107)
Nervous system disorders	No. of Events (%)	87 ( 62.1)	67 ( 62.6)
	Median Survival Est. (95% CI)	3.25 ( 2.46, 4.14)	2.40 ( 1.15, 3.68)
	Hazard Ratio (95% CI) [a]		0.831 ( 0.604, 1.142)
	Treatment P-value [b]		0.24813
	Interaction P-value [c]		0.00007
Dysgeusia	No. of Events (%)	31 ( 22.1)	3 ( 2.8)
	Median Survival Est. (95% CI)	NC (NC , NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]		8.550 ( 2.614, 27.966)
	Treatment P-value [b]		0.00002
	Interaction P-value [c]		0.23547

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table TEAE.KM.S7.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Pre-selected Investigator's Choice of Paclitaxel/Docetaxel/Vinflunine, Level: Paclitaxel

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=140)	Chemotherapy (N=107)
Peripheral sensory neuropathy	No. of Events (%) Median Survival Est. (95% CI)	55 ( 39.3) NC ( 5.72, NC)	41 ( 38.3) NC ( 6.74, NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		0.812 ( 0.542, 1.218) 0.31487 0.00202
Renal and urinary disorders	No. of Events (%) Median Survival Est. (95% CI)	40 ( 28.6) NC (NC , NC)	16 ( 15.0) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		2.036 ( 1.140, 3.635) 0.01351 0.28941

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table TEAE.KM.S7.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Pre-selected Investigator's Choice of Paclitaxel/Docetaxel/Vinflunine, Level: Paclitaxel

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=140)	Chemotherapy (N=107)
Acute kidney injury	No. of Events (%)	11 ( 7.9)	2 ( 1.9)
	Median Survival Est. (95% CI)	NC (NC , NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]	4.210 ( 0.933, 18.993)	
	Treatment P-value [b]	0.04049	
	Interaction P-value [c]	0.37645	
Respiratory, thoracic and mediastinal disorders	No. of Events (%)	48 ( 34.3)	32 ( 29.9)
	Median Survival Est. (95% CI)	NC (NC , NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]	1.143 ( 0.731, 1.788)	
	Treatment P-value [b]	0.55858	
	Interaction P-value [c]	0.27993	

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table TEAE.KM.S7.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Pre-selected Investigator's Choice of Paclitaxel/Docetaxel/Vinflunine, Level: Paclitaxel

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=140)	Chemotherapy (N=107)
Skin and subcutaneous tissue disorders	No. of Events (%)	113 ( 80.7)	71 ( 66.4)
	Median Survival Est. (95% CI)	0.54 ( 0.39, 0.82)	0.69 ( 0.59, 0.95)
	Hazard Ratio (95% CI) [a]		1.426 ( 1.059, 1.919)
	Treatment P-value [b]		0.02176
	Interaction P-value [c]		0.00213
Drug eruption	No. of Events (%)	17 ( 12.1)	3 ( 2.8)
	Median Survival Est. (95% CI)	NC (NC , NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]		4.379 ( 1.283, 14.942)
	Treatment P-value [b]		0.00993
	Interaction P-value [c]		0.89193

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table TEAE.KM.S7.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Pre-selected Investigator's Choice of Paclitaxel/Docetaxel/Vinflunine, Level: Paclitaxel

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=140)	Chemotherapy (N=107)
Dry skin	No. of Events (%) Median Survival Est. (95% CI)	21 ( 15.0) NC (NC , NC)	6 ( 5.6) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		2.737 ( 1.105, 6.781) 0.02455 0.29510
Pruritus	No. of Events (%) Median Survival Est. (95% CI)	53 ( 37.9) NC (NC , NC)	11 ( 10.3) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		4.430 ( 2.314, 8.483) <.00001 0.31160

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table TEAE.KM.S7.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Pre-selected Investigator's Choice of Paclitaxel/Docetaxel/Vinflunine, Level: Paclitaxel

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=140)	Chemotherapy (N=107)
Rash	No. of Events (%) Median Survival Est. (95% CI)	17 ( 12.1) NC (NC , NC)	7 ( 6.5) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		1.871 ( 0.776, 4.511) 0.15544 0.15527
Rash maculo-papular	No. of Events (%) Median Survival Est. (95% CI)	26 ( 18.6) NC (NC , NC)	4 ( 3.7) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		5.332 ( 1.861, 15.279) 0.00056 0.56300

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table TEAE.KM.S7.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Pre-selected Investigator's Choice of Paclitaxel/Docetaxel/Vinflunine, Level: Docetaxel

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=85)	Chemotherapy (N=109)
Any Event	No. of Events (%) Median Survival Est. (95% CI)	84 ( 98.8) 0.26 ( 0.16, 0.26)	108 ( 99.1) 0.13 ( 0.10, 0.16)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		0.817 ( 0.614, 1.088) 0.11081 0.03090
Blood and lymphatic system disorders	No. of Events (%) Median Survival Est. (95% CI)	22 ( 25.9) NC (NC , NC)	53 ( 48.6) 12.94 ( 1.41, NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		0.405 ( 0.246, 0.666) 0.00029 0.00244

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table TEAE.KM.S7.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Pre-selected Investigator's Choice of Paclitaxel/Docetaxel/Vinflunine, Level: Docetaxel

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=85)	Chemotherapy (N=109)
Anaemia	No. of Events (%)	12 ( 14.1)	38 ( 34.9)
	Median Survival Est. (95% CI)	NC (NC , NC)	NC (12.94, NC)
	Hazard Ratio (95% CI) [a]		0.336 ( 0.176, 0.644)
	Treatment P-value [b]		0.00065
	Interaction P-value [c]		0.00105
Eye disorders	No. of Events (%)	22 ( 25.9)	15 ( 13.8)
	Median Survival Est. (95% CI)	NC (NC , NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]		1.909 ( 0.990, 3.681)
	Treatment P-value [b]		0.05060
	Interaction P-value [c]		0.05831

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table TEAE.KM.S7.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Pre-selected Investigator's Choice of Paclitaxel/Docetaxel/Vinflunine, Level: Docetaxel

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=85)	Chemotherapy (N=109)
Dry eye	No. of Events (%) Median Survival Est. (95% CI)	5 ( 5.9) NC (NC , NC)	2 ( 1.8) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		3.139 ( 0.609, 16.186) 0.14757 0.76374
Lacrimation increased	No. of Events (%) Median Survival Est. (95% CI)	6 ( 7.1) NC (NC , NC)	10 ( 9.2) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		0.713 ( 0.259, 1.961) 0.47702 0.01021

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table TEAE.KM.S7.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Pre-selected Investigator's Choice of Paclitaxel/Docetaxel/Vinflunine, Level: Docetaxel

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=85)	Chemotherapy (N=109)
Diarrhoea	No. of Events (%) Median Survival Est. (95% CI)	24 ( 28.2) NC (15.11, NC)	34 ( 31.2) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		0.787 ( 0.467, 1.328) 0.37952 0.00461
Dry mouth	No. of Events (%) Median Survival Est. (95% CI)	3 ( 3.5) NC (NC , NC)	4 ( 3.7) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		0.941 ( 0.211, 4.204) 0.91804 0.13877

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table TEAE.KM.S7.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Pre-selected Investigator's Choice of Paclitaxel/Docetaxel/Vinflunine, Level: Docetaxel

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=85)	Chemotherapy (N=109)
Chills	No. of Events (%) Median Survival Est. (95% CI)	5 ( 5.9) NC (NC , NC)	2 ( 1.8) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		3.222 ( 0.625, 16.611) 0.13460 0.94074
Fatigue	No. of Events (%) Median Survival Est. (95% CI)	33 ( 38.8) NC ( 6.93, NC)	33 ( 30.3) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		1.202 ( 0.742, 1.947) 0.46594 0.33056

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table TEAE.KM.S7.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Pre-selected Investigator's Choice of Paclitaxel/Docetaxel/Vinflunine, Level: Docetaxel

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=85)	Chemotherapy (N=109)
Infections and infestations	No. of Events (%)	45 ( 52.9)	36 ( 33.0)
	Median Survival Est. (95% CI)	5.09 ( 2.56, NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]		1.714 ( 1.106, 2.658)
	Treatment P-value [b]		0.01681
	Interaction P-value [c]		0.59213
Conjunctivitis	No. of Events (%)	5 ( 5.9)	0
	Median Survival Est. (95% CI)	NC (NC , NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]		NA (NA , NA)
	Treatment P-value [b]		0.01123
	Interaction P-value [c]		0.53991

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table TEAE.KM.S7.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Pre-selected Investigator's Choice of Paclitaxel/Docetaxel/Vinflunine, Level: Docetaxel

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=85)	Chemotherapy (N=109)
Alanine aminotransferase increased	No. of Events (%) Median Survival Est. (95% CI)	8 ( 9.4) NC (NC , NC)	2 ( 1.8) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		5.287 ( 1.123, 24.898) 0.01807 0.69145
Aspartate aminotransferase increased	No. of Events (%) Median Survival Est. (95% CI)	11 ( 12.9) NC (NC , NC)	3 ( 2.8) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		4.858 ( 1.355, 17.415) 0.00694 0.66797

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table TEAE.KM.S7.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Pre-selected Investigator's Choice of Paclitaxel/Docetaxel/Vinflunine, Level: Docetaxel

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=85)	Chemotherapy (N=109)
Blood creatinine increased	No. of Events (%) Median Survival Est. (95% CI)	11 ( 12.9) NC (NC , NC)	2 ( 1.8) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		7.242 ( 1.605, 32.675) 0.00275 0.54218
Neutrophil count decreased	No. of Events (%) Median Survival Est. (95% CI)	13 ( 15.3) NC (NC , NC)	32 ( 29.4) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		0.414 ( 0.217, 0.788) 0.00974 0.27741

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table TEAE.KM.S7.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Pre-selected Investigator's Choice of Paclitaxel/Docetaxel/Vinflunine, Level: Docetaxel

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=85)	Chemotherapy (N=109)
Weight decreased	No. of Events (%) Median Survival Est. (95% CI)	16 ( 18.8) NC (NC , NC)	4 ( 3.7) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		5.467 ( 1.828, 16.353) 0.00067 0.04747
White blood cell count decreased	No. of Events (%) Median Survival Est. (95% CI)	10 ( 11.8) NC (NC , NC)	22 ( 20.2) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		0.504 ( 0.238, 1.064) 0.07672 0.94017

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table TEAE.KM.S7.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Pre-selected Investigator's Choice of Paclitaxel/Docetaxel/Vinflunine, Level: Docetaxel

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=85)	Chemotherapy (N=109)
Metabolism and nutrition disorders	No. of Events (%)	48 ( 56.5)	52 ( 47.7)
	Median Survival Est. (95% CI)	1.91 ( 0.76, NC)	NC ( 1.41, NC)
	Hazard Ratio (95% CI) [a]		1.221 ( 0.825, 1.808)
	Treatment P-value [b]		0.33309
	Interaction P-value [c]		0.00030
Decreased appetite	No. of Events (%)	30 ( 35.3)	30 ( 27.5)
	Median Survival Est. (95% CI)	NC (NC , NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]		1.282 ( 0.773, 2.127)
	Treatment P-value [b]		0.34461
	Interaction P-value [c]		0.00209

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table TEAE.KM.S7.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Pre-selected Investigator's Choice of Paclitaxel/Docetaxel/Vinflunine, Level: Docetaxel

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=85)	Chemotherapy (N=109)
Hyperglycaemia	No. of Events (%)	10 ( 11.8)	0
	Median Survival Est. (95% CI)	NC (NC , NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]	NA (NA , NA)	
	Treatment P-value [b]	0.00026	
	Interaction P-value [c]	0.79581	
Musculoskeletal and connective tissue disorders	No. of Events (%)	24 ( 28.2)	35 ( 32.1)
	Median Survival Est. (95% CI)	NC (NC , NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]	0.798 ( 0.475, 1.342)	
	Treatment P-value [b]	0.41575	
	Interaction P-value [c]	0.68375	

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table TEAE.KM.S7.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Pre-selected Investigator's Choice of Paclitaxel/Docetaxel/Vinflunine, Level: Docetaxel

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=85)	Chemotherapy (N=109)
Arthralgia	No. of Events (%) Median Survival Est. (95% CI)	5 ( 5.9) NC (NC , NC)	8 ( 7.3) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		0.766 ( 0.251, 2.341) 0.65622 0.28933
Myalgia	No. of Events (%) Median Survival Est. (95% CI)	2 ( 2.4) NC (NC , NC)	6 ( 5.5) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		0.406 ( 0.082, 2.011) 0.25348 0.97017

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table TEAE.KM.S7.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Pre-selected Investigator's Choice of Paclitaxel/Docetaxel/Vinflunine, Level: Docetaxel

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=85)	Chemotherapy (N=109)
Nervous system disorders	No. of Events (%)	59 ( 69.4)	48 ( 44.0)
	Median Survival Est. (95% CI)	2.73 ( 1.31, 3.71)	NC ( 3.45, NC)
	Hazard Ratio (95% CI) [a]		1.811 ( 1.237, 2.651)
	Treatment P-value [b]		0.00213
	Interaction P-value [c]		0.00007
Dysgeusia	No. of Events (%)	29 ( 34.1)	15 ( 13.8)
	Median Survival Est. (95% CI)	NC (NC , NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]		2.680 ( 1.437, 5.000)
	Treatment P-value [b]		0.00149
	Interaction P-value [c]		0.23547

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table TEAE.KM.S7.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Pre-selected Investigator's Choice of Paclitaxel/Docetaxel/Vinflunine, Level: Docetaxel

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=85)	Chemotherapy (N=109)
Peripheral sensory neuropathy	No. of Events (%) Median Survival Est. (95% CI)	32 ( 37.6) NC ( 5.13, NC)	22 ( 20.2) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		1.869 ( 1.086, 3.217) 0.02334 0.00202
Renal and urinary disorders	No. of Events (%) Median Survival Est. (95% CI)	18 ( 21.2) NC (NC , NC)	20 ( 18.3) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		1.159 ( 0.613, 2.192) 0.65830 0.28941

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table TEAE.KM.S7.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Pre-selected Investigator's Choice of Paclitaxel/Docetaxel/Vinflunine, Level: Docetaxel

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=85)	Chemotherapy (N=109)
Acute kidney injury	No. of Events (%)	3 ( 3.5)	4 ( 3.7)
	Median Survival Est. (95% CI)	NC (NC , NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]		0.953 ( 0.213, 4.261)
	Treatment P-value [b]		0.95885
	Interaction P-value [c]		0.37645
Respiratory, thoracic and mediastinal disorders	No. of Events (%)	33 ( 38.8)	22 ( 20.2)
	Median Survival Est. (95% CI)	NC ( 6.01, NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]		2.010 ( 1.172, 3.448)
	Treatment P-value [b]		0.00914
	Interaction P-value [c]		0.27993

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table TEAE.KM.S7.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Pre-selected Investigator's Choice of Paclitaxel/Docetaxel/Vinflunine, Level: Docetaxel

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=85)	Chemotherapy (N=109)
Skin and subcutaneous tissue disorders	No. of Events (%)	72 ( 84.7)	57 ( 52.3)
	Median Survival Est. (95% CI)	0.46 ( 0.36, 0.76)	3.42 ( 1.12, NC)
	Hazard Ratio (95% CI) [a]		2.588 ( 1.825, 3.669)
	Treatment P-value [b]		<.00001
	Interaction P-value [c]		0.00213
Drug eruption	No. of Events (%)	6 ( 7.1)	1 ( 0.9)
	Median Survival Est. (95% CI)	NC (NC , NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]		7.954 ( 0.958, 66.070)
	Treatment P-value [b]		0.02266
	Interaction P-value [c]		0.89193

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table TEAE.KM.S7.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Pre-selected Investigator's Choice of Paclitaxel/Docetaxel/Vinflunine, Level: Docetaxel

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=85)	Chemotherapy (N=109)
Dry skin	No. of Events (%) Median Survival Est. (95% CI)	18 ( 21.2) NC (NC , NC)	4 ( 3.7) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		6.227 ( 2.107, 18.401) 0.00014 0.29510
Pruritus	No. of Events (%) Median Survival Est. (95% CI)	31 ( 36.5) NC (NC , NC)	8 ( 7.3) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		6.048 ( 2.779, 13.161) <.00001 0.31160

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table TEAE.KM.S7.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Pre-selected Investigator's Choice of Paclitaxel/Docetaxel/Vinflunine, Level: Docetaxel

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=85)	Chemotherapy (N=109)
Rash	No. of Events (%) Median Survival Est. (95% CI)	16 ( 18.8) NC (NC , NC)	8 ( 7.3) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		2.742 ( 1.174, 6.409) 0.01751 0.15527
Rash maculo-papular	No. of Events (%) Median Survival Est. (95% CI)	20 ( 23.5) NC (NC , NC)	2 ( 1.8) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		14.227 ( 3.325, 60.877) <.00001 0.56300

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table TEAE.KM.S7.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Pre-selected Investigator's Choice of Paclitaxel/Docetaxel/Vinflunine, Level: Vinflunine

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=71)	Chemotherapy (N=75)
Any Event	No. of Events (%) Median Survival Est. (95% CI)	69 ( 97.2) 0.20 ( 0.13, 0.26)	74 ( 98.7) 0.07 ( 0.07, 0.13)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		0.699 ( 0.503, 0.971) 0.04366 0.03090
Blood and lymphatic system disorders	No. of Events (%) Median Survival Est. (95% CI)	20 ( 28.2) NC (NC , NC)	41 ( 54.7) 2.76 ( 1.38, NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		0.384 ( 0.225, 0.656) 0.00037 0.00244

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table TEAE.KM.S7.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Pre-selected Investigator's Choice of Paclitaxel/Docetaxel/Vinflunine, Level: Vinflunine

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=71)	Chemotherapy (N=75)
Anaemia	No. of Events (%) Median Survival Est. (95% CI)	13 ( 18.3) NC (NC , NC)	30 ( 40.0) NC ( 3.52, NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		0.398 ( 0.208, 0.764) 0.00347 0.00105
Eye disorders	No. of Events (%) Median Survival Est. (95% CI)	23 ( 32.4) NC ( 8.80, NC)	3 ( 4.0) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		9.615 ( 2.887, 32.028) <.00001 0.05831

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table TEAE.KM.S7.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Pre-selected Investigator's Choice of Paclitaxel/Docetaxel/Vinflunine, Level: Vinflunine

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=71)	Chemotherapy (N=75)
Dry eye	No. of Events (%) Median Survival Est. (95% CI)	3 ( 4.2) NC (NC , NC)	0 NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		NA (NA , NA) 0.07311 0.76374
Lacrimation increased	No. of Events (%) Median Survival Est. (95% CI)	9 ( 12.7) NC (NC , NC)	1 ( 1.3) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		10.202 ( 1.292, 80.526) 0.00736 0.01021

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table TEAE.KM.S7.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Pre-selected Investigator's Choice of Paclitaxel/Docetaxel/Vinflunine, Level: Vinflunine

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=71)	Chemotherapy (N=75)
Diarrhoea	No. of Events (%)	31 ( 43.7)	15 ( 20.0)
	Median Survival Est. (95% CI)	NC ( 2.40, NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]		2.572 ( 1.388, 4.765)
	Treatment P-value [b]		0.00148
	Interaction P-value [c]		0.00461
Dry mouth	No. of Events (%)	8 ( 11.3)	2 ( 2.7)
	Median Survival Est. (95% CI)	NC (NC , NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]		4.511 ( 0.958, 21.247)
	Treatment P-value [b]		0.03966
	Interaction P-value [c]		0.13877

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table TEAE.KM.S7.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Pre-selected Investigator's Choice of Paclitaxel/Docetaxel/Vinflunine, Level: Vinflunine

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=71)	Chemotherapy (N=75)
Chills	No. of Events (%) Median Survival Est. (95% CI)	3 ( 4.2) NC (NC , NC)	1 ( 1.3) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		3.193 ( 0.332, 30.685) 0.30462 0.94074
Fatigue	No. of Events (%) Median Survival Est. (95% CI)	19 ( 26.8) NC (NC , NC)	9 ( 12.0) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		2.333 ( 1.055, 5.157) 0.03087 0.33056

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table TEAE.KM.S7.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Pre-selected Investigator's Choice of Paclitaxel/Docetaxel/Vinflunine, Level: Vinflunine

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=71)	Chemotherapy (N=75)
Infections and infestations	No. of Events (%)	38 ( 53.5)	27 ( 36.0)
	Median Survival Est. (95% CI)	4.40 ( 2.20, NC)	NC (10.41, NC)
	Hazard Ratio (95% CI) [a]	1.662 ( 1.015, 2.723)	
	Treatment P-value [b]	0.04307	
	Interaction P-value [c]	0.59213	
Conjunctivitis	No. of Events (%)	11 ( 15.5)	1 ( 1.3)
	Median Survival Est. (95% CI)	NC (NC , NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]	12.545 ( 1.619, 97.183)	
	Treatment P-value [b]	0.00210	
	Interaction P-value [c]	0.53991	

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table TEAE.KM.S7.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Pre-selected Investigator's Choice of Paclitaxel/Docetaxel/Vinflunine, Level: Vinflunine

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=71)	Chemotherapy (N=75)
Alanine aminotransferase increased	No. of Events (%) Median Survival Est. (95% CI)	6 ( 8.5) NC (NC , NC)	2 ( 2.7) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		3.260 ( 0.658, 16.154) 0.13108 0.69145
Aspartate aminotransferase increased	No. of Events (%) Median Survival Est. (95% CI)	7 ( 9.9) NC (NC , NC)	1 ( 1.3) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		7.574 ( 0.932, 61.563) 0.02723 0.66797

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table TEAE.KM.S7.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Pre-selected Investigator's Choice of Paclitaxel/Docetaxel/Vinflunine, Level: Vinflunine

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=71)	Chemotherapy (N=75)
Blood creatinine increased	No. of Events (%) Median Survival Est. (95% CI)	5 ( 7.0) NC (NC , NC)	2 ( 2.7) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		2.671 ( 0.518, 13.767) 0.21910 0.54218
Neutrophil count decreased	No. of Events (%) Median Survival Est. (95% CI)	4 ( 5.6) NC (NC , NC)	9 ( 12.0) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		0.449 ( 0.138, 1.457) 0.14702 0.27741

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table TEAE.KM.S7.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Pre-selected Investigator's Choice of Paclitaxel/Docetaxel/Vinflunine, Level: Vinflunine

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=71)	Chemotherapy (N=75)
Weight decreased	No. of Events (%) Median Survival Est. (95% CI)	8 ( 11.3) NC (NC , NC)	9 ( 12.0) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		0.921 ( 0.355, 2.386) 0.83416 0.04747
White blood cell count decreased	No. of Events (%) Median Survival Est. (95% CI)	1 ( 1.4) NC (NC , NC)	3 ( 4.0) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		0.337 ( 0.035, 3.241) 0.31875 0.94017

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table TEAE.KM.S7.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Pre-selected Investigator's Choice of Paclitaxel/Docetaxel/Vinflunine, Level: Vinflunine

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=71)	Chemotherapy (N=75)
Metabolism and nutrition disorders	No. of Events (%)	39 ( 54.9)	43 ( 57.3)
	Median Survival Est. (95% CI)	2.14 ( 1.31, NC)	2.33 ( 0.69, NC)
	Hazard Ratio (95% CI) [a]		0.807 ( 0.523, 1.244)
	Treatment P-value [b]		0.36538
	Interaction P-value [c]		0.00030
Decreased appetite	No. of Events (%)	30 ( 42.3)	32 ( 42.7)
	Median Survival Est. (95% CI)	NC ( 2.79, NC)	NC ( 2.79, NC)
	Hazard Ratio (95% CI) [a]		0.896 ( 0.544, 1.474)
	Treatment P-value [b]		0.69050
	Interaction P-value [c]		0.00209

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table TEAE.KM.S7.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Pre-selected Investigator's Choice of Paclitaxel/Docetaxel/Vinflunine, Level: Vinflunine

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=71)	Chemotherapy (N=75)
Hyperglycaemia	No. of Events (%)	9 ( 12.7)	4 ( 5.3)
	Median Survival Est. (95% CI)	NC (NC , NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]	2.429 ( 0.748,	7.889)
	Treatment P-value [b]	0.12045	
	Interaction P-value [c]	0.79581	
Musculoskeletal and connective tissue disorders	No. of Events (%)	23 ( 32.4)	33 ( 44.0)
	Median Survival Est. (95% CI)	NC ( 6.60, NC)	8.02 ( 3.02, NC)
	Hazard Ratio (95% CI) [a]	0.653 ( 0.383,	1.111)
	Treatment P-value [b]	0.10030	
	Interaction P-value [c]	0.68375	

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table TEAE.KM.S7.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Pre-selected Investigator's Choice of Paclitaxel/Docetaxel/Vinflunine, Level: Vinflunine

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=71)	Chemotherapy (N=75)
Arthralgia	No. of Events (%) Median Survival Est. (95% CI)	5 ( 7.0) NC (NC , NC)	7 ( 9.3) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		0.737 ( 0.234, 2.323) 0.58144 0.28933
Myalgia	No. of Events (%) Median Survival Est. (95% CI)	4 ( 5.6) NC (NC , NC)	9 ( 12.0) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		0.448 ( 0.138, 1.455) 0.16943 0.97017

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table TEAE.KM.S7.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Pre-selected Investigator's Choice of Paclitaxel/Docetaxel/Vinflunine, Level: Vinflunine

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=71)	Chemotherapy (N=75)
Nervous system disorders	No. of Events (%)	43 ( 60.6)	22 ( 29.3)
	Median Survival Est. (95% CI)	2.43 ( 1.87, 3.94)	NC ( 8.61, NC)
	Hazard Ratio (95% CI) [a]		2.824 ( 1.688, 4.726)
	Treatment P-value [b]		0.00004
	Interaction P-value [c]		0.00007
Dysgeusia	No. of Events (%)	14 ( 19.7)	5 ( 6.7)
	Median Survival Est. (95% CI)	NC (NC , NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]		3.258 ( 1.173, 9.046)
	Treatment P-value [b]		0.01663
	Interaction P-value [c]		0.23547

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table TEAE.KM.S7.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Pre-selected Investigator's Choice of Paclitaxel/Docetaxel/Vinflunine, Level: Vinflunine

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=71)	Chemotherapy (N=75)
Peripheral sensory neuropathy	No. of Events (%) Median Survival Est. (95% CI)	15 ( 21.1) NC (NC , NC)	3 ( 4.0) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		5.863 ( 1.697, 20.252) 0.00156 0.00202
Renal and urinary disorders	No. of Events (%) Median Survival Est. (95% CI)	17 ( 23.9) NC (NC , NC)	16 ( 21.3) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		1.082 ( 0.547, 2.142) 0.85103 0.28941

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table TEAE.KM.S7.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Pre-selected Investigator's Choice of Paclitaxel/Docetaxel/Vinflunine, Level: Vinflunine

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=71)	Chemotherapy (N=75)
Acute kidney injury	No. of Events (%)	5 ( 7.0)	2 ( 2.7)
	Median Survival Est. (95% CI)	NC (NC , NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]		2.624 ( 0.509, 13.526)
	Treatment P-value [b]		0.24005
	Interaction P-value [c]		0.37645
Respiratory, thoracic and mediastinal disorders	No. of Events (%)	20 ( 28.2)	14 ( 18.7)
	Median Survival Est. (95% CI)	NC (NC , NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]		1.579 ( 0.797, 3.126)
	Treatment P-value [b]		0.19371
	Interaction P-value [c]		0.27993

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table TEAE.KM.S7.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Pre-selected Investigator's Choice of Paclitaxel/Docetaxel/Vinflunine, Level: Vinflunine

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=71)	Chemotherapy (N=75)
Skin and subcutaneous tissue disorders	No. of Events (%)	52 ( 73.2)	22 ( 29.3)
	Median Survival Est. (95% CI)	0.95 ( 0.66, 1.22)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]		3.595 ( 2.181, 5.925)
	Treatment P-value [b]		<.00001
	Interaction P-value [c]		0.00213
Drug eruption	No. of Events (%)	3 ( 4.2)	0
	Median Survival Est. (95% CI)	NC (NC , NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]		NA (NA , NA)
	Treatment P-value [b]		0.07202
	Interaction P-value [c]		0.89193

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table TEAE.KM.S7.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Pre-selected Investigator's Choice of Paclitaxel/Docetaxel/Vinflunine, Level: Vinflunine

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=71)	Chemotherapy (N=75)
Dry skin	No. of Events (%) Median Survival Est. (95% CI)	11 ( 15.5) NC (NC , NC)	1 ( 1.3) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		12.473 ( 1.612, 96.517) 0.00194 0.29510
Pruritus	No. of Events (%) Median Survival Est. (95% CI)	18 ( 25.4) NC (NC , NC)	1 ( 1.3) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		22.232 ( 2.969, 166.496) 0.00002 0.31160

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table TEAE.KM.S7.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Pre-selected Investigator's Choice of Paclitaxel/Docetaxel/Vinflunine, Level: Vinflunine

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=71)	Chemotherapy (N=75)
Rash	No. of Events (%) Median Survival Est. (95% CI)	17 ( 23.9) NC (12.68, NC)	2 ( 2.7) NC (NC, NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		10.045 ( 2.320, 43.486) 0.00013 0.15527
Rash maculo-papular	No. of Events (%) Median Survival Est. (95% CI)	4 ( 5.6) NC (NC, NC)	0 NC (NC, NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		NA (NA, NA) 0.04228 0.56300

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table TEAE.KM.S8.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Primary Site of Tumor, Level: Upper Tract

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=96)	Chemotherapy (N=102)
Any Event	No. of Events (%) Median Survival Est. (95% CI)	95 ( 99.0) 0.21 ( 0.16, 0.26)	101 ( 99.0) 0.13 ( 0.10, 0.16)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		0.816 ( 0.616, 1.080) 0.12389 0.31329
Blood and lymphatic system disorders	No. of Events (%) Median Survival Est. (95% CI)	31 ( 32.3) NC (NC , NC)	42 ( 41.2) NC ( 5.36, NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		0.672 ( 0.422, 1.069) 0.09855 0.43126

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table TEAE.KM.S8.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Primary Site of Tumor, Level: Upper Tract

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=96)	Chemotherapy (N=102)
Anaemia	No. of Events (%) Median Survival Est. (95% CI)	23 ( 24.0) NC (NC , NC)	27 ( 26.5) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		0.862 ( 0.494, 1.503) 0.62423 0.15264
Febrile neutropenia	No. of Events (%) Median Survival Est. (95% CI)	3 ( 3.1) NC (NC , NC)	7 ( 6.9) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		0.440 ( 0.114, 1.703) 0.22070 0.24274

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table TEAE.KM.S8.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Primary Site of Tumor, Level: Upper Tract

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=96)	Chemotherapy (N=102)
Eye disorders	No. of Events (%)	26 ( 27.1)	10 ( 9.8)
	Median Survival Est. (95% CI)	NC (NC , NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]		2.986 ( 1.440, 6.193)
	Treatment P-value [b]		0.00206
	Interaction P-value [c]		0.73628
Dry eye	No. of Events (%)	8 ( 8.3)	0
	Median Survival Est. (95% CI)	NC (NC , NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]		NA (NA , NA)
	Treatment P-value [b]		0.00313
	Interaction P-value [c]		0.98906

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table TEAE.KM.S8.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Primary Site of Tumor, Level: Upper Tract

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=96)	Chemotherapy (N=102)
Lacrimation increased	No. of Events (%) Median Survival Est. (95% CI)	6 ( 6.3) NC (NC , NC)	3 ( 2.9) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		2.127 ( 0.532, 8.504) 0.28585 0.84220
Vision blurred	No. of Events (%) Median Survival Est. (95% CI)	2 ( 2.1) NC (NC , NC)	3 ( 2.9) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		0.689 ( 0.115, 4.122) 0.68832 0.05695

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table TEAE.KM.S8.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Primary Site of Tumor, Level: Upper Tract

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=96)	Chemotherapy (N=102)
Diarrhoea	No. of Events (%) Median Survival Est. (95% CI)	29 ( 30.2) NC (15.11, NC)	24 ( 23.5) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		1.303 ( 0.759, 2.239) 0.32870 0.44032
Dry mouth	No. of Events (%) Median Survival Est. (95% CI)	9 ( 9.4) NC (NC , NC)	2 ( 2.0) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		4.904 ( 1.060, 22.696) 0.02626 0.57196

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table TEAE.KM.S8.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Primary Site of Tumor, Level: Upper Tract

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=96)	Chemotherapy (N=102)
Chills	No. of Events (%) Median Survival Est. (95% CI)	5 ( 5.2) NC (NC , NC)	2 ( 2.0) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		2.695 ( 0.523, 13.893) 0.22208 0.95803
Fatigue	No. of Events (%) Median Survival Est. (95% CI)	31 ( 32.3) NC (NC , NC)	30 ( 29.4) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		1.050 ( 0.636, 1.735) 0.86430 0.20041

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table TEAE.KM.S8.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Primary Site of Tumor, Level: Upper Tract

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=96)	Chemotherapy (N=102)
Infections and infestations	No. of Events (%)	42 ( 43.8)	31 ( 30.4)
	Median Survival Est. (95% CI)	NC ( 3.48, NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]		1.485 ( 0.934, 2.363)
	Treatment P-value [b]		0.11678
	Interaction P-value [c]		0.93368
Conjunctivitis	No. of Events (%)	4 ( 4.2)	0
	Median Survival Est. (95% CI)	NC (NC , NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]		NA (NA , NA)
	Treatment P-value [b]		0.04534
	Interaction P-value [c]		0.99064

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table TEAE.KM.S8.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Primary Site of Tumor, Level: Upper Tract

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=96)	Chemotherapy (N=102)
Alanine aminotransferase increased	No. of Events (%) Median Survival Est. (95% CI)	8 ( 8.3) NC (NC , NC)	0 NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]	NA (NA , NA)	0.00338 0.98676
Aspartate aminotransferase increased	No. of Events (%) Median Survival Est. (95% CI)	10 ( 10.4) NC (NC , NC)	1 ( 1.0) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]	11.104 ( 1.422, 86.714) 0.00432 0.63473	

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table TEAE.KM.S8.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Primary Site of Tumor, Level: Upper Tract

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=96)	Chemotherapy (N=102)
Blood creatinine increased	No. of Events (%) Median Survival Est. (95% CI)	6 ( 6.3) NC (NC , NC)	3 ( 2.9) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		2.152 ( 0.538, 8.606) 0.26647 0.37098
Neutrophil count decreased	No. of Events (%) Median Survival Est. (95% CI)	15 ( 15.6) NC (NC , NC)	22 ( 21.6) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		0.650 ( 0.337, 1.253) 0.19925 0.47981

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table TEAE.KM.S8.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Primary Site of Tumor, Level: Upper Tract

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=96)	Chemotherapy (N=102)
Weight decreased	No. of Events (%) Median Survival Est. (95% CI)	14 ( 14.6) NC (NC , NC)	7 ( 6.9) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		2.136 ( 0.862, 5.292) 0.09453 0.73501
White blood cell count decreased	No. of Events (%) Median Survival Est. (95% CI)	6 ( 6.3) NC (NC , NC)	12 ( 11.8) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		0.492 ( 0.185, 1.311) 0.15231 0.84986

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table TEAE.KM.S8.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Primary Site of Tumor, Level: Upper Tract

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=96)	Chemotherapy (N=102)
Metabolism and nutrition disorders	No. of Events (%)	60 ( 62.5)	46 ( 45.1)
	Median Survival Est. (95% CI)	2.04 ( 1.02, 5.06)	NC ( 1.45, NC)
	Hazard Ratio (95% CI) [a]		1.426 ( 0.971, 2.094)
	Treatment P-value [b]		0.06989
	Interaction P-value [c]		0.95290
Decreased appetite	No. of Events (%)	41 ( 42.7)	28 ( 27.5)
	Median Survival Est. (95% CI)	NC ( 5.06, NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]		1.541 ( 0.953, 2.491)
	Treatment P-value [b]		0.07464
	Interaction P-value [c]		0.94200

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table TEAE.KM.S8.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Primary Site of Tumor, Level: Upper Tract

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=96)	Chemotherapy (N=102)
Hyperglycaemia	No. of Events (%) Median Survival Est. (95% CI)	11 ( 11.5) NC (NC , NC)	4 ( 3.9) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		2.993 ( 0.953, 9.402) 0.05073 0.20948
Musculoskeletal and connective tissue disorders	No. of Events (%) Median Survival Est. (95% CI)	30 ( 31.3) NC (NC , NC)	42 ( 41.2) NC ( 4.30, NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		0.628 ( 0.393, 1.004) 0.05086 0.57784

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table TEAE.KM.S8.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Primary Site of Tumor, Level: Upper Tract

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=96)	Chemotherapy (N=102)
Arthralgia	No. of Events (%) Median Survival Est. (95% CI)	4 ( 4.2) NC (NC , NC)	14 ( 13.7) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		0.274 ( 0.090, 0.833) 0.01436 0.19463
Myalgia	No. of Events (%) Median Survival Est. (95% CI)	1 ( 1.0) NC (NC , NC)	9 ( 8.8) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		0.113 ( 0.014, 0.894) 0.01267 0.15893

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table TEAE.KM.S8.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Primary Site of Tumor, Level: Upper Tract

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=96)	Chemotherapy (N=102)
Nervous system disorders	No. of Events (%) Median Survival Est. (95% CI)	66 ( 68.8) 2.73 ( 1.68, 3.42)	50 ( 49.0) 4.60 ( 2.79, NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		1.489 ( 1.031, 2.152) 0.02534 0.88420
Dysgeusia	No. of Events (%) Median Survival Est. (95% CI)	26 ( 27.1) NC (NC , NC)	9 ( 8.8) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		3.256 ( 1.525, 6.949) 0.00110 0.86835

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table TEAE.KM.S8.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Primary Site of Tumor, Level: Upper Tract

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=96)	Chemotherapy (N=102)
Peripheral sensory neuropathy	No. of Events (%) Median Survival Est. (95% CI)	40 ( 41.7) NC ( 4.93, NC)	27 ( 26.5) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		1.567 ( 0.962, 2.554) 0.06712 0.75354
Renal and urinary disorders	No. of Events (%) Median Survival Est. (95% CI)	21 ( 21.9) NC (NC , NC)	15 ( 14.7) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		1.565 ( 0.807, 3.036) 0.18876 0.76263

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table TEAE.KM.S8.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Primary Site of Tumor, Level: Upper Tract

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=96)	Chemotherapy (N=102)
Acute kidney injury	No. of Events (%) Median Survival Est. (95% CI)	5 ( 5.2) NC (NC , NC)	2 ( 2.0) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		2.661 ( 0.516, 13.714) 0.23106 0.84247
Respiratory, thoracic and mediastinal disorders	No. of Events (%) Median Survival Est. (95% CI)	30 ( 31.3) NC (NC , NC)	20 ( 19.6) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		1.626 ( 0.924, 2.864) 0.08692 0.73274

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table TEAE.KM.S8.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Primary Site of Tumor, Level: Upper Tract

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=96)	Chemotherapy (N=102)
Skin and subcutaneous tissue disorders	No. of Events (%)	84 ( 87.5)	61 ( 59.8)
	Median Survival Est. (95% CI)	0.48 ( 0.36, 0.72)	0.95 ( 0.72, 5.13)
	Hazard Ratio (95% CI) [a]		2.135 ( 1.533, 2.973)
	Treatment P-value [b]		<.00001
	Interaction P-value [c]		0.85509
Blister	No. of Events (%)	0	0
	Median Survival Est. (95% CI)	NC (NC , NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]		NA (NA , NA)
	Treatment P-value [b]		NA
	Interaction P-value [c]		0.99941

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table TEAE.KM.S8.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Primary Site of Tumor, Level: Upper Tract

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=96)	Chemotherapy (N=102)
Drug eruption	No. of Events (%) Median Survival Est. (95% CI)	9 ( 9.4) NC (NC , NC)	2 ( 2.0) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		4.824 ( 1.042, 22.328) 0.02537 0.61903
Dry skin	No. of Events (%) Median Survival Est. (95% CI)	15 ( 15.6) NC (NC , NC)	3 ( 2.9) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		5.641 ( 1.633, 19.487) 0.00200 0.72564

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table TEAE.KM.S8.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Primary Site of Tumor, Level: Upper Tract

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=96)	Chemotherapy (N=102)
Pruritus	No. of Events (%) Median Survival Est. (95% CI)	38 ( 39.6) NC ( 5.55, NC)	8 ( 7.8) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		6.272 ( 2.925, 13.447) <.00001 0.92084
Rash	No. of Events (%) Median Survival Est. (95% CI)	17 ( 17.7) NC (NC , NC)	7 ( 6.9) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		2.697 ( 1.118, 6.503) 0.02444 0.72885

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table TEAE.KM.S8.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Primary Site of Tumor, Level: Upper Tract

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=96)	Chemotherapy (N=102)
Rash maculo-papular	No. of Events (%) Median Survival Est. (95% CI)	21 ( 21.9) NC (NC , NC)	3 ( 2.9) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		8.223 ( 2.452, 27.572) 0.00005 0.85636
Skin hyperpigmentation	No. of Events (%) Median Survival Est. (95% CI)	7 ( 7.3) NC (NC , NC)	0 NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		NA (NA , NA) 0.00563 0.99082

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table TEAE.KM.S8.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Primary Site of Tumor, Level: Other

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=200)	Chemotherapy (N=189)
Any Event	No. of Events (%) Median Survival Est. (95% CI)	195 ( 97.5) 0.16 ( 0.13, 0.23)	187 ( 98.9) 0.13 ( 0.10, 0.16)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		0.974 ( 0.796, 1.191) 0.86836 0.31329
Blood and lymphatic system disorders	No. of Events (%) Median Survival Est. (95% CI)	54 ( 27.0) NC (NC , NC)	81 ( 42.9) NC ( 4.90, NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		0.533 ( 0.378, 0.752) 0.00024 0.43126

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table TEAE.KM.S8.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Primary Site of Tumor, Level: Other

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=200)	Chemotherapy (N=189)
Anaemia	No. of Events (%) Median Survival Est. (95% CI)	37 ( 18.5) NC (NC , NC)	60 ( 31.7) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		0.520 ( 0.345, 0.784) 0.00132 0.15264
Febrile neutropenia	No. of Events (%) Median Survival Est. (95% CI)	1 ( 0.5) NC (NC , NC)	9 ( 4.8) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		0.101 ( 0.013, 0.798) 0.00754 0.24274

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table TEAE.KM.S8.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Primary Site of Tumor, Level: Other

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=200)	Chemotherapy (N=189)
Eye disorders	No. of Events (%) Median Survival Est. (95% CI)	54 ( 27.0) NC (NC , NC)	16 ( 8.5) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		3.497 ( 2.001, 6.109) <.00001 0.73628
Dry eye	No. of Events (%) Median Survival Est. (95% CI)	11 ( 5.5) NC (NC , NC)	3 ( 1.6) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		3.407 ( 0.950, 12.215) 0.04991 0.98906

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table TEAE.KM.S8.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Primary Site of Tumor, Level: Other

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=200)	Chemotherapy (N=189)
Lacrimation increased	No. of Events (%) Median Survival Est. (95% CI)	24 ( 12.0) NC (NC , NC)	9 ( 4.8) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		2.498 ( 1.161, 5.375) 0.01475 0.84220
Vision blurred	No. of Events (%) Median Survival Est. (95% CI)	14 ( 7.0) NC (NC , NC)	2 ( 1.1) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		6.575 ( 1.494, 28.932) 0.00413 0.05695

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table TEAE.KM.S8.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Primary Site of Tumor, Level: Other

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=200)	Chemotherapy (N=189)
Diarrhoea	No. of Events (%) Median Survival Est. (95% CI)	74 ( 37.0) NC (NC , NC)	43 ( 22.8) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		1.689 ( 1.160, 2.460) 0.00594 0.44032
Dry mouth	No. of Events (%) Median Survival Est. (95% CI)	15 ( 7.5) NC (NC , NC)	5 ( 2.6) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		2.888 ( 1.050, 7.947) 0.03153 0.57196

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table TEAE.KM.S8.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Primary Site of Tumor, Level: Other

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=200)	Chemotherapy (N=189)
Chills	No. of Events (%) Median Survival Est. (95% CI)	12 ( 6.0) NC (NC , NC)	4 ( 2.1) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		2.844 ( 0.917, 8.818) 0.05941 0.95803
Fatigue	No. of Events (%) Median Survival Est. (95% CI)	77 ( 38.5) NC (NC , NC)	48 ( 25.4) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		1.573 ( 1.097, 2.255) 0.01213 0.20041

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table TEAE.KM.S8.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Primary Site of Tumor, Level: Other

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=200)	Chemotherapy (N=189)
Infections and infestations	No. of Events (%) Median Survival Est. (95% CI)	110 ( 55.0) 3.94 ( 3.06, 9.03)	74 ( 39.2) NC ( 7.56, NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		1.520 ( 1.132, 2.042) 0.00445 0.93368
Conjunctivitis	No. of Events (%) Median Survival Est. (95% CI)	15 ( 7.5) NC (NC , NC)	2 ( 1.1) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		7.121 ( 1.628, 31.143) 0.00215 0.99064

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table TEAE.KM.S8.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Primary Site of Tumor, Level: Other

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=200)	Chemotherapy (N=189)
Alanine aminotransferase increased	No. of Events (%) Median Survival Est. (95% CI)	19 ( 9.5) NC (NC , NC)	5 ( 2.6) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		3.656 ( 1.365, 9.792) 0.00567 0.98676
Aspartate aminotransferase increased	No. of Events (%) Median Survival Est. (95% CI)	26 ( 13.0) NC (NC , NC)	4 ( 2.1) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		6.345 ( 2.214, 18.181) 0.00007 0.63473

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table TEAE.KM.S8.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Primary Site of Tumor, Level: Other

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=200)	Chemotherapy (N=189)
Blood creatinine increased	No. of Events (%) Median Survival Est. (95% CI)	20 ( 10.0) NC (NC , NC)	4 ( 2.1) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		4.791 ( 1.637, 14.018) 0.00160 0.37098
Neutrophil count decreased	No. of Events (%) Median Survival Est. (95% CI)	18 ( 9.0) NC (NC , NC)	32 ( 16.9) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		0.474 ( 0.266, 0.845) 0.01037 0.47981

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table TEAE.KM.S8.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Primary Site of Tumor, Level: Other

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=200)	Chemotherapy (N=189)
Weight decreased	No. of Events (%) Median Survival Est. (95% CI)	34 ( 17.0) NC (NC , NC)	13 ( 6.9) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		2.587 ( 1.365, 4.903) 0.00234 0.73501
White blood cell count decreased	No. of Events (%) Median Survival Est. (95% CI)	10 ( 5.0) NC (NC , NC)	20 ( 10.6) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		0.436 ( 0.204, 0.932) 0.02884 0.84986

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table TEAE.KM.S8.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Primary Site of Tumor, Level: Other

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=200)	Chemotherapy (N=189)
Metabolism and nutrition disorders	No. of Events (%) Median Survival Est. (95% CI)	114 ( 57.0) 2.53 ( 1.41, 6.67)	80 ( 42.3) NC ( 6.05, NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		1.446 ( 1.087, 1.926) 0.01203 0.95290
Decreased appetite	No. of Events (%) Median Survival Est. (95% CI)	80 ( 40.0) NC (NC , NC)	50 ( 26.5) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		1.575 ( 1.106, 2.243) 0.01189 0.94200

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table TEAE.KM.S8.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Primary Site of Tumor, Level: Other

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=200)	Chemotherapy (N=189)
Hyperglycaemia	No. of Events (%) Median Survival Est. (95% CI)	20 ( 10.0) NC (NC , NC)	2 ( 1.1) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		9.786 ( 2.288, 41.865) 0.00015 0.20948
Musculoskeletal and connective tissue disorders	No. of Events (%) Median Survival Est. (95% CI)	70 ( 35.0) NC (NC , NC)	78 ( 41.3) NC ( 7.59, NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		0.739 ( 0.535, 1.020) 0.06711 0.57784

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table TEAE.KM.S8.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Primary Site of Tumor, Level: Other

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=200)	Chemotherapy (N=189)
Arthralgia	No. of Events (%) Median Survival Est. (95% CI)	16 ( 8.0) NC (NC , NC)	22 ( 11.6) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		0.641 ( 0.337, 1.221) 0.17268 0.19463
Myalgia	No. of Events (%) Median Survival Est. (95% CI)	14 ( 7.0) NC (NC , NC)	23 ( 12.2) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		0.539 ( 0.277, 1.048) 0.06574 0.15893

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table TEAE.KM.S8.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Primary Site of Tumor, Level: Other

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=200)	Chemotherapy (N=189)
Nervous system disorders	No. of Events (%)	123 ( 61.5)	87 ( 46.0)
	Median Survival Est. (95% CI)	2.99 ( 2.07, 4.07)	7.66 ( 3.94, NC)
	Hazard Ratio (95% CI) [a]		1.439 ( 1.094, 1.894)
	Treatment P-value [b]		0.01030
	Interaction P-value [c]		0.88420
Dysgeusia	No. of Events (%)	48 ( 24.0)	14 ( 7.4)
	Median Survival Est. (95% CI)	NC (NC , NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]		3.532 ( 1.947, 6.407)
	Treatment P-value [b]		0.00001
	Interaction P-value [c]		0.86835

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table TEAE.KM.S8.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Primary Site of Tumor, Level: Other

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=200)	Chemotherapy (N=189)
Peripheral sensory neuropathy	No. of Events (%) Median Survival Est. (95% CI)	62 ( 31.0) NC (NC , NC)	39 ( 20.6) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		1.417 ( 0.949, 2.115) 0.08693 0.75354
Renal and urinary disorders	No. of Events (%) Median Survival Est. (95% CI)	54 ( 27.0) NC (NC , NC)	37 ( 19.6) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		1.387 ( 0.913, 2.108) 0.11911 0.76263

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table TEAE.KM.S8.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Primary Site of Tumor, Level: Other

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=200)	Chemotherapy (N=189)
Acute kidney injury	No. of Events (%) Median Survival Est. (95% CI)	14 ( 7.0) NC (NC , NC)	6 ( 3.2) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		2.195 ( 0.843, 5.713) 0.09426 0.84247
Respiratory, thoracic and mediastinal disorders	No. of Events (%) Median Survival Est. (95% CI)	71 ( 35.5) NC (NC , NC)	48 ( 25.4) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		1.446 ( 1.003, 2.086) 0.04737 0.73274

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table TEAE.KM.S8.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Primary Site of Tumor, Level: Other

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=200)	Chemotherapy (N=189)
Skin and subcutaneous tissue disorders	No. of Events (%)	153 ( 76.5)	89 ( 47.1)
	Median Survival Est. (95% CI)	0.79 ( 0.53, 0.95)	NC ( 2.10, NC)
	Hazard Ratio (95% CI) [a]		2.220 ( 1.708, 2.886)
	Treatment P-value [b]		<.00001
	Interaction P-value [c]		0.85509
Blister	No. of Events (%)	9 ( 4.5)	1 ( 0.5)
	Median Survival Est. (95% CI)	NC (NC , NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]		8.143 ( 1.031, 64.298)
	Treatment P-value [b]		0.01761
	Interaction P-value [c]		0.99941

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table TEAE.KM.S8.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Primary Site of Tumor, Level: Other

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=200)	Chemotherapy (N=189)
Drug eruption	No. of Events (%) Median Survival Est. (95% CI)	17 ( 8.5) NC (NC , NC)	2 ( 1.1) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		8.260 ( 1.908, 35.753) 0.00077 0.61903
Dry skin	No. of Events (%) Median Survival Est. (95% CI)	35 ( 17.5) NC (NC , NC)	8 ( 4.2) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		4.345 ( 2.015, 9.366) 0.00004 0.72564

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table TEAE.KM.S8.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Primary Site of Tumor, Level: Other

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=200)	Chemotherapy (N=189)
Pruritus	No. of Events (%) Median Survival Est. (95% CI)	64 ( 32.0) NC (NC , NC)	12 ( 6.3) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		5.968 ( 3.221, 11.057) <.00001 0.92084
Rash	No. of Events (%) Median Survival Est. (95% CI)	33 ( 16.5) NC (NC , NC)	10 ( 5.3) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		3.293 ( 1.623, 6.682) 0.00046 0.72885

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table TEAE.KM.S8.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Primary Site of Tumor, Level: Other

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=200)	Chemotherapy (N=189)
Rash maculo-papular	No. of Events (%) Median Survival Est. (95% CI)	29 ( 14.5) NC (NC , NC)	3 ( 1.6) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		9.617 ( 2.930, 31.573) <.00001 0.85636
Skin hyperpigmentation	No. of Events (%) Median Survival Est. (95% CI)	12 ( 6.0) NC (NC , NC)	1 ( 0.5) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		11.621 ( 1.511, 89.371) 0.00278 0.99082

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table TEAE.KM.S9.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Prior Lines of Systemic Therapy, Level: 1-2 lines

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=259)	Chemotherapy (N=255)
Any Event	No. of Events (%) Median Survival Est. (95% CI)	253 ( 97.7) 0.20 ( 0.16, 0.23)	252 ( 98.8) 0.13 ( 0.10, 0.16)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		0.935 ( 0.784, 1.113) 0.47745 0.54679
Blood and lymphatic system disorders	No. of Events (%) Median Survival Est. (95% CI)	78 ( 30.1) NC (NC , NC)	109 ( 42.7) NC ( 5.68, NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		0.597 ( 0.446, 0.798) 0.00042 0.46915

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table TEAE.KM.S9.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Prior Lines of Systemic Therapy, Level: 1-2 lines

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=259)	Chemotherapy (N=255)
Anaemia	No. of Events (%) Median Survival Est. (95% CI)	55 ( 21.2) NC (NC , NC)	75 ( 29.4) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		0.664 ( 0.469, 0.940) 0.02000 0.25815
Febrile neutropenia	No. of Events (%) Median Survival Est. (95% CI)	4 ( 1.5) NC (NC , NC)	15 ( 5.9) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		0.253 ( 0.084, 0.762) 0.00831 0.99066

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table TEAE.KM.S9.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Prior Lines of Systemic Therapy, Level: 1-2 lines

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=259)	Chemotherapy (N=255)
Eye disorders	No. of Events (%)	74 ( 28.6)	22 ( 8.6)
	Median Survival Est. (95% CI)	NC (NC , NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]	3.674 ( 2.283, 5.915)	
	Treatment P-value [b]	<.00001	
	Interaction P-value [c]	0.17282	
Dry eye	No. of Events (%)	18 ( 6.9)	2 ( 0.8)
	Median Survival Est. (95% CI)	NC (NC , NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]	8.875 ( 2.059, 38.253)	
	Treatment P-value [b]	0.00038	
	Interaction P-value [c]	0.16119	

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table TEAE.KM.S9.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Prior Lines of Systemic Therapy, Level: 1-2 lines

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=259)	Chemotherapy (N=255)
Lacrimation increased	No. of Events (%) Median Survival Est. (95% CI)	30 ( 11.6) NC (NC , NC)	11 ( 4.3) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		2.709 ( 1.358, 5.406) 0.00325 0.98388
Vision blurred	No. of Events (%) Median Survival Est. (95% CI)	14 ( 5.4) NC (NC , NC)	5 ( 2.0) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		2.730 ( 0.983, 7.580) 0.04404 0.98959

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table TEAE.KM.S9.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Prior Lines of Systemic Therapy, Level: 1-2 lines

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=259)	Chemotherapy (N=255)
Diarrhoea	No. of Events (%)	92 ( 35.5)	62 ( 24.3)
	Median Survival Est. (95% CI)	NC (NC , NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]		1.507 ( 1.092, 2.081)
	Treatment P-value [b]		0.01224
	Interaction P-value [c]		0.50609
Dry mouth	No. of Events (%)	22 ( 8.5)	6 ( 2.4)
	Median Survival Est. (95% CI)	NC (NC , NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]		3.696 ( 1.498, 9.115)
	Treatment P-value [b]		0.00241
	Interaction P-value [c]		0.62458

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table TEAE.KM.S9.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Prior Lines of Systemic Therapy, Level: 1-2 lines

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=259)	Chemotherapy (N=255)
Chills	No. of Events (%) Median Survival Est. (95% CI)	15 ( 5.8) NC (NC , NC)	6 ( 2.4) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		2.477 ( 0.961, 6.386) 0.05229 0.98891
Fatigue	No. of Events (%) Median Survival Est. (95% CI)	96 ( 37.1) NC (NC , NC)	70 ( 27.5) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		1.356 ( 0.997, 1.846) 0.05060 0.81025

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table TEAE.KM.S9.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Prior Lines of Systemic Therapy, Level: 1-2 lines

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=259)	Chemotherapy (N=255)
Infections and infestations	No. of Events (%) Median Survival Est. (95% CI)	131 ( 50.6) 6.57 ( 3.48, NC)	90 ( 35.3) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		1.519 ( 1.161, 1.987) 0.00205 0.99090
Conjunctivitis	No. of Events (%) Median Survival Est. (95% CI)	15 ( 5.8) NC (NC , NC)	2 ( 0.8) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		7.350 ( 1.681, 32.147) 0.00175 0.99115

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table TEAE.KM.S9.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Prior Lines of Systemic Therapy, Level: 1-2 lines

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=259)	Chemotherapy (N=255)
Alanine aminotransferase increased	No. of Events (%) Median Survival Est. (95% CI)	21 ( 8.1) NC (NC , NC)	4 ( 1.6) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		5.255 ( 1.804, 15.310) 0.00068 0.87798
Aspartate aminotransferase increased	No. of Events (%) Median Survival Est. (95% CI)	31 ( 12.0) NC (NC , NC)	4 ( 1.6) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		7.888 ( 2.784, 22.348) <.00001 0.72746

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table TEAE.KM.S9.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Prior Lines of Systemic Therapy, Level: 1-2 lines

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=259)	Chemotherapy (N=255)
Blood creatinine increased	No. of Events (%) Median Survival Est. (95% CI)	24 ( 9.3) NC (NC , NC)	7 ( 2.7) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		3.433 ( 1.479, 7.969) 0.00218 0.98776
Neutrophil count decreased	No. of Events (%) Median Survival Est. (95% CI)	24 ( 9.3) NC (NC , NC)	48 ( 18.8) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		0.435 ( 0.266, 0.710) 0.00064 0.04261

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table TEAE.KM.S9.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Prior Lines of Systemic Therapy, Level: 1-2 lines

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=259)	Chemotherapy (N=255)
Weight decreased	No. of Events (%) Median Survival Est. (95% CI)	43 ( 16.6) NC (NC , NC)	20 ( 7.8) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		2.173 ( 1.279, 3.694) 0.00325 0.98038
White blood cell count decreased	No. of Events (%) Median Survival Est. (95% CI)	10 ( 3.9) NC (NC , NC)	29 ( 11.4) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		0.312 ( 0.152, 0.640) 0.00087 0.02432

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table TEAE.KM.S9.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Prior Lines of Systemic Therapy, Level: 1-2 lines

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=259)	Chemotherapy (N=255)
Metabolism and nutrition disorders	No. of Events (%) Median Survival Est. (95% CI)	155 ( 59.8) 2.14 ( 1.41, 4.11)	107 ( 42.0) NC ( 7.23, NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		1.539 ( 1.203, 1.970) 0.00053 0.11350
Decreased appetite	No. of Events (%) Median Survival Est. (95% CI)	106 ( 40.9) NC (NC , NC)	67 ( 26.3) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		1.595 ( 1.175, 2.166) 0.00247 0.70581

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table TEAE.KM.S9.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Prior Lines of Systemic Therapy, Level: 1-2 lines

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=259)	Chemotherapy (N=255)
Hyperglycaemia	No. of Events (%) Median Survival Est. (95% CI)	29 ( 11.2) NC (NC , NC)	6 ( 2.4) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		4.914 ( 2.040, 11.837) 0.00008 0.98776
Musculoskeletal and connective tissue disorders	No. of Events (%) Median Survival Est. (95% CI)	86 ( 33.2) NC (NC , NC)	105 ( 41.2) NC ( 7.59, NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		0.681 ( 0.512, 0.906) 0.00836 0.55862

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table TEAE.KM.S9.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Prior Lines of Systemic Therapy, Level: 1-2 lines

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=259)	Chemotherapy (N=255)
Arthralgia	No. of Events (%) Median Survival Est. (95% CI)	18 ( 6.9) NC (NC , NC)	31 ( 12.2) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		0.526 ( 0.294, 0.940) 0.02732 0.68631
Myalgia	No. of Events (%) Median Survival Est. (95% CI)	14 ( 5.4) NC (NC , NC)	28 ( 11.0) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		0.466 ( 0.245, 0.885) 0.01700 0.54040

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table TEAE.KM.S9.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Prior Lines of Systemic Therapy, Level: 1-2 lines

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=259)	Chemotherapy (N=255)
Nervous system disorders	No. of Events (%) Median Survival Est. (95% CI)	163 ( 62.9) 2.83 ( 2.14, 3.71)	120 ( 47.1) 6.93 ( 3.94, NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		1.433 ( 1.132, 1.814) 0.00260 0.74954
Dysgeusia	No. of Events (%) Median Survival Est. (95% CI)	65 ( 25.1) NC (NC , NC)	19 ( 7.5) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		3.646 ( 2.187, 6.080) <.00001 0.49469

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table TEAE.KM.S9.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Prior Lines of Systemic Therapy, Level: 1-2 lines

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=259)	Chemotherapy (N=255)
Peripheral motor neuropathy	No. of Events (%) Median Survival Est. (95% CI)	10 ( 3.9) NC (NC , NC)	0 NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]	NA (NA , NA) 0.00311 0.99995	
Peripheral sensory neuropathy	No. of Events (%) Median Survival Est. (95% CI)	87 ( 33.6) NC (NC , NC)	58 ( 22.7) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]	1.406 ( 1.009, 1.960) 0.04319 0.56964	

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table TEAE.KM.S9.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Prior Lines of Systemic Therapy, Level: 1-2 lines

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=259)	Chemotherapy (N=255)
Taste disorder	No. of Events (%) Median Survival Est. (95% CI)	11 ( 4.2) NC (NC , NC)	0 NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		NA (NA , NA) 0.00091 0.99808
Renal and urinary disorders	No. of Events (%) Median Survival Est. (95% CI)	68 ( 26.3) NC (NC , NC)	45 ( 17.6) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		1.518 ( 1.042, 2.212) 0.02823 0.46548

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table TEAE.KM.S9.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Prior Lines of Systemic Therapy, Level: 1-2 lines

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=259)	Chemotherapy (N=255)
Acute kidney injury	No. of Events (%) Median Survival Est. (95% CI)	18 ( 6.9) NC (NC , NC)	7 ( 2.7) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		2.517 ( 1.051, 6.029) 0.03205 0.53118
Respiratory, thoracic and mediastinal disorders	No. of Events (%) Median Survival Est. (95% CI)	90 ( 34.7) NC (NC , NC)	61 ( 23.9) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		1.496 ( 1.081, 2.071) 0.01453 0.90500

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table TEAE.KM.S9.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Prior Lines of Systemic Therapy, Level: 1-2 lines

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=259)	Chemotherapy (N=255)
Skin and subcutaneous tissue disorders	No. of Events (%) Median Survival Est. (95% CI)	210 ( 81.1) 0.62 ( 0.49, 0.82)	130 ( 51.0) 3.25 ( 1.41, NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		2.247 ( 1.803, 2.800) <.00001 0.26671
Drug eruption	No. of Events (%) Median Survival Est. (95% CI)	24 ( 9.3) NC (NC , NC)	1 ( 0.4) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		24.267 ( 3.283, 179.382) <.00001 0.00787

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table TEAE.KM.S9.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Prior Lines of Systemic Therapy, Level: 1-2 lines

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=259)	Chemotherapy (N=255)
Dry skin	No. of Events (%) Median Survival Est. (95% CI)	47 ( 18.1) NC (NC , NC)	11 ( 4.3) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		4.459 ( 2.313, 8.598) <.00001 0.98411
Pruritus	No. of Events (%) Median Survival Est. (95% CI)	91 ( 35.1) NC (NC , NC)	17 ( 6.7) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		6.318 ( 3.763, 10.607) <.00001 0.59749

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table TEAE.KM.S9.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Prior Lines of Systemic Therapy, Level: 1-2 lines

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=259)	Chemotherapy (N=255)
Rash	No. of Events (%) Median Survival Est. (95% CI)	45 ( 17.4) NC (NC , NC)	14 ( 5.5) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		3.337 ( 1.832, 6.080) 0.00003 0.38509
Rash maculo-papular	No. of Events (%) Median Survival Est. (95% CI)	44 ( 17.0) NC (NC , NC)	6 ( 2.4) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		7.707 ( 3.284, 18.086) <.00001 0.98489

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table TEAE.KM.S9.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Prior Lines of Systemic Therapy, Level: 1-2 lines

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=259)	Chemotherapy (N=255)
Skin hyperpigmentation	No. of Events (%)	17 ( 6.6)	1 ( 0.4)
	Median Survival Est. (95% CI)	NC (NC , NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]	17.254 ( 2.296, 129.649)	
	Treatment P-value [b]	0.00014	
	Interaction P-value [c]	0.99195	

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table TEAE.KM.S9.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Prior Lines of Systemic Therapy, Level: &gt;=3 lines

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=37)	Chemotherapy (N=36)
Any Event	No. of Events (%) Median Survival Est. (95% CI)	37 (100.0) 0.23 ( 0.13, 0.26)	36 (100.0) 0.13 ( 0.10, 0.20)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		0.804 ( 0.508, 1.272) 0.18733 0.54679
Blood and lymphatic system disorders	No. of Events (%) Median Survival Est. (95% CI)	7 ( 18.9) NC (NC , NC)	14 ( 38.9) 12.94 ( 2.14, NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		0.420 ( 0.169, 1.040) 0.06369 0.46915

Subgroup analyses are conducted if there exist at least 2 levels with >= 10 patients across treatment arms and >=10 events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table TEAE.KM.S9.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Prior Lines of Systemic Therapy, Level: &gt;=3 lines

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=37)	Chemotherapy (N=36)
Anaemia	No. of Events (%) Median Survival Est. (95% CI)	5 ( 13.5) NC (NC , NC)	12 ( 33.3) NC (12.94, NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		0.352 ( 0.124, 0.999) 0.04987 0.25815
Febrile neutropenia	No. of Events (%) Median Survival Est. (95% CI)	0 NC (NC , NC)	1 ( 2.8) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		NA (NA , NA) 0.31068 0.99066

Subgroup analyses are conducted if there exist at least 2 levels with >= 10 patients across treatment arms and >=10 events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table TEAE.KM.S9.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Prior Lines of Systemic Therapy, Level: &gt;=3 lines

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=37)	Chemotherapy (N=36)
Eye disorders	No. of Events (%) Median Survival Est. (95% CI)	6 ( 16.2) NC (NC , NC)	4 ( 11.1) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		1.435 ( 0.405, 5.085) 0.57291 0.17282
Dry eye	No. of Events (%) Median Survival Est. (95% CI)	1 ( 2.7) NC (NC , NC)	1 ( 2.8) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		0.945 ( 0.059, 15.109) 0.88978 0.16119

Subgroup analyses are conducted if there exist at least 2 levels with >= 10 patients across treatment arms and >=10 events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table TEAE.KM.S9.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Prior Lines of Systemic Therapy, Level: &gt;=3 lines

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=37)		Chemotherapy (N=36)	
Lacrimation increased	No. of Events (%)	0		1 ( 2.8)	
	Median Survival Est. (95% CI)	NC (NC , NC)		NC (NC , NC)	
	Hazard Ratio (95% CI) [a]			NA (NA , NA)	
	Treatment P-value [b]			0.31030	
	Interaction P-value [c]			0.98388	
Vision blurred	No. of Events (%)	2 ( 5.4)		0	
	Median Survival Est. (95% CI)	NC (NC , NC)		NC (NC , NC)	
	Hazard Ratio (95% CI) [a]			NA (NA , NA)	
	Treatment P-value [b]			0.18231	
	Interaction P-value [c]			0.98959	

Subgroup analyses are conducted if there exist at least 2 levels with >= 10 patients across treatment arms and >=10 events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table TEAE.KM.S9.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Prior Lines of Systemic Therapy, Level: &gt;=3 lines

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=37)	Chemotherapy (N=36)
Diarrhoea	No. of Events (%)	11 ( 29.7)	5 ( 13.9)
	Median Survival Est. (95% CI)	NC (NC , NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]	2.193 ( 0.762, 6.312)	
	Treatment P-value [b]	0.14161	
	Interaction P-value [c]	0.50609	
Dry mouth	No. of Events (%)	2 ( 5.4)	1 ( 2.8)
	Median Survival Est. (95% CI)	NC (NC , NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]	1.948 ( 0.177, 21.484)	
	Treatment P-value [b]	0.55223	
	Interaction P-value [c]	0.62458	

Subgroup analyses are conducted if there exist at least 2 levels with >= 10 patients across treatment arms and >=10 events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table TEAE.KM.S9.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Prior Lines of Systemic Therapy, Level: &gt;=3 lines

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=37)	Chemotherapy (N=36)
Chills	No. of Events (%) Median Survival Est. (95% CI)	2 ( 5.4) NC (NC , NC)	0 NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]	NA (NA , NA)	0.16014 0.98891
Fatigue	No. of Events (%) Median Survival Est. (95% CI)	12 ( 32.4) NC ( 4.40, NC)	8 ( 22.2) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]	1.523 ( 0.623, 3.726) 0.36169 0.81025	

Subgroup analyses are conducted if there exist at least 2 levels with >= 10 patients across treatment arms and >=10 events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table TEAE.KM.S9.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Prior Lines of Systemic Therapy, Level: &gt;=3 lines

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=37)	Chemotherapy (N=36)
Infections and infestations	No. of Events (%)	21 ( 56.8)	15 ( 41.7)
	Median Survival Est. (95% CI)	3.94 ( 1.87, NC)	NC ( 2.92, NC)
	Hazard Ratio (95% CI) [a]		1.513 ( 0.780, 2.935)
	Treatment P-value [b]		0.22275
	Interaction P-value [c]		0.99090
Conjunctivitis	No. of Events (%)	4 ( 10.8)	0
	Median Survival Est. (95% CI)	NC (NC , NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]		NA (NA , NA)
	Treatment P-value [b]		0.04030
	Interaction P-value [c]		0.99115

Subgroup analyses are conducted if there exist at least 2 levels with >= 10 patients across treatment arms and >=10 events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table TEAE.KM.S9.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Prior Lines of Systemic Therapy, Level: &gt;=3 lines

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=37)	Chemotherapy (N=36)
Alanine aminotransferase increased	No. of Events (%) Median Survival Est. (95% CI)	6 ( 16.2) NC (NC , NC)	1 ( 2.8) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		6.328 ( 0.762, 52.569) 0.04980 0.87798
Aspartate aminotransferase increased	No. of Events (%) Median Survival Est. (95% CI)	5 ( 13.5) NC (NC , NC)	1 ( 2.8) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		5.161 ( 0.603, 44.177) 0.09368 0.72746

Subgroup analyses are conducted if there exist at least 2 levels with >= 10 patients across treatment arms and >=10 events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table TEAE.KM.S9.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Prior Lines of Systemic Therapy, Level: &gt;=3 lines

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=37)	Chemotherapy (N=36)
Blood creatinine increased	No. of Events (%) Median Survival Est. (95% CI)	2 ( 5.4) NC (NC , NC)	0 NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]	NA (NA , NA)	0.19137 0.98776
Neutrophil count decreased	No. of Events (%) Median Survival Est. (95% CI)	9 ( 24.3) NC (NC , NC)	6 ( 16.7) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]	1.418 ( 0.505, 3.985) 0.52070 0.04261	

Subgroup analyses are conducted if there exist at least 2 levels with >= 10 patients across treatment arms and >=10 events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table TEAE.KM.S9.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Prior Lines of Systemic Therapy, Level: &gt;=3 lines

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=37)	Chemotherapy (N=36)
Weight decreased	No. of Events (%) Median Survival Est. (95% CI)	5 ( 13.5) NC (NC , NC)	0 NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]	NA (NA , NA)	0.02236 0.98038
White blood cell count decreased	No. of Events (%) Median Survival Est. (95% CI)	6 ( 16.2) NC (NC , NC)	3 ( 8.3) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]	1.875 ( 0.469, 7.499) 0.35977 0.02432	

Subgroup analyses are conducted if there exist at least 2 levels with >= 10 patients across treatment arms and >=10 events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table TEAE.KM.S9.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Prior Lines of Systemic Therapy, Level: &gt;=3 lines

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=37)	Chemotherapy (N=36)
Metabolism and nutrition disorders	No. of Events (%)	19 ( 51.4)	19 ( 52.8)
	Median Survival Est. (95% CI)	3.06 ( 0.82, NC)	1.74 ( 0.69, NC)
	Hazard Ratio (95% CI) [a]		0.887 ( 0.470, 1.676)
	Treatment P-value [b]		0.74820
	Interaction P-value [c]		0.11350
Decreased appetite	No. of Events (%)	15 ( 40.5)	11 ( 30.6)
	Median Survival Est. (95% CI)	NC ( 1.71, NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]		1.358 ( 0.624, 2.957)
	Treatment P-value [b]		0.44856
	Interaction P-value [c]		0.70581

Subgroup analyses are conducted if there exist at least 2 levels with >= 10 patients across treatment arms and >=10 events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table TEAE.KM.S9.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Prior Lines of Systemic Therapy, Level: &gt;=3 lines

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=37)	Chemotherapy (N=36)
Hyperglycaemia	No. of Events (%) Median Survival Est. (95% CI)	2 ( 5.4) NC (NC , NC)	0 NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		NA (NA , NA) 0.15730 0.98776
Musculoskeletal and connective tissue disorders	No. of Events (%) Median Survival Est. (95% CI)	14 ( 37.8) NC ( 3.25, NC)	15 ( 41.7) NC ( 2.04, NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		0.860 ( 0.415, 1.782) 0.69280 0.55862

Subgroup analyses are conducted if there exist at least 2 levels with >= 10 patients across treatment arms and >=10 events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table TEAE.KM.S9.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Prior Lines of Systemic Therapy, Level: &gt;=3 lines

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=37)	Chemotherapy (N=36)
Arthralgia	No. of Events (%) Median Survival Est. (95% CI)	2 ( 5.4) NC (NC , NC)	5 ( 13.9) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		0.367 ( 0.071, 1.894) 0.21522 0.68631
Myalgia	No. of Events (%) Median Survival Est. (95% CI)	1 ( 2.7) NC (NC , NC)	4 ( 11.1) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		0.228 ( 0.026, 2.043) 0.15311 0.54040

Subgroup analyses are conducted if there exist at least 2 levels with >= 10 patients across treatment arms and >=10 events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table TEAE.KM.S9.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Prior Lines of Systemic Therapy, Level: &gt;=3 lines

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=37)	Chemotherapy (N=36)
Nervous system disorders	No. of Events (%)	26 ( 70.3)	17 ( 47.2)
	Median Survival Est. (95% CI)	3.06 ( 1.25, 4.14)	8.61 ( 2.27, NC)
	Hazard Ratio (95% CI) [a]		1.594 ( 0.865, 2.939)
	Treatment P-value [b]		0.14362
	Interaction P-value [c]		0.74954
Dysgeusia	No. of Events (%)	9 ( 24.3)	4 ( 11.1)
	Median Survival Est. (95% CI)	NC (NC , NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]		2.331 ( 0.718, 7.570)
	Treatment P-value [b]		0.15224
	Interaction P-value [c]		0.49469

Subgroup analyses are conducted if there exist at least 2 levels with >= 10 patients across treatment arms and >=10 events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table TEAE.KM.S9.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Prior Lines of Systemic Therapy, Level: &gt;=3 lines

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=37)	Chemotherapy (N=36)
Peripheral motor neuropathy	No. of Events (%) Median Survival Est. (95% CI)	1 ( 2.7) NC (NC , NC)	0 NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]	NA (NA , NA)	0.34111 0.99995
Peripheral sensory neuropathy	No. of Events (%) Median Survival Est. (95% CI)	15 ( 40.5) NC ( 4.17, NC)	8 ( 22.2) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]	1.836 ( 0.778, 4.332) 0.18384 0.56964	

Subgroup analyses are conducted if there exist at least 2 levels with >= 10 patients across treatment arms and >=10 events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table TEAE.KM.S9.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Prior Lines of Systemic Therapy, Level: &gt;=3 lines

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=37)		Chemotherapy (N=36)	
Taste disorder	No. of Events (%)	0		0	
	Median Survival Est. (95% CI)	NC (NC , NC)		NC (NC , NC)	
	Hazard Ratio (95% CI) [a]			NA (NA , NA)	
	Treatment P-value [b]			NA	
	Interaction P-value [c]			0.99808	
Renal and urinary disorders	No. of Events (%)	7 ( 18.9)		7 ( 19.4)	
	Median Survival Est. (95% CI)	NC (NC , NC)		NC (NC , NC)	
	Hazard Ratio (95% CI) [a]			1.003 ( 0.352, 2.859)	
	Treatment P-value [b]			0.95263	
	Interaction P-value [c]			0.46548	

Subgroup analyses are conducted if there exist at least 2 levels with >= 10 patients across treatment arms and >=10 events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table TEAE.KM.S9.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Prior Lines of Systemic Therapy, Level: &gt;=3 lines

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=37)	Chemotherapy (N=36)
Acute kidney injury	No. of Events (%) Median Survival Est. (95% CI)	1 ( 2.7) NC (NC , NC)	1 ( 2.8) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		0.995 ( 0.062, 15.903) 0.99227 0.53118
Respiratory, thoracic and mediastinal disorders	No. of Events (%) Median Survival Est. (95% CI)	11 ( 29.7) NC ( 5.85, NC)	7 ( 19.4) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		1.591 ( 0.617, 4.103) 0.33037 0.90500

Subgroup analyses are conducted if there exist at least 2 levels with >= 10 patients across treatment arms and >=10 events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table TEAE.KM.S9.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Prior Lines of Systemic Therapy, Level: &gt;=3 lines

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=37)	Chemotherapy (N=36)
Skin and subcutaneous tissue disorders	No. of Events (%)	27 ( 73.0)	20 ( 55.6)
	Median Survival Est. (95% CI)	0.69 ( 0.30, 1.18)	2.10 ( 0.46, NC)
	Hazard Ratio (95% CI) [a]		1.583 ( 0.887, 2.823)
	Treatment P-value [b]		0.16232
	Interaction P-value [c]		0.26671
Drug eruption	No. of Events (%)	2 ( 5.4)	3 ( 8.3)
	Median Survival Est. (95% CI)	NC (NC , NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]		0.638 ( 0.107, 3.816)
	Treatment P-value [b]		0.62284
	Interaction P-value [c]		0.00787

Subgroup analyses are conducted if there exist at least 2 levels with >= 10 patients across treatment arms and >=10 events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table TEAE.KM.S9.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Prior Lines of Systemic Therapy, Level: &gt;=3 lines

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=37)	Chemotherapy (N=36)
Dry skin	No. of Events (%) Median Survival Est. (95% CI)	3 ( 8.1) NC (NC , NC)	0 NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		NA (NA , NA) 0.09014 0.98411
Pruritus	No. of Events (%) Median Survival Est. (95% CI)	11 ( 29.7) NC (NC , NC)	3 ( 8.3) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		4.359 ( 1.216, 15.626) 0.01654 0.59749

Subgroup analyses are conducted if there exist at least 2 levels with >= 10 patients across treatment arms and >=10 events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table TEAE.KM.S9.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Prior Lines of Systemic Therapy, Level: &gt;=3 lines

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=37)	Chemotherapy (N=36)
Rash	No. of Events (%) Median Survival Est. (95% CI)	5 ( 13.5) NC (NC , NC)	3 ( 8.3) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		1.677 ( 0.401, 7.020) 0.46960 0.38509
Rash maculo-papular	No. of Events (%) Median Survival Est. (95% CI)	6 ( 16.2) NC (NC , NC)	0 NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		NA (NA , NA) 0.01194 0.98489

Subgroup analyses are conducted if there exist at least 2 levels with >= 10 patients across treatment arms and >=10 events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table TEAE.KM.S9.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Prior Lines of Systemic Therapy, Level: &gt;=3 lines

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=37)	Chemotherapy (N=36)
Skin hyperpigmentation	No. of Events (%)	2 ( 5.4)	0
	Median Survival Est. (95% CI)	NC (NC , NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]	NA (NA , NA)	
	Treatment P-value [b]	0.15718	
	Interaction P-value [c]	0.99195	

Subgroup analyses are conducted if there exist at least 2 levels with >= 10 patients across treatment arms and >=10 events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table TEAE.KM.S10.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Best Response to Prior CPI, Level: Responder

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=61)	Chemotherapy (N=49)
Any Event	No. of Events (%)	60 ( 98.4)	47 ( 95.9)
	Median Survival Est. (95% CI)	0.16 ( 0.10, 0.20)	0.16 ( 0.10, 0.20)
	Hazard Ratio (95% CI) [a]		1.086 ( 0.741, 1.592)
	Treatment P-value [b]		0.75776
	Interaction P-value [c]		0.40003
Blood and lymphatic system disorders	No. of Events (%)	15 ( 24.6)	25 ( 51.0)
	Median Survival Est. (95% CI)	NC (NC , NC)	4.11 ( 0.82, NC)
	Hazard Ratio (95% CI) [a]		0.353 ( 0.186, 0.671)
	Treatment P-value [b]		0.00142
	Interaction P-value [c]		0.04661

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table TEAE.KM.S10.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Best Response to Prior CPI, Level: Responder

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=61)	Chemotherapy (N=49)
Anaemia	No. of Events (%) Median Survival Est. (95% CI)	10 ( 16.4) NC (NC , NC)	17 ( 34.7) NC ( 4.11, NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		0.395 ( 0.181, 0.862) 0.02137 0.12115
Febrile neutropenia	No. of Events (%) Median Survival Est. (95% CI)	0 NC (NC , NC)	4 ( 8.2) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		NA (NA , NA) 0.02211 0.99194

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table TEAE.KM.S10.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Best Response to Prior CPI, Level: Responder

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=61)	Chemotherapy (N=49)
Eye disorders	No. of Events (%)	15 ( 24.6)	2 ( 4.1)
	Median Survival Est. (95% CI)	NC (NC , NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]		6.517 ( 1.490, 28.499)
	Treatment P-value [b]		0.00372
	Interaction P-value [c]		0.37555
Dry eye	No. of Events (%)	1 ( 1.6)	0
	Median Survival Est. (95% CI)	NC (NC , NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]		NA (NA , NA)
	Treatment P-value [b]		0.36707
	Interaction P-value [c]		0.99004

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table TEAE.KM.S10.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Best Response to Prior CPI, Level: Responder

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=61)	Chemotherapy (N=49)
Lacrimation increased	No. of Events (%) Median Survival Est. (95% CI)	4 ( 6.6) NC (NC , NC)	0 NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]	NA (NA , NA) 0.07738 0.98922	
Vision blurred	No. of Events (%) Median Survival Est. (95% CI)	1 ( 1.6) NC (NC , NC)	2 ( 4.1) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]	0.386 ( 0.035, 4.252) 0.42697 0.04417	

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table TEAE.KM.S10.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Best Response to Prior CPI, Level: Responder

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=61)	Chemotherapy (N=49)
Diarrhoea	No. of Events (%)	16 ( 26.2)	11 ( 22.4)
	Median Survival Est. (95% CI)	NC (NC , NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]		1.131 ( 0.525, 2.436)
	Treatment P-value [b]		0.76554
	Interaction P-value [c]		0.39993
Dry mouth	No. of Events (%)	4 ( 6.6)	3 ( 6.1)
	Median Survival Est. (95% CI)	NC (NC , NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]		1.071 ( 0.240, 4.786)
	Treatment P-value [b]		0.93437
	Interaction P-value [c]		0.04372

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table TEAE.KM.S10.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Best Response to Prior CPI, Level: Responder

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=61)	Chemotherapy (N=49)
Chills	No. of Events (%) Median Survival Est. (95% CI)	1 ( 1.6) NC (NC , NC)	0 NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		NA (NA , NA) 0.36707 0.99227
Fatigue	No. of Events (%) Median Survival Est. (95% CI)	21 ( 34.4) NC (NC , NC)	19 ( 38.8) NC ( 2.10, NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		0.817 ( 0.439, 1.519) 0.53820 0.08588

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table TEAE.KM.S10.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Best Response to Prior CPI, Level: Responder

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=61)	Chemotherapy (N=49)
Infections and infestations	No. of Events (%)	35 ( 57.4)	19 ( 38.8)
	Median Survival Est. (95% CI)	3.15 ( 2.20, NC)	NC ( 3.78, NC)
	Hazard Ratio (95% CI) [a]		1.627 ( 0.931, 2.845)
	Treatment P-value [b]		0.09550
	Interaction P-value [c]		0.86193
Conjunctivitis	No. of Events (%)	5 ( 8.2)	0
	Median Survival Est. (95% CI)	NC (NC , NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]		NA (NA , NA)
	Treatment P-value [b]		0.04554
	Interaction P-value [c]		0.99255

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table TEAE.KM.S10.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Best Response to Prior CPI, Level: Responder

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=61)	Chemotherapy (N=49)
Alanine aminotransferase increased	No. of Events (%) Median Survival Est. (95% CI)	6 ( 9.8) NC (NC , NC)	1 ( 2.0) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		5.006 ( 0.603, 41.585) 0.10234 0.81942
Aspartate aminotransferase increased	No. of Events (%) Median Survival Est. (95% CI)	8 ( 13.1) NC (NC , NC)	1 ( 2.0) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		6.668 ( 0.834, 53.316) 0.03983 0.74088

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table TEAE.KM.S10.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Best Response to Prior CPI, Level: Responder

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=61)	Chemotherapy (N=49)
Blood creatinine increased	No. of Events (%) Median Survival Est. (95% CI)	1 ( 1.6) NC (NC , NC)	1 ( 2.0) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		0.789 ( 0.049, 12.613) 0.86908 0.21395
Neutrophil count decreased	No. of Events (%) Median Survival Est. (95% CI)	7 ( 11.5) NC (NC , NC)	8 ( 16.3) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		0.655 ( 0.238, 1.806) 0.38996 0.66639

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table TEAE.KM.S10.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Best Response to Prior CPI, Level: Responder

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=61)	Chemotherapy (N=49)
Weight decreased	No. of Events (%) Median Survival Est. (95% CI)	7 ( 11.5) NC (NC , NC)	3 ( 6.1) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		1.873 ( 0.484, 7.242) 0.36872 0.58027
White blood cell count decreased	No. of Events (%) Median Survival Est. (95% CI)	3 ( 4.9) NC (NC , NC)	3 ( 6.1) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		0.777 ( 0.157, 3.849) 0.76188 0.46323

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table TEAE.KM.S10.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Best Response to Prior CPI, Level: Responder

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=61)	Chemotherapy (N=49)
Metabolism and nutrition disorders	No. of Events (%)	35 ( 57.4)	24 ( 49.0)
	Median Survival Est. (95% CI)	2.53 ( 0.62, NC)	NC ( 0.82, NC)
	Hazard Ratio (95% CI) [a]		1.226 ( 0.729, 2.061)
	Treatment P-value [b]		0.45329
	Interaction P-value [c]		0.76275
Decreased appetite	No. of Events (%)	29 ( 47.5)	15 ( 30.6)
	Median Survival Est. (95% CI)	NC ( 1.77, NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]		1.667 ( 0.893, 3.109)
	Treatment P-value [b]		0.11297
	Interaction P-value [c]		0.67360

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table TEAE.KM.S10.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Best Response to Prior CPI, Level: Responder

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=61)	Chemotherapy (N=49)
Hyperglycaemia	No. of Events (%) Median Survival Est. (95% CI)	7 ( 11.5) NC (NC , NC)	0 NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		NA (NA , NA) 0.01560 0.98957
Musculoskeletal and connective tissue disorders	No. of Events (%) Median Survival Est. (95% CI)	23 ( 37.7) NC ( 6.47, NC)	20 ( 40.8) NC ( 2.83, NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		0.841 ( 0.462, 1.532) 0.54847 0.78716

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table TEAE.KM.S10.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Best Response to Prior CPI, Level: Responder

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=61)	Chemotherapy (N=49)
Arthralgia	No. of Events (%) Median Survival Est. (95% CI)	4 ( 6.6) NC (NC , NC)	9 ( 18.4) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		0.318 ( 0.098, 1.033) 0.04680 0.29703
Myalgia	No. of Events (%) Median Survival Est. (95% CI)	3 ( 4.9) NC (NC , NC)	4 ( 8.2) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		0.583 ( 0.131, 2.607) 0.48202 0.77040

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table TEAE.KM.S10.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Best Response to Prior CPI, Level: Responder

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=61)	Chemotherapy (N=49)
Nervous system disorders	No. of Events (%)	43 ( 70.5)	24 ( 49.0)
	Median Survival Est. (95% CI)	2.73 ( 1.51, 3.42)	6.97 ( 1.84, NC)
	Hazard Ratio (95% CI) [a]		1.590 ( 0.964, 2.621)
	Treatment P-value [b]		0.06150
	Interaction P-value [c]		0.72270
Dysgeusia	No. of Events (%)	16 ( 26.2)	5 ( 10.2)
	Median Survival Est. (95% CI)	NC (NC , NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]		2.864 ( 1.049, 7.819)
	Treatment P-value [b]		0.03421
	Interaction P-value [c]		0.87231

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table TEAE.KM.S10.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Best Response to Prior CPI, Level: Responder

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=61)	Chemotherapy (N=49)
Peripheral sensory neuropathy	No. of Events (%) Median Survival Est. (95% CI)	23 ( 37.7) NC ( 5.29, NC)	9 ( 18.4) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		2.086 ( 0.965, 4.508) 0.05862 0.27110
Renal and urinary disorders	No. of Events (%) Median Survival Est. (95% CI)	14 ( 23.0) NC (NC , NC)	9 ( 18.4) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		1.285 ( 0.556, 2.970) 0.54733 0.75449

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table TEAE.KM.S10.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Best Response to Prior CPI, Level: Responder

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=61)	Chemotherapy (N=49)
Acute kidney injury	No. of Events (%) Median Survival Est. (95% CI)	4 ( 6.6) NC (NC , NC)	1 ( 2.0) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		3.188 ( 0.356, 28.517) 0.27331 0.74936
Respiratory, thoracic and mediastinal disorders	No. of Events (%) Median Survival Est. (95% CI)	24 ( 39.3) NC ( 4.83, NC)	9 ( 18.4) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		2.296 ( 1.067, 4.939) 0.02618 0.39410

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table TEAE.KM.S10.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Best Response to Prior CPI, Level: Responder

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=61)	Chemotherapy (N=49)
Skin and subcutaneous tissue disorders	No. of Events (%)	52 ( 85.2)	24 ( 49.0)
	Median Survival Est. (95% CI)	0.36 ( 0.33, 0.53)	3.78 ( 0.69, NC)
	Hazard Ratio (95% CI) [a]		3.081 ( 1.895, 5.008)
	Treatment P-value [b]		<.00001
	Interaction P-value [c]		0.15353
Drug eruption	No. of Events (%)	10 ( 16.4)	2 ( 4.1)
	Median Survival Est. (95% CI)	NC (NC , NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]		4.297 ( 0.941, 19.617)
	Treatment P-value [b]		0.04233
	Interaction P-value [c]		0.59997

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table TEAE.KM.S10.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Best Response to Prior CPI, Level: Responder

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=61)	Chemotherapy (N=49)
Dry skin	No. of Events (%) Median Survival Est. (95% CI)	11 ( 18.0) NC (NC , NC)	0 NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]	NA (NA , NA) 0.00217 0.98699	
Pruritus	No. of Events (%) Median Survival Est. (95% CI)	21 ( 34.4) NC (NC , NC)	1 ( 2.0) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]	20.604 ( 2.771, 153.188) 0.00003 0.26409	

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table TEAE.KM.S10.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Best Response to Prior CPI, Level: Responder

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=61)	Chemotherapy (N=49)
Rash	No. of Events (%) Median Survival Est. (95% CI)	13 ( 21.3) NC (NC , NC)	4 ( 8.2) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		2.888 ( 0.942, 8.858) 0.05422 0.85427
Rash erythematous	No. of Events (%) Median Survival Est. (95% CI)	0 NC (NC , NC)	1 ( 2.0) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		NA (NA , NA) 0.25741 0.99331

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table TEAE.KM.S10.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Best Response to Prior CPI, Level: Responder

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=61)	Chemotherapy (N=49)
Rash maculo-papular	No. of Events (%) Median Survival Est. (95% CI)	8 ( 13.1) NC (NC , NC)	0 NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]	NA (NA 0.00964 0.98348	, NA)
Skin hyperpigmentation	No. of Events (%) Median Survival Est. (95% CI)	3 ( 4.9) NC (NC , NC)	0 NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]	NA (NA 0.12105 0.99995	, NA)

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table TEAE.KM.S10.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Best Response to Prior CPI, Level: Non-responder

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=202)	Chemotherapy (N=202)
Any Event	No. of Events (%) Median Survival Est. (95% CI)	197 ( 97.5) 0.18 ( 0.16, 0.23)	201 ( 99.5) 0.13 ( 0.10, 0.16)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		0.903 ( 0.741, 1.100) 0.28044 0.40003
Blood and lymphatic system disorders	No. of Events (%) Median Survival Est. (95% CI)	62 ( 30.7) NC (NC , NC)	76 ( 37.6) NC (12.94, NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		0.736 ( 0.526, 1.030) 0.06704 0.04661

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table TEAE.KM.S10.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Best Response to Prior CPI, Level: Non-responder

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=202)	Chemotherapy (N=202)
Anaemia	No. of Events (%) Median Survival Est. (95% CI)	44 ( 21.8) NC (NC , NC)	53 ( 26.2) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		0.790 ( 0.530, 1.178) 0.23199 0.12115
Febrile neutropenia	No. of Events (%) Median Survival Est. (95% CI)	3 ( 1.5) NC (NC , NC)	10 ( 5.0) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		0.288 ( 0.079, 1.048) 0.04430 0.99194

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table TEAE.KM.S10.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Best Response to Prior CPI, Level: Non-responder

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=202)	Chemotherapy (N=202)
Eye disorders	No. of Events (%) Median Survival Est. (95% CI)	58 ( 28.7) NC (NC , NC)	20 ( 9.9) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		3.219 ( 1.936, 5.351) <.00001 0.37555
Dry eye	No. of Events (%) Median Survival Est. (95% CI)	16 ( 7.9) NC (NC , NC)	3 ( 1.5) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		5.336 ( 1.555, 18.317) 0.00289 0.99004

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table TEAE.KM.S10.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Best Response to Prior CPI, Level: Non-responder

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=202)	Chemotherapy (N=202)
Lacrimation increased	No. of Events (%) Median Survival Est. (95% CI)	22 ( 10.9) NC (NC , NC)	9 ( 4.5) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		2.485 ( 1.144, 5.398) 0.01662 0.98922
Vision blurred	No. of Events (%) Median Survival Est. (95% CI)	14 ( 6.9) NC (NC , NC)	2 ( 1.0) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		6.982 ( 1.587, 30.713) 0.00279 0.04417

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table TEAE.KM.S10.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Best Response to Prior CPI, Level: Non-responder

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=202)	Chemotherapy (N=202)
Diarrhoea	No. of Events (%)	70 ( 34.7)	45 ( 22.3)
	Median Survival Est. (95% CI)	NC (NC , NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]		1.632 ( 1.122, 2.374)
	Treatment P-value [b]		0.00927
	Interaction P-value [c]		0.39993
Dry mouth	No. of Events (%)	18 ( 8.9)	2 ( 1.0)
	Median Survival Est. (95% CI)	NC (NC , NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]		9.216 ( 2.138, 39.719)
	Treatment P-value [b]		0.00029
	Interaction P-value [c]		0.04372

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table TEAE.KM.S10.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Best Response to Prior CPI, Level: Non-responder

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=202)	Chemotherapy (N=202)
Chills	No. of Events (%) Median Survival Est. (95% CI)	15 ( 7.4) NC (NC , NC)	6 ( 3.0) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		2.525 ( 0.980, 6.509) 0.04726 0.99227
Fatigue	No. of Events (%) Median Survival Est. (95% CI)	76 ( 37.6) NC (NC , NC)	51 ( 25.2) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		1.528 ( 1.072, 2.179) 0.01746 0.08588

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table TEAE.KM.S10.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Best Response to Prior CPI, Level: Non-responder

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=202)	Chemotherapy (N=202)
Infections and infestations	No. of Events (%) Median Survival Est. (95% CI)	105 ( 52.0) 5.45 ( 3.25, NC)	74 ( 36.6) NC (10.41, NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		1.538 ( 1.142, 2.072) 0.00451 0.86193
Conjunctivitis	No. of Events (%) Median Survival Est. (95% CI)	13 ( 6.4) NC (NC , NC)	2 ( 1.0) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		6.522 ( 1.472, 28.903) 0.00458 0.99255

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table TEAE.KM.S10.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Best Response to Prior CPI, Level: Non-responder

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=202)	Chemotherapy (N=202)
Alanine aminotransferase increased	No. of Events (%) Median Survival Est. (95% CI)	15 ( 7.4) NC (NC , NC)	4 ( 2.0) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		3.791 ( 1.258, 11.424) 0.01094 0.81942
Aspartate aminotransferase increased	No. of Events (%) Median Survival Est. (95% CI)	20 ( 9.9) NC (NC , NC)	2 ( 1.0) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		10.230 ( 2.391, 43.766) 0.00010 0.74088

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table TEAE.KM.S10.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Best Response to Prior CPI, Level: Non-responder

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=202)	Chemotherapy (N=202)
Blood creatinine increased	No. of Events (%) Median Survival Est. (95% CI)	20 ( 9.9) NC (NC , NC)	4 ( 2.0) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		5.195 ( 1.776, 15.200) 0.00079 0.21395
Neutrophil count decreased	No. of Events (%) Median Survival Est. (95% CI)	21 ( 10.4) NC (NC , NC)	37 ( 18.3) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		0.509 ( 0.298, 0.869) 0.01286 0.66639

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table TEAE.KM.S10.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Best Response to Prior CPI, Level: Non-responder

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=202)	Chemotherapy (N=202)
Weight decreased	No. of Events (%) Median Survival Est. (95% CI)	38 ( 18.8) NC (NC , NC)	14 ( 6.9) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		2.847 ( 1.543, 5.255) 0.00045 0.58027
White blood cell count decreased	No. of Events (%) Median Survival Est. (95% CI)	11 ( 5.4) NC (NC , NC)	25 ( 12.4) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		0.403 ( 0.198, 0.820) 0.01026 0.46323

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table TEAE.KM.S10.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Best Response to Prior CPI, Level: Non-responder

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=202)	Chemotherapy (N=202)
Metabolism and nutrition disorders	No. of Events (%)	118 ( 58.4)	90 ( 44.6)
	Median Survival Est. (95% CI)	2.20 ( 1.71, 5.39)	NC ( 5.29, NC)
	Hazard Ratio (95% CI) [a]		1.342 ( 1.020, 1.766)
	Treatment P-value [b]		0.03375
	Interaction P-value [c]		0.76275
Decreased appetite	No. of Events (%)	82 ( 40.6)	57 ( 28.2)
	Median Survival Est. (95% CI)	NC ( 9.10, NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]		1.431 ( 1.020, 2.007)
	Treatment P-value [b]		0.03639
	Interaction P-value [c]		0.67360

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table TEAE.KM.S10.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Best Response to Prior CPI, Level: Non-responder

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=202)	Chemotherapy (N=202)
Hyperglycaemia	No. of Events (%) Median Survival Est. (95% CI)	20 ( 9.9) NC (NC , NC)	6 ( 3.0) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		3.426 ( 1.376, 8.531) 0.00500 0.98957
Musculoskeletal and connective tissue disorders	No. of Events (%) Median Survival Est. (95% CI)	69 ( 34.2) NC (NC , NC)	79 ( 39.1) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		0.766 ( 0.555, 1.058) 0.11392 0.78716

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table TEAE.KM.S10.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Best Response to Prior CPI, Level: Non-responder

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=202)	Chemotherapy (N=202)
Arthralgia	No. of Events (%) Median Survival Est. (95% CI)	16 ( 7.9) NC (NC , NC)	23 ( 11.4) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		0.649 ( 0.343, 1.229) 0.18482 0.29703
Myalgia	No. of Events (%) Median Survival Est. (95% CI)	10 ( 5.0) NC (NC , NC)	21 ( 10.4) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		0.455 ( 0.214, 0.965) 0.03685 0.77040

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table TEAE.KM.S10.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Best Response to Prior CPI, Level: Non-responder

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=202)	Chemotherapy (N=202)
Nervous system disorders	No. of Events (%)	126 ( 62.4)	94 ( 46.5)
	Median Survival Est. (95% CI)	2.83 ( 2.07, 3.81)	8.61 ( 3.48, NC)
	Hazard Ratio (95% CI) [a]		1.435 ( 1.098, 1.875)
	Treatment P-value [b]		0.00794
	Interaction P-value [c]		0.72270
Dysgeusia	No. of Events (%)	50 ( 24.8)	17 ( 8.4)
	Median Survival Est. (95% CI)	NC (NC , NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]		3.146 ( 1.814, 5.455)
	Treatment P-value [b]		0.00002
	Interaction P-value [c]		0.87231

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table TEAE.KM.S10.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Best Response to Prior CPI, Level: Non-responder

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=202)	Chemotherapy (N=202)
Peripheral sensory neuropathy	No. of Events (%) Median Survival Est. (95% CI)	66 ( 32.7) NC (NC , NC)	48 ( 23.8) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		1.290 ( 0.889, 1.871) 0.17876 0.27110
Renal and urinary disorders	No. of Events (%) Median Survival Est. (95% CI)	54 ( 26.7) NC (NC , NC)	37 ( 18.3) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		1.492 ( 0.982, 2.267) 0.05909 0.75449

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table TEAE.KM.S10.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Best Response to Prior CPI, Level: Non-responder

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=202)	Chemotherapy (N=202)
Acute kidney injury	No. of Events (%) Median Survival Est. (95% CI)	13 ( 6.4) NC (NC , NC)	6 ( 3.0) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		2.157 ( 0.820, 5.677) 0.11417 0.74936
Respiratory, thoracic and mediastinal disorders	No. of Events (%) Median Survival Est. (95% CI)	69 ( 34.2) NC (NC , NC)	46 ( 22.8) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		1.585 ( 1.091, 2.302) 0.01495 0.39410

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table TEAE.KM.S10.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Best Response to Prior CPI, Level: Non-responder

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=202)	Chemotherapy (N=202)
Skin and subcutaneous tissue disorders	No. of Events (%) Median Survival Est. (95% CI)	158 ( 78.2) 0.69 ( 0.49, 0.89)	103 ( 51.0) 3.25 ( 1.45, NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		2.073 ( 1.615, 2.660) <.00001 0.15353
Drug eruption	No. of Events (%) Median Survival Est. (95% CI)	15 ( 7.4) NC (NC , NC)	2 ( 1.0) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		7.572 ( 1.732, 33.105) 0.00159 0.59997

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table TEAE.KM.S10.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Best Response to Prior CPI, Level: Non-responder

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=202)	Chemotherapy (N=202)
Dry skin	No. of Events (%) Median Survival Est. (95% CI)	36 ( 17.8) NC (NC , NC)	8 ( 4.0) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		4.832 ( 2.246, 10.397) <.00001 0.98699
Pruritus	No. of Events (%) Median Survival Est. (95% CI)	73 ( 36.1) NC (NC , NC)	14 ( 6.9) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		6.277 ( 3.542, 11.123) <.00001 0.26409

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table TEAE.KM.S10.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Best Response to Prior CPI, Level: Non-responder

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=202)	Chemotherapy (N=202)
Rash	No. of Events (%) Median Survival Est. (95% CI)	34 ( 16.8) NC (NC , NC)	11 ( 5.4) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		3.265 ( 1.654, 6.445) 0.00032 0.85427
Rash erythematous	No. of Events (%) Median Survival Est. (95% CI)	10 ( 5.0) NC (NC , NC)	0 NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		NA (NA , NA) 0.00158 0.99331

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table TEAE.KM.S10.SAF: Time to First Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Best Response to Prior CPI, Level: Non-responder

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=202)	Chemotherapy (N=202)
Rash maculo-papular	No. of Events (%) Median Survival Est. (95% CI)	39 ( 19.3) NC (NC , NC)	4 ( 2.0) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		10.736 ( 3.836, 30.046) <.00001 0.98348
Skin hyperpigmentation	No. of Events (%) Median Survival Est. (95% CI)	12 ( 5.9) NC (NC , NC)	0 NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		NA (NA , NA) 0.00045 0.99995

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

### 4.3 Subgruppenanalysen zu den progressionsbereinigten unerwünschten Ereignissen

Astellas: 7465-CL-0301

Table TEAE.wDP.KM.S1.SAF: Time to First Treatment Emergent Adverse Event Excluding Those Related to Disease Progression (Months) (Safety Analysis Set)

Subgroup: Age Group 1, Level: <65 years

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=106)	Chemotherapy (N=103)
Any Event	No. of Events (%)	105 ( 99.1)	101 ( 98.1)
	Median Survival Est. (95% CI)	0.16 ( 0.13, 0.23)	0.13 ( 0.10, 0.16)
	Hazard Ratio (95% CI) [a]		0.987 ( 0.751, 1.298)
	Treatment P-value [b]		0.99496
	Interaction P-value [c]		0.55172

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*treatment interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table TEAE.wDP.KM.S1.SAF: Time to First Treatment Emergent Adverse Event Excluding Those Related to Disease Progression (Months) (Safety Analysis Set)

Subgroup: Age Group 1, Level: &gt;=65 years

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=190)	Chemotherapy (N=188)
Any Event	No. of Events (%)	184 ( 96.8)	186 ( 98.9)
	Median Survival Est. (95% CI)	0.23 ( 0.16, 0.26)	0.13 ( 0.10, 0.16)
	Hazard Ratio (95% CI) [a]		0.890 ( 0.726, 1.092)
	Treatment P-value [b]		0.23363
	Interaction P-value [c]		0.55172

Subgroup analyses are conducted if there exist at least 2 levels with >= 10 patients across treatment arms and >=10 events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table TEAE.wDP.KM.S2.SAF: Time to First Treatment Emergent Adverse Event Excluding Those Related to Disease Progression (Months) (Safety Analysis Set)

Subgroup: Age Group 2, Level: &lt;75 years

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=245)	Chemotherapy (N=226)
Any Event	No. of Events (%)	240 ( 98.0)	223 ( 98.7)
	Median Survival Est. (95% CI)	0.20 ( 0.16, 0.23)	0.13 ( 0.10, 0.16)
	Hazard Ratio (95% CI) [a]		0.927 ( 0.772, 1.113)
	Treatment P-value [b]		0.41647
	Interaction P-value [c]		0.92328

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table TEAE.wDP.KM.S2.SAF: Time to First Treatment Emergent Adverse Event Excluding Those Related to Disease Progression (Months)  
(Safety Analysis Set)

Subgroup: Age Group 2, Level: &gt;=75 years

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=51)	Chemotherapy (N=65)
Any Event	No. of Events (%)	49 ( 96.1)	64 ( 98.5)
	Median Survival Est. (95% CI)	0.20 ( 0.13, 0.26)	0.13 ( 0.07, 0.23)
	Hazard Ratio (95% CI) [a]		0.909 ( 0.626, 1.319)
	Treatment P-value [b]		0.64849
	Interaction P-value [c]		0.92328

Subgroup analyses are conducted if there exist at least 2 levels with >= 10 patients across treatment arms and >=10 events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table TEAE.wDP.KM.S3.SAF: Time to First Treatment Emergent Adverse Event Excluding Those Related to Disease Progression (Months) (Safety Analysis Set)

Subgroup: Gender, Level: Male

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=234)	Chemotherapy (N=219)
Any Event	No. of Events (%)	230 ( 98.3)	215 ( 98.2)
	Median Survival Est. (95% CI)	0.20 ( 0.16, 0.23)	0.13 ( 0.10, 0.16)
	Hazard Ratio (95% CI) [a]		1.004 ( 0.832, 1.211)
	Treatment P-value [b]		0.90002
	Interaction P-value [c]		0.06909

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table TEAE.wDP.KM.S3.SAF: Time to First Treatment Emergent Adverse Event Excluding Those Related to Disease Progression (Months) (Safety Analysis Set)

Subgroup: Gender, Level: Female

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=62)	Chemotherapy (N=72)
Any Event	No. of Events (%)	59 ( 95.2)	72 (100.0)
	Median Survival Est. (95% CI)	0.20 ( 0.13, 0.26)	0.13 ( 0.10, 0.20)
	Hazard Ratio (95% CI) [a]		0.696 ( 0.492, 0.984)
	Treatment P-value [b]		0.05040
	Interaction P-value [c]		0.06909

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table TEAE.wDP.KM.S4.SAF: Time to First Treatment Emergent Adverse Event Excluding Those Related to Disease Progression (Months) (Safety Analysis Set)

Subgroup: Region, Level: Western Europe

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=122)	Chemotherapy (N=123)
Any Event	No. of Events (%)	117 ( 95.9)	120 ( 97.6)
	Median Survival Est. (95% CI)	0.23 ( 0.16, 0.26)	0.13 ( 0.07, 0.16)
	Hazard Ratio (95% CI) [a]		0.868 ( 0.673, 1.121)
	Treatment P-value [b]		0.37921
	Interaction P-value [c]		0.72429

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table TEAE.wDP.KM.S4.SAF: Time to First Treatment Emergent Adverse Event Excluding Those Related to Disease Progression (Months) (Safety Analysis Set)

Subgroup: Region, Level: US

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=42)	Chemotherapy (N=39)
Any Event	No. of Events (%)	41 ( 97.6)	39 (100.0)
	Median Survival Est. (95% CI)	0.26 ( 0.13, 0.26)	0.10 ( 0.07, 0.20)
	Hazard Ratio (95% CI) [a]		0.873 ( 0.562, 1.354)
	Treatment P-value [b]		0.39603
	Interaction P-value [c]		0.72429

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table TEAE.wDP.KM.S4.SAF: Time to First Treatment Emergent Adverse Event Excluding Those Related to Disease Progression (Months) (Safety Analysis Set)

Subgroup: Region, Level: Rest of the World

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=132)	Chemotherapy (N=129)
Any Event	No. of Events (%)	131 ( 99.2)	128 ( 99.2)
	Median Survival Est. (95% CI)	0.16 ( 0.13, 0.23)	0.16 ( 0.13, 0.16)
	Hazard Ratio (95% CI) [a]		0.995 ( 0.780, 1.270)
	Treatment P-value [b]		0.94129
	Interaction P-value [c]		0.72429

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table TEAE.wDP.KM.S5.SAF: Time to First Treatment Emergent Adverse Event Excluding Those Related to Disease Progression (Months) (Safety Analysis Set)

Subgroup: ECOG PS from IRT Strata, Level: 0

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=120)	Chemotherapy (N=119)
Any Event	No. of Events (%)	117 ( 97.5)	117 ( 98.3)
	Median Survival Est. (95% CI)	0.20 ( 0.13, 0.26)	0.13 ( 0.10, 0.20)
	Hazard Ratio (95% CI) [a]		1.010 ( 0.781, 1.305)
	Treatment P-value [b]		0.90125
	Interaction P-value [c]		0.35773

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table TEAE.wDP.KM.S5.SAF: Time to First Treatment Emergent Adverse Event Excluding Those Related to Disease Progression (Months) (Safety Analysis Set)

Subgroup: ECOG PS from IRT Strata, Level: 1

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=176)	Chemotherapy (N=172)
Any Event	No. of Events (%)	172 ( 97.7)	170 ( 98.8)
	Median Survival Est. (95% CI)	0.20 ( 0.16, 0.23)	0.13 ( 0.10, 0.16)
	Hazard Ratio (95% CI) [a]		0.864 ( 0.698, 1.068)
	Treatment P-value [b]		0.17185
	Interaction P-value [c]		0.35773

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table TEAE.wDP.KM.S6.SAF: Time to First Treatment Emergent Adverse Event Excluding Those Related to Disease Progression (Months) (Safety Analysis Set)

Subgroup: Liver Metastasis from IRT Strata, Level: Yes

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=92)	Chemotherapy (N=87)
Any Event	No. of Events (%)	89 ( 96.7)	83 ( 95.4)
	Median Survival Est. (95% CI)	0.16 ( 0.13, 0.23)	0.13 ( 0.10, 0.16)
	Hazard Ratio (95% CI) [a]		1.089 ( 0.806, 1.470)
	Treatment P-value [b]		0.75866
	Interaction P-value [c]		0.19272

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table TEAE.wDP.KM.S6.SAF: Time to First Treatment Emergent Adverse Event Excluding Those Related to Disease Progression (Months) (Safety Analysis Set)

Subgroup: Liver Metastasis from IRT Strata, Level: No

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=204)	Chemotherapy (N=204)
Any Event	No. of Events (%)	200 ( 98.0)	204 (100.0)
	Median Survival Est. (95% CI)	0.23 ( 0.16, 0.26)	0.13 ( 0.10, 0.16)
	Hazard Ratio (95% CI) [a]		0.858 ( 0.706, 1.044)
	Treatment P-value [b]		0.13328
	Interaction P-value [c]		0.19272

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table TEAE.wDP.KM.S7.SAF: Time to First Treatment Emergent Adverse Event Excluding Those Related to Disease Progression (Months) (Safety Analysis Set)

Subgroup: Pre-selected Investigator's Choice of Paclitaxel/Docetaxel/Vinflunine, Level: Paclitaxel

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=140)	Chemotherapy (N=107)
Any Event	No. of Events (%)	137 ( 97.9)	105 ( 98.1)
	Median Survival Est. (95% CI)	0.16 ( 0.13, 0.23)	0.16 ( 0.10, 0.26)
	Hazard Ratio (95% CI) [a]		1.183 ( 0.916, 1.528)
	Treatment P-value [b]		0.20495
	Interaction P-value [c]		0.03544

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table TEAE.wDP.KM.S7.SAF: Time to First Treatment Emergent Adverse Event Excluding Those Related to Disease Progression (Months) (Safety Analysis Set)

Subgroup: Pre-selected Investigator's Choice of Paclitaxel/Docetaxel/Vinflunine, Level: Docetaxel

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=85)	Chemotherapy (N=109)
Any Event	No. of Events (%)	84 ( 98.8)	108 ( 99.1)
	Median Survival Est. (95% CI)	0.26 ( 0.16, 0.26)	0.13 ( 0.10, 0.16)
	Hazard Ratio (95% CI) [a]		0.824 ( 0.619, 1.097)
	Treatment P-value [b]		0.11848
	Interaction P-value [c]		0.03544

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table TEAE.wDP.KM.S7.SAF: Time to First Treatment Emergent Adverse Event Excluding Those Related to Disease Progression (Months) (Safety Analysis Set)

Subgroup: Pre-selected Investigator's Choice of Paclitaxel/Docetaxel/Vinflunine, Level: Vinflunine

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=71)	Chemotherapy (N=75)
Any Event	No. of Events (%)	68 ( 95.8)	74 ( 98.7)
	Median Survival Est. (95% CI)	0.20 ( 0.13, 0.26)	0.07 ( 0.07, 0.13)
	Hazard Ratio (95% CI) [a]		0.709 ( 0.510, 0.986)
	Treatment P-value [b]		0.05617
	Interaction P-value [c]		0.03544

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table TEAE.wDP.KM.S8.SAF: Time to First Treatment Emergent Adverse Event Excluding Those Related to Disease Progression (Months) (Safety Analysis Set)

Subgroup: Primary Site of Tumor, Level: Upper Tract

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=96)	Chemotherapy (N=102)
Any Event	No. of Events (%)	95 ( 99.0)	100 ( 98.0)
	Median Survival Est. (95% CI)	0.23 ( 0.16, 0.26)	0.13 ( 0.10, 0.16)
	Hazard Ratio (95% CI) [a]		0.844 ( 0.637, 1.119)
	Treatment P-value [b]		0.20688
	Interaction P-value [c]		0.44642

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table TEAE.wDP.KM.S8.SAF: Time to First Treatment Emergent Adverse Event Excluding Those Related to Disease Progression (Months) (Safety Analysis Set)

Subgroup: Primary Site of Tumor, Level: Other

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=200)	Chemotherapy (N=189)
Any Event	No. of Events (%)	194 ( 97.0)	187 ( 98.9)
	Median Survival Est. (95% CI)	0.16 ( 0.13, 0.23)	0.13 ( 0.10, 0.16)
	Hazard Ratio (95% CI) [a]		0.966 ( 0.789, 1.181)
	Treatment P-value [b]		0.78801
	Interaction P-value [c]		0.44642

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table TEAE.wDP.KM.S9.SAF: Time to First Treatment Emergent Adverse Event Excluding Those Related to Disease Progression (Months) (Safety Analysis Set)

Subgroup: Prior Lines of Systemic Therapy, Level: 1-2 lines

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=259)	Chemotherapy (N=255)
Any Event	No. of Events (%)	253 ( 97.7)	251 ( 98.4)
	Median Survival Est. (95% CI)	0.20 ( 0.16, 0.23)	0.13 ( 0.10, 0.16)
	Hazard Ratio (95% CI) [a]		0.945 ( 0.793, 1.126)
	Treatment P-value [b]		0.56704
	Interaction P-value [c]		0.44213

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table TEAE.wDP.KM.S9.SAF: Time to First Treatment Emergent Adverse Event Excluding Those Related to Disease Progression (Months) (Safety Analysis Set)

Subgroup: Prior Lines of Systemic Therapy, Level: &gt;=3 lines

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=37)	Chemotherapy (N=36)
Any Event	No. of Events (%)	36 ( 97.3)	36 (100.0)
	Median Survival Est. (95% CI)	0.23 ( 0.13, 0.26)	0.13 ( 0.10, 0.20)
	Hazard Ratio (95% CI) [a]		0.778 ( 0.490, 1.236)
	Treatment P-value [b]		0.13319
	Interaction P-value [c]		0.44213

Subgroup analyses are conducted if there exist at least 2 levels with >= 10 patients across treatment arms and >=10 events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table TEAE.wDP.KM.S10.SAF: Time to First Treatment Emergent Adverse Event Excluding Those Related to Disease Progression (Months) (Safety Analysis Set)

Subgroup: Best Response to Prior CPI, Level: Responder

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=61)	Chemotherapy (N=49)
Any Event	No. of Events (%)	60 ( 98.4)	47 ( 95.9)
	Median Survival Est. (95% CI)	0.16 ( 0.10, 0.23)	0.16 ( 0.10, 0.20)
	Hazard Ratio (95% CI) [a]		1.080 ( 0.736, 1.583)
	Treatment P-value [b]		0.75429
	Interaction P-value [c]		0.44161

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table TEAE.wDP.KM.S10.SAF: Time to First Treatment Emergent Adverse Event Excluding Those Related to Disease Progression (Months) (Safety Analysis Set)

Subgroup: Best Response to Prior CPI, Level: Non-responder

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=202)	Chemotherapy (N=202)
Any Event	No. of Events (%)	196 ( 97.0)	200 ( 99.0)
	Median Survival Est. (95% CI)	0.18 ( 0.16, 0.23)	0.13 ( 0.10, 0.16)
	Hazard Ratio (95% CI) [a]		0.912 ( 0.748, 1.111)
	Treatment P-value [b]		0.32107
	Interaction P-value [c]		0.44161

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

## 4.4 Subgruppenanalysen zu den nicht schweren (CTCAE Grad < 3) unerwünschten Ereignissen

### 4.4.1 Primäranalyse

Astellas: 7465-CL-0301

Table AENSV.KM.S1.SAF: Time to First Not Severe Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Age Group 1, Level: <65 years

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=106)	Chemotherapy (N=103)
Any Event	No. of Events (%)	105 ( 99.1)	101 ( 98.1)
	Median Survival Est. (95% CI)	0.16 ( 0.13, 0.23)	0.13 ( 0.13, 0.20)
	Hazard Ratio (95% CI) [a]		1.027 ( 0.781, 1.350)
	Treatment P-value [b]		0.84325
	Interaction P-value [c]		0.75589

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 17MAY2021 17:04

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table AENSV.KM.S1.SAF: Time to First Not Severe Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Age Group 1, Level: &gt;=65 years

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=190)	Chemotherapy (N=188)
Any Event	No. of Events (%)	184 ( 96.8)	182 ( 96.8)
	Median Survival Est. (95% CI)	0.23 ( 0.16, 0.26)	0.15 ( 0.10, 0.16)
	Hazard Ratio (95% CI) [a]		0.973 ( 0.792, 1.195)
	Treatment P-value [b]		0.80486
	Interaction P-value [c]		0.75589

Subgroup analyses are conducted if there exist at least 2 levels with >= 10 patients across treatment arms and >=10 events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 17MAY2021 17:04

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table AENSV.KM.S2.SAF: Time to First Not Severe Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Age Group 2, Level: &lt;75 years

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=245)	Chemotherapy (N=226)
Any Event	No. of Events (%)	240 ( 98.0)	219 ( 96.9)
	Median Survival Est. (95% CI)	0.20 ( 0.16, 0.26)	0.13 ( 0.13, 0.16)
	Hazard Ratio (95% CI) [a]		1.004 ( 0.836, 1.207)
	Treatment P-value [b]		0.93457
	Interaction P-value [c]		0.77942

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 17MAY2021 17:04

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table AENSV.KM.S2.SAF: Time to First Not Severe Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Age Group 2, Level: &gt;=75 years

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=51)	Chemotherapy (N=65)
Any Event	No. of Events (%)	49 ( 96.1)	64 ( 98.5)
	Median Survival Est. (95% CI)	0.20 ( 0.13, 0.26)	0.13 ( 0.07, 0.23)
	Hazard Ratio (95% CI) [a]		0.947 ( 0.652, 1.374)
	Treatment P-value [b]		0.83467
	Interaction P-value [c]		0.77942

Subgroup analyses are conducted if there exist at least 2 levels with >= 10 patients across treatment arms and >=10 events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 17MAY2021 17:04

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table AENSV.KM.S3.SAF: Time to First Not Severe Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Gender, Level: Male

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=234)	Chemotherapy (N=219)
Any Event	No. of Events (%)	230 ( 98.3)	211 ( 96.3)
	Median Survival Est. (95% CI)	0.20 ( 0.16, 0.26)	0.13 ( 0.10, 0.16)
	Hazard Ratio (95% CI) [a]		1.079 ( 0.894, 1.302)
	Treatment P-value [b]		0.35077
	Interaction P-value [c]		0.06737

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 17MAY2021 17:04

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table AENSV.KM.S3.SAF: Time to First Not Severe Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Gender, Level: Female

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=62)	Chemotherapy (N=72)
Any Event	No. of Events (%)	59 ( 95.2)	72 (100.0)
	Median Survival Est. (95% CI)	0.20 ( 0.13, 0.26)	0.13 ( 0.10, 0.20)
	Hazard Ratio (95% CI) [a]		0.747 ( 0.528, 1.055)
	Treatment P-value [b]		0.14013
	Interaction P-value [c]		0.06737

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 17MAY2021 17:04

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table AENSV.KM.S4.SAF: Time to First Not Severe Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Region, Level: Western Europe

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=122)	Chemotherapy (N=123)
Any Event	No. of Events (%)	117 ( 95.9)	116 ( 94.3)
	Median Survival Est. (95% CI)	0.23 ( 0.16, 0.26)	0.13 ( 0.07, 0.20)
	Hazard Ratio (95% CI) [a]		0.972 ( 0.751, 1.257)
	Treatment P-value [b]		0.96854
	Interaction P-value [c]		0.83479

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 17MAY2021 17:04

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table AENSV.KM.S4.SAF: Time to First Not Severe Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Region, Level: US

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=42)	Chemotherapy (N=39)
Any Event	No. of Events (%)	41 ( 97.6)	39 (100.0)
	Median Survival Est. (95% CI)	0.26 ( 0.13, 0.26)	0.13 ( 0.07, 0.23)
	Hazard Ratio (95% CI) [a]		0.898 ( 0.579, 1.394)
	Treatment P-value [b]		0.58005
	Interaction P-value [c]		0.83479

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 17MAY2021 17:04

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table AENSV.KM.S4.SAF: Time to First Not Severe Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Region, Level: Rest of the World

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=132)	Chemotherapy (N=129)
Any Event	No. of Events (%)	131 ( 99.2)	128 ( 99.2)
	Median Survival Est. (95% CI)	0.16 ( 0.13, 0.23)	0.16 ( 0.13, 0.20)
	Hazard Ratio (95% CI) [a]		1.039 ( 0.814, 1.326)
	Treatment P-value [b]		0.70293
	Interaction P-value [c]		0.83479

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 17MAY2021 17:04

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table AENSV.KM.S5.SAF: Time to First Not Severe Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: ECOG PS from IRT Strata, Level: 0

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=120)	Chemotherapy (N=119)
Any Event	No. of Events (%)	117 ( 97.5)	117 ( 98.3)
	Median Survival Est. (95% CI)	0.20 ( 0.13, 0.26)	0.16 ( 0.10, 0.23)
	Hazard Ratio (95% CI) [a]		1.060 ( 0.820, 1.370)
	Treatment P-value [b]		0.64119
	Interaction P-value [c]		0.48447

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 17MAY2021 17:04

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table AENSV.KM.S5.SAF: Time to First Not Severe Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: ECOG PS from IRT Strata, Level: 1

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=176)	Chemotherapy (N=172)
Any Event	No. of Events (%)	172 ( 97.7)	166 ( 96.5)
	Median Survival Est. (95% CI)	0.20 ( 0.16, 0.26)	0.13 ( 0.10, 0.16)
	Hazard Ratio (95% CI) [a]		0.941 ( 0.760, 1.165)
	Treatment P-value [b]		0.60922
	Interaction P-value [c]		0.48447

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 17MAY2021 17:04

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table AENSV.KM.S6.SAF: Time to First Not Severe Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Liver Metastasis from IRT Strata, Level: Yes

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=92)	Chemotherapy (N=87)
Any Event	No. of Events (%)	89 ( 96.7)	83 ( 95.4)
	Median Survival Est. (95% CI)	0.16 ( 0.13, 0.23)	0.13 ( 0.10, 0.16)
	Hazard Ratio (95% CI) [a]		1.061 ( 0.786, 1.433)
	Treatment P-value [b]		0.84414
	Interaction P-value [c]		0.59231

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 17MAY2021 17:04

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table AENSV.KM.S6.SAF: Time to First Not Severe Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Liver Metastasis from IRT Strata, Level: No

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=204)	Chemotherapy (N=204)
Any Event	No. of Events (%)	200 ( 98.0)	200 ( 98.0)
	Median Survival Est. (95% CI)	0.23 ( 0.16, 0.26)	0.16 ( 0.13, 0.20)
	Hazard Ratio (95% CI) [a]		0.963 ( 0.791, 1.172)
	Treatment P-value [b]		0.79030
	Interaction P-value [c]		0.59231

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 17MAY2021 17:04

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table AENSV.KM.S7.SAF: Time to First Not Severe Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Pre-selected Investigator's Choice of Paclitaxel/Docetaxel/Vinflunine, Level: Paclitaxel

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=140)	Chemotherapy (N=107)
Any Event	No. of Events (%)	137 ( 97.9)	104 ( 97.2)
	Median Survival Est. (95% CI)	0.18 ( 0.13, 0.23)	0.16 ( 0.10, 0.26)
	Hazard Ratio (95% CI) [a]		1.188 ( 0.920, 1.535)
	Treatment P-value [b]		0.16650
	Interaction P-value [c]		0.18443

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 17MAY2021 17:04

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table AENSV.KM.S7.SAF: Time to First Not Severe Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Pre-selected Investigator's Choice of Paclitaxel/Docetaxel/Vinflunine, Level: Docetaxel

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=85)	Chemotherapy (N=109)
Any Event	No. of Events (%)	84 ( 98.8)	107 ( 98.2)
	Median Survival Est. (95% CI)	0.26 ( 0.16, 0.26)	0.13 ( 0.13, 0.16)
	Hazard Ratio (95% CI) [a]		0.906 ( 0.680, 1.206)
	Treatment P-value [b]		0.44570
	Interaction P-value [c]		0.18443

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 17MAY2021 17:04

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table AENSV.KM.S7.SAF: Time to First Not Severe Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Pre-selected Investigator's Choice of Paclitaxel/Docetaxel/Vinflunine, Level: Vinflunine

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=71)	Chemotherapy (N=75)
Any Event	No. of Events (%)	68 ( 95.8)	72 ( 96.0)
	Median Survival Est. (95% CI)	0.20 ( 0.13, 0.26)	0.10 ( 0.07, 0.16)
	Hazard Ratio (95% CI) [a]		0.832 ( 0.597, 1.160)
	Treatment P-value [b]		0.31002
	Interaction P-value [c]		0.18443

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 17MAY2021 17:04

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table AENSV.KM.S8.SAF: Time to First Not Severe Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Primary Site of Tumor, Level: Upper Tract

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=96)	Chemotherapy (N=102)
Any Event	No. of Events (%)	95 ( 99.0)	98 ( 96.1)
	Median Survival Est. (95% CI)	0.21 ( 0.16, 0.26)	0.13 ( 0.10, 0.16)
	Hazard Ratio (95% CI) [a]		0.892 ( 0.672, 1.183)
	Treatment P-value [b]		0.43987
	Interaction P-value [c]		0.36597

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 17MAY2021 17:04

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table AENSV.KM.S8.SAF: Time to First Not Severe Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Primary Site of Tumor, Level: Other

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=200)	Chemotherapy (N=189)
Any Event	No. of Events (%)	194 ( 97.0)	185 ( 97.9)
	Median Survival Est. (95% CI)	0.20 ( 0.13, 0.26)	0.16 ( 0.13, 0.20)
	Hazard Ratio (95% CI) [a]		1.046 ( 0.855, 1.281)
	Treatment P-value [b]		0.56471
	Interaction P-value [c]		0.36597

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 17MAY2021 17:04

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table AENSV.KM.S9.SAF: Time to First Not Severe Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Prior Lines of Systemic Therapy, Level: 1-2 lines

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=259)	Chemotherapy (N=255)
Any Event	No. of Events (%)	253 ( 97.7)	247 ( 96.9)
	Median Survival Est. (95% CI)	0.20 ( 0.16, 0.26)	0.13 ( 0.13, 0.16)
	Hazard Ratio (95% CI) [a]		1.013 ( 0.849, 1.207)
	Treatment P-value [b]		0.81667
	Interaction P-value [c]		0.49072

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 17MAY2021 17:04

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table AENSV.KM.S9.SAF: Time to First Not Severe Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Prior Lines of Systemic Therapy, Level: &gt;=3 lines

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=37)	Chemotherapy (N=36)
Any Event	No. of Events (%)	36 ( 97.3)	36 (100.0)
	Median Survival Est. (95% CI)	0.23 ( 0.13, 0.26)	0.13 ( 0.10, 0.23)
	Hazard Ratio (95% CI) [a]		0.851 ( 0.536, 1.351)
	Treatment P-value [b]		0.32864
	Interaction P-value [c]		0.49072

Subgroup analyses are conducted if there exist at least 2 levels with >= 10 patients across treatment arms and >=10 events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 17MAY2021 17:04

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table AENSV.KM.S10.SAF: Time to First Not Severe Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Best Response to Prior CPI, Level: Responder

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=61)	Chemotherapy (N=49)
Any Event	No. of Events (%)	60 ( 98.4)	46 ( 93.9)
	Median Survival Est. (95% CI)	0.16 ( 0.10, 0.20)	0.16 ( 0.10, 0.20)
	Hazard Ratio (95% CI) [a]		1.083 ( 0.737, 1.590)
	Treatment P-value [b]		0.73715
	Interaction P-value [c]		0.72453

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 17MAY2021 17:04

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table AENSV.KM.S10.SAF: Time to First Not Severe Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Best Response to Prior CPI, Level: Non-responder

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=202)	Chemotherapy (N=202)
Any Event	No. of Events (%)	196 ( 97.0)	198 ( 98.0)
	Median Survival Est. (95% CI)	0.20 ( 0.16, 0.26)	0.13 ( 0.10, 0.16)
	Hazard Ratio (95% CI) [a]		1.001 ( 0.821, 1.221)
	Treatment P-value [b]		0.95757
	Interaction P-value [c]		0.72453

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 17MAY2021 17:04

Analysis Plan: 15FEB2021

Confidential

#### 4.4.2 Progressionsbereinigte Auswertungen

Astellas: 7465-CL-0301

Table AENSV.wDP.KM.S1.SAF: Time to First Not Severe Treatment Emergent Adverse Event Excluding Those Related to Disease Progression (Months) (Safety Analysis Set)

Subgroup: Age Group 1, Level: <65 years

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=106)	Chemotherapy (N=103)
Any Event	No. of Events (%)	105 ( 99.1)	101 ( 98.1)
	Median Survival Est. (95% CI)	0.16 ( 0.13, 0.23)	0.13 ( 0.13, 0.20)
	Hazard Ratio (95% CI) [a]		1.021 ( 0.777, 1.342)
	Treatment P-value [b]		0.86711
	Interaction P-value [c]		0.76320

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 17MAY2021 17:04

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table AENSV.wDP.KM.S1.SAF: Time to First Not Severe Treatment Emergent Adverse Event Excluding Those Related to Disease Progression (Months) (Safety Analysis Set)

Subgroup: Age Group 1, Level: &gt;=65 years

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=190)	Chemotherapy (N=188)
Any Event	No. of Events (%)	184 ( 96.8)	182 ( 96.8)
	Median Survival Est. (95% CI)	0.23 ( 0.16, 0.26)	0.15 ( 0.10, 0.20)
	Hazard Ratio (95% CI) [a]		0.969 ( 0.789, 1.190)
	Treatment P-value [b]		0.77644
	Interaction P-value [c]		0.76320

Subgroup analyses are conducted if there exist at least 2 levels with >= 10 patients across treatment arms and >=10 events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 17MAY2021 17:04

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table AENSV.wDP.KM.S2.SAF: Time to First Not Severe Treatment Emergent Adverse Event Excluding Those Related to Disease Progression (Months) (Safety Analysis Set)

Subgroup: Age Group 2, Level: &lt;75 years

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=245)	Chemotherapy (N=226)
Any Event	No. of Events (%)	240 ( 98.0)	219 ( 96.9)
	Median Survival Est. (95% CI)	0.20 ( 0.16, 0.26)	0.13 ( 0.13, 0.16)
	Hazard Ratio (95% CI) [a]		0.998 ( 0.830, 1.199)
	Treatment P-value [b]		0.99503
	Interaction P-value [c]		0.82076

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 17MAY2021 17:04

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table AENSV.wDP.KM.S2.SAF: Time to First Not Severe Treatment Emergent Adverse Event Excluding Those Related to Disease Progression (Months) (Safety Analysis Set)

Subgroup: Age Group 2, Level: &gt;=75 years

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=51)	Chemotherapy (N=65)
Any Event	No. of Events (%)	49 ( 96.1)	64 ( 98.5)
	Median Survival Est. (95% CI)	0.20 ( 0.13, 0.26)	0.13 ( 0.07, 0.23)
	Hazard Ratio (95% CI) [a]		0.951 ( 0.655, 1.380)
	Treatment P-value [b]		0.84224
	Interaction P-value [c]		0.82076

Subgroup analyses are conducted if there exist at least 2 levels with >= 10 patients across treatment arms and >=10 events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 17MAY2021 17:04

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table AENSV.wDP.KM.S3.SAF: Time to First Not Severe Treatment Emergent Adverse Event Excluding Those Related to Disease Progression (Months) (Safety Analysis Set)

Subgroup: Gender, Level: Male

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=234)	Chemotherapy (N=219)
Any Event	No. of Events (%)	230 ( 98.3)	211 ( 96.3)
	Median Survival Est. (95% CI)	0.20 ( 0.16, 0.26)	0.13 ( 0.10, 0.16)
	Hazard Ratio (95% CI) [a]		1.079 ( 0.894, 1.303)
	Treatment P-value [b]		0.35755
	Interaction P-value [c]		0.05226

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 17MAY2021 17:04

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table AENSV.wDP.KM.S3.SAF: Time to First Not Severe Treatment Emergent Adverse Event Excluding Those Related to Disease Progression (Months) (Safety Analysis Set)

Subgroup: Gender, Level: Female

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=62)	Chemotherapy (N=72)
Any Event	No. of Events (%)	59 ( 95.2)	72 (100.0)
	Median Survival Est. (95% CI)	0.20 ( 0.13, 0.26)	0.13 ( 0.10, 0.20)
	Hazard Ratio (95% CI) [a]		0.730 ( 0.517, 1.032)
	Treatment P-value [b]		0.10702
	Interaction P-value [c]		0.05226

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 17MAY2021 17:04

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table AENSV.wDP.KM.S4.SAF: Time to First Not Severe Treatment Emergent Adverse Event Excluding Those Related to Disease Progression (Months) (Safety Analysis Set)

Subgroup: Region, Level: Western Europe

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=122)	Chemotherapy (N=123)
Any Event	No. of Events (%)	117 ( 95.9)	116 ( 94.3)
	Median Survival Est. (95% CI)	0.23 ( 0.16, 0.26)	0.13 ( 0.07, 0.20)
	Hazard Ratio (95% CI) [a]		0.961 ( 0.743, 1.243)
	Treatment P-value [b]		0.94226
	Interaction P-value [c]		0.83122

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 17MAY2021 17:04

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table AENSV.wDP.KM.S4.SAF: Time to First Not Severe Treatment Emergent Adverse Event Excluding Those Related to Disease Progression (Months) (Safety Analysis Set)

Subgroup: Region, Level: US

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=42)	Chemotherapy (N=39)
Any Event	No. of Events (%)	41 ( 97.6)	39 (100.0)
	Median Survival Est. (95% CI)	0.26 ( 0.13, 0.26)	0.13 ( 0.07, 0.23)
	Hazard Ratio (95% CI) [a]		0.901 ( 0.581, 1.398)
	Treatment P-value [b]		0.58005
	Interaction P-value [c]		0.83122

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 17MAY2021 17:04

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table AENSV.wDP.KM.S4.SAF: Time to First Not Severe Treatment Emergent Adverse Event Excluding Those Related to Disease Progression (Months) (Safety Analysis Set)

Subgroup: Region, Level: Rest of the World

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=132)	Chemotherapy (N=129)
Any Event	No. of Events (%)	131 ( 99.2)	128 ( 99.2)
	Median Survival Est. (95% CI)	0.16 ( 0.13, 0.23)	0.16 ( 0.13, 0.20)
	Hazard Ratio (95% CI) [a]		1.038 ( 0.813, 1.325)
	Treatment P-value [b]		0.70899
	Interaction P-value [c]		0.83122

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 17MAY2021 17:04

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table AENSV.wDP.KM.S5.SAF: Time to First Not Severe Treatment Emergent Adverse Event Excluding Those Related to Disease Progression (Months) (Safety Analysis Set)

Subgroup: ECOG PS from IRT Strata, Level: 0

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=120)	Chemotherapy (N=119)
Any Event	No. of Events (%)	117 ( 97.5)	117 ( 98.3)
	Median Survival Est. (95% CI)	0.20 ( 0.13, 0.26)	0.16 ( 0.10, 0.23)
	Hazard Ratio (95% CI) [a]		1.053 ( 0.814, 1.361)
	Treatment P-value [b]		0.66911
	Interaction P-value [c]		0.49618

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 17MAY2021 17:04

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table AENSV.wDP.KM.S5.SAF: Time to First Not Severe Treatment Emergent Adverse Event Excluding Those Related to Disease Progression (Months) (Safety Analysis Set)

Subgroup: ECOG PS from IRT Strata, Level: 1

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=176)	Chemotherapy (N=172)
Any Event	No. of Events (%)	172 ( 97.7)	166 ( 96.5)
	Median Survival Est. (95% CI)	0.20 ( 0.16, 0.26)	0.13 ( 0.10, 0.16)
	Hazard Ratio (95% CI) [a]		0.938 ( 0.757, 1.161)
	Treatment P-value [b]		0.58173
	Interaction P-value [c]		0.49618

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 17MAY2021 17:04

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table AENSV.wDP.KM.S6.SAF: Time to First Not Severe Treatment Emergent Adverse Event Excluding Those Related to Disease Progression (Months) (Safety Analysis Set)

Subgroup: Liver Metastasis from IRT Strata, Level: Yes

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=92)	Chemotherapy (N=87)
Any Event	No. of Events (%)	89 ( 96.7)	83 ( 95.4)
	Median Survival Est. (95% CI)	0.16 ( 0.13, 0.23)	0.13 ( 0.10, 0.16)
	Hazard Ratio (95% CI) [a]		1.064 ( 0.788, 1.436)
	Treatment P-value [b]		0.84414
	Interaction P-value [c]		0.55662

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 17MAY2021 17:04

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table AENSV.wDP.KM.S6.SAF: Time to First Not Severe Treatment Emergent Adverse Event Excluding Those Related to Disease Progression (Months) (Safety Analysis Set)

Subgroup: Liver Metastasis from IRT Strata, Level: No

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=204)	Chemotherapy (N=204)
Any Event	No. of Events (%)	200 ( 98.0)	200 ( 98.0)
	Median Survival Est. (95% CI)	0.23 ( 0.16, 0.26)	0.16 ( 0.13, 0.20)
	Hazard Ratio (95% CI) [a]		0.955 ( 0.785, 1.163)
	Treatment P-value [b]		0.72150
	Interaction P-value [c]		0.55662

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 17MAY2021 17:04

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table AENSV.wDP.KM.S7.SAF: Time to First Not Severe Treatment Emergent Adverse Event Excluding Those Related to Disease Progression (Months) (Safety Analysis Set)

Subgroup: Pre-selected Investigator's Choice of Paclitaxel/Docetaxel/Vinflunine, Level: Paclitaxel

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=140)	Chemotherapy (N=107)
Any Event	No. of Events (%)	137 ( 97.9)	104 ( 97.2)
	Median Survival Est. (95% CI)	0.18 ( 0.13, 0.26)	0.16 ( 0.10, 0.26)
	Hazard Ratio (95% CI) [a]		1.172 ( 0.907, 1.513)
	Treatment P-value [b]		0.20676
	Interaction P-value [c]		0.21662

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 17MAY2021 17:04

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table AENSV.wDP.KM.S7.SAF: Time to First Not Severe Treatment Emergent Adverse Event Excluding Those Related to Disease Progression (Months) (Safety Analysis Set)

Subgroup: Pre-selected Investigator's Choice of Paclitaxel/Docetaxel/Vinflunine, Level: Docetaxel

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=85)	Chemotherapy (N=109)
Any Event	No. of Events (%)	84 ( 98.8)	107 ( 98.2)
	Median Survival Est. (95% CI)	0.26 ( 0.16, 0.26)	0.13 ( 0.13, 0.20)
	Hazard Ratio (95% CI) [a]		0.912 ( 0.685, 1.215)
	Treatment P-value [b]		0.47732
	Interaction P-value [c]		0.21662

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 17MAY2021 17:04

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table AENSV.wDP.KM.S7.SAF: Time to First Not Severe Treatment Emergent Adverse Event Excluding Those Related to Disease Progression (Months) (Safety Analysis Set)

Subgroup: Pre-selected Investigator's Choice of Paclitaxel/Docetaxel/Vinflunine, Level: Vinflunine

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=71)	Chemotherapy (N=75)
Any Event	No. of Events (%)	68 ( 95.8)	72 ( 96.0)
	Median Survival Est. (95% CI)	0.20 ( 0.13, 0.26)	0.10 ( 0.07, 0.16)
	Hazard Ratio (95% CI) [a]		0.831 ( 0.596, 1.157)
	Treatment P-value [b]		0.31238
	Interaction P-value [c]		0.21662

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 17MAY2021 17:04

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table AENSV.wDP.KM.S8.SAF: Time to First Not Severe Treatment Emergent Adverse Event Excluding Those Related to Disease Progression (Months) (Safety Analysis Set)

Subgroup: Primary Site of Tumor, Level: Upper Tract

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=96)	Chemotherapy (N=102)
Any Event	No. of Events (%)	95 ( 99.0)	98 ( 96.1)
	Median Survival Est. (95% CI)	0.23 ( 0.16, 0.26)	0.13 ( 0.10, 0.16)
	Hazard Ratio (95% CI) [a]		0.891 ( 0.672, 1.182)
	Treatment P-value [b]		0.44119
	Interaction P-value [c]		0.38383

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 17MAY2021 17:04

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table AENSV.wDP.KM.S8.SAF: Time to First Not Severe Treatment Emergent Adverse Event Excluding Those Related to Disease Progression (Months) (Safety Analysis Set)

Subgroup: Primary Site of Tumor, Level: Other

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=200)	Chemotherapy (N=189)
Any Event	No. of Events (%)	194 ( 97.0)	185 ( 97.9)
	Median Survival Est. (95% CI)	0.20 ( 0.16, 0.26)	0.16 ( 0.13, 0.20)
	Hazard Ratio (95% CI) [a]		1.040 ( 0.849, 1.273)
	Treatment P-value [b]		0.62945
	Interaction P-value [c]		0.38383

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 17MAY2021 17:04

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table AENSV.wDP.KM.S9.SAF: Time to First Not Severe Treatment Emergent Adverse Event Excluding Those Related to Disease Progression (Months) (Safety Analysis Set)

Subgroup: Prior Lines of Systemic Therapy, Level: 1-2 lines

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=259)	Chemotherapy (N=255)
Any Event	No. of Events (%)	253 ( 97.7)	247 ( 96.9)
	Median Survival Est. (95% CI)	0.20 ( 0.16, 0.26)	0.13 ( 0.13, 0.16)
	Hazard Ratio (95% CI) [a]		1.007 ( 0.844, 1.201)
	Treatment P-value [b]		0.86575
	Interaction P-value [c]		0.50695

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 17MAY2021 17:04

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table AENSV.wDP.KM.S9.SAF: Time to First Not Severe Treatment Emergent Adverse Event Excluding Those Related to Disease Progression (Months) (Safety Analysis Set)

Subgroup: Prior Lines of Systemic Therapy, Level: &gt;=3 lines

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=37)	Chemotherapy (N=36)
Any Event	No. of Events (%)	36 ( 97.3)	36 (100.0)
	Median Survival Est. (95% CI)	0.23 ( 0.13, 0.26)	0.13 ( 0.10, 0.23)
	Hazard Ratio (95% CI) [a]		0.852 ( 0.536, 1.353)
	Treatment P-value [b]		0.32864
	Interaction P-value [c]		0.50695

Subgroup analyses are conducted if there exist at least 2 levels with >= 10 patients across treatment arms and >=10 events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 17MAY2021 17:04

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table AENSV.wDP.KM.S10.SAF: Time to First Not Severe Treatment Emergent Adverse Event Excluding Those Related to Disease Progression (Months) (Safety Analysis Set)

Subgroup: Best Response to Prior CPI, Level: Responder

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=61)	Chemotherapy (N=49)
Any Event	No. of Events (%)	60 ( 98.4)	46 ( 93.9)
	Median Survival Est. (95% CI)	0.16 ( 0.10, 0.23)	0.16 ( 0.10, 0.23)
	Hazard Ratio (95% CI) [a]		1.077 ( 0.733, 1.583)
	Treatment P-value [b]		0.74011
	Interaction P-value [c]		0.72591

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 17MAY2021 17:04

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table AENSV.wDP.KM.S10.SAF: Time to First Not Severe Treatment Emergent Adverse Event Excluding Those Related to Disease Progression (Months) (Safety Analysis Set)

Subgroup: Best Response to Prior CPI, Level: Non-responder

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=202)	Chemotherapy (N=202)
Any Event	No. of Events (%)	196 ( 97.0)	198 ( 98.0)
	Median Survival Est. (95% CI)	0.20 ( 0.16, 0.26)	0.13 ( 0.10, 0.16)
	Hazard Ratio (95% CI) [a]		0.997 ( 0.818, 1.216)
	Treatment P-value [b]		0.98881
	Interaction P-value [c]		0.72591

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 17MAY2021 17:04

Analysis Plan: 15FEB2021

Confidential

#### 4.5 Schwere (CTCAE Grad ≥ 3) unerwünschte Ereignisse inkl. SOC und PT – Hauptebene und Subgruppenanalysen

Astellas: 7465-CL-0301

Table AESV.KM.SAF: Time to First Severe Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Overall, Level: NA

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=296)	Chemotherapy (N=291)
Any Event	No. of Events (%) Median Survival Est. (95% CI)	211 ( 71.3) 1.77 ( 1.28, 2.27)	194 ( 66.7) 1.45 ( 0.95, 2.17)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Homogeneity P-value [c]		0.976 ( 0.801, 1.188) 0.82523 NA
Blood and lymphatic system disorders	No. of Events (%) Median Survival Est. (95% CI)	32 ( 10.8) NC (NC , NC)	70 ( 24.1) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Homogeneity P-value [c]		0.388 ( 0.255, 0.591) <.00001 NA

Subgroup analyses are conducted if there exist at least 2 levels with >= 10 patients across treatment arms and >=10 events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 17MAY2021 17:04

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table AESV.KM.SAF: Time to First Severe Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Overall, Level: NA

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=296)	Chemotherapy (N=291)
Anaemia	No. of Events (%) Median Survival Est. (95% CI)	19 ( 6.4) NC (NC , NC)	35 ( 12.0) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Homogeneity P-value [c]		0.487 ( 0.278, 0.856) 0.01064 NA
Febrile neutropenia	No. of Events (%) Median Survival Est. (95% CI)	4 ( 1.4) NC (NC , NC)	16 ( 5.5) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Homogeneity P-value [c]		0.234 ( 0.078, 0.700) 0.00464 NA

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 17MAY2021 17:04

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table AESV.KM.SAF: Time to First Severe Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Overall, Level: NA

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=296)	Chemotherapy (N=291)
Neutropenia	No. of Events (%) Median Survival Est. (95% CI)	14 ( 4.7) NC (NC , NC)	22 ( 7.6) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Homogeneity P-value [c]		0.595 ( 0.304, 1.165) 0.12597 NA
Gastrointestinal disorders	No. of Events (%) Median Survival Est. (95% CI)	27 ( 9.1) NC (NC , NC)	34 ( 11.7) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Homogeneity P-value [c]		0.749 ( 0.452, 1.243) 0.26271 NA

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 17MAY2021 17:04

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table AESV.KM.SAF: Time to First Severe Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Overall, Level: NA

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=296)	Chemotherapy (N=291)
Abdominal pain	No. of Events (%) Median Survival Est. (95% CI)	3 ( 1.0) NC (NC , NC)	7 ( 2.4) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Homogeneity P-value [c]		0.410 ( 0.106, 1.591) 0.18283 NA
Constipation	No. of Events (%) Median Survival Est. (95% CI)	4 ( 1.4) NC (NC , NC)	6 ( 2.1) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Homogeneity P-value [c]		0.654 ( 0.184, 2.321) 0.50796 NA

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 17MAY2021 17:04

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table AESV.KM.SAF: Time to First Severe Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Overall, Level: NA

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=296)	Chemotherapy (N=291)
Diarrhoea	No. of Events (%)	11 ( 3.7)	5 ( 1.7)
	Median Survival Est. (95% CI)	NC (NC , NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]	2.130 ( 0.739,	6.139)
	Treatment P-value [b]	0.15145	
	Homogeneity P-value [c]	NA	
General disorders and administration site conditions	No. of Events (%)	41 ( 13.9)	31 ( 10.7)
	Median Survival Est. (95% CI)	NC (NC , NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]	1.247 ( 0.781,	1.990)
	Treatment P-value [b]	0.35238	
	Homogeneity P-value [c]	NA	

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 17MAY2021 17:04

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table AESV.KM.SAF: Time to First Severe Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Overall, Level: NA

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=296)	Chemotherapy (N=291)
Asthenia	No. of Events (%) Median Survival Est. (95% CI)	7 ( 2.4) NC (NC , NC)	7 ( 2.4) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Homogeneity P-value [c]		0.942 ( 0.330, 2.687) 0.91105 NA
Fatigue	No. of Events (%) Median Survival Est. (95% CI)	20 ( 6.8) NC (NC , NC)	14 ( 4.8) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Homogeneity P-value [c]		1.365 ( 0.689, 2.706) 0.37072 NA

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 17MAY2021 17:04

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table AESV.KM.SAF: Time to First Severe Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Overall, Level: NA

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=296)	Chemotherapy (N=291)
General physical health deterioration	No. of Events (%) Median Survival Est. (95% CI)	3 ( 1.0) NC (NC , NC)	7 ( 2.4) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Homogeneity P-value [c]		0.407 ( 0.105, 1.576) 0.17858 NA
Infections and infestations	No. of Events (%) Median Survival Est. (95% CI)	52 ( 17.6) NC (NC , NC)	33 ( 11.3) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Homogeneity P-value [c]		1.568 ( 1.013, 2.428) 0.04146 NA

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 17MAY2021 17:04

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table AESV.KM.SAF: Time to First Severe Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Overall, Level: NA

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=296)	Chemotherapy (N=291)
Pneumonia	No. of Events (%) Median Survival Est. (95% CI)	13 ( 4.4) NC (NC , NC)	6 ( 2.1) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Homogeneity P-value [c]		2.092 ( 0.794, 5.513) 0.12649 NA
Urinary tract infection	No. of Events (%) Median Survival Est. (95% CI)	6 ( 2.0) NC (NC , NC)	6 ( 2.1) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Homogeneity P-value [c]		0.942 ( 0.303, 2.926) 0.91824 NA

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 17MAY2021 17:04

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table AESV.KM.SAF: Time to First Severe Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Overall, Level: NA

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=296)	Chemotherapy (N=291)
Urinary tract infection bacterial	No. of Events (%)	9 ( 3.0)	4 ( 1.4)
	Median Survival Est. (95% CI)	NC (NC , NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]		2.202 ( 0.677, 7.160)
	Treatment P-value [b]		0.17820
	Homogeneity P-value [c]		NA
Investigations	No. of Events (%)	46 ( 15.5)	59 ( 20.3)
	Median Survival Est. (95% CI)	NC (NC , NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]		0.682 ( 0.463, 1.005)
	Treatment P-value [b]		0.05601
	Homogeneity P-value [c]		NA

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 17MAY2021 17:04

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table AESV.KM.SAF: Time to First Severe Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Overall, Level: NA

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=296)	Chemotherapy (N=291)
Lipase increased	No. of Events (%) Median Survival Est. (95% CI)	8 ( 2.7) NC (NC , NC)	5 ( 1.7) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Homogeneity P-value [c]		1.628 ( 0.531, 4.990) 0.38930 NA
Lymphocyte count decreased	No. of Events (%) Median Survival Est. (95% CI)	9 ( 3.0) NC (NC , NC)	12 ( 4.1) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Homogeneity P-value [c]		0.746 ( 0.314, 1.776) 0.50674 NA

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 17MAY2021 17:04

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table AESV.KM.SAF: Time to First Severe Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Overall, Level: NA

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=296)	Chemotherapy (N=291)
Neutrophil count decreased	No. of Events (%) Median Survival Est. (95% CI)	21 ( 7.1) NC (NC , NC)	43 ( 14.8) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Homogeneity P-value [c]		0.414 ( 0.245, 0.700) 0.00075 NA
White blood cell count decreased	No. of Events (%) Median Survival Est. (95% CI)	4 ( 1.4) NC (NC , NC)	21 ( 7.2) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Homogeneity P-value [c]		0.181 ( 0.062, 0.527) 0.00043 NA

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 17MAY2021 17:04

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table AESV.KM.SAF: Time to First Severe Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Overall, Level: NA

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=296)	Chemotherapy (N=291)
Metabolism and nutrition disorders	No. of Events (%) Median Survival Est. (95% CI)	67 ( 22.6) NC (NC , NC)	32 ( 11.0) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Homogeneity P-value [c]		2.087 ( 1.368, 3.183) 0.00047 NA
Decreased appetite	No. of Events (%) Median Survival Est. (95% CI)	16 ( 5.4) NC (NC , NC)	7 ( 2.4) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Homogeneity P-value [c]		2.209 ( 0.907, 5.379) 0.07328 NA

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 17MAY2021 17:04

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table AESV.KM.SAF: Time to First Severe Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Overall, Level: NA

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=296)	Chemotherapy (N=291)
Hyperglycaemia	No. of Events (%) Median Survival Est. (95% CI)	21 ( 7.1) NC (NC , NC)	2 ( 0.7) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Homogeneity P-value [c]		10.395 ( 2.436, 44.354) 0.00008 NA
Hyponatraemia	No. of Events (%) Median Survival Est. (95% CI)	12 ( 4.1) NC (NC , NC)	7 ( 2.4) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Homogeneity P-value [c]		1.543 ( 0.605, 3.938) 0.35924 NA

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 17MAY2021 17:04

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table AESV.KM.SAF: Time to First Severe Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Overall, Level: NA

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=296)		Chemotherapy (N=291)	
Musculoskeletal and connective tissue disorders	No. of Events (%)	10 ( 3.4)		15 ( 5.2)	
	Median Survival Est. (95% CI)	NC (NC , , NC)	NC (NC , , NC)		
	Hazard Ratio (95% CI) [a]			0.616 ( 0.277, 1.373)	
	Treatment P-value [b]			0.23254	
	Homogeneity P-value [c]			NA	
Neoplasms benign, malignant and unspecified (incl cysts and polyps)	No. of Events (%)	19 ( 6.4)		18 ( 6.2)	
	Median Survival Est. (95% CI)	NC (NC , , NC)	NC (NC , , NC)		
	Hazard Ratio (95% CI) [a]			1.006 ( 0.526, 1.923)	
	Treatment P-value [b]			0.98517	
	Homogeneity P-value [c]			NA	

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 17MAY2021 17:04

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table AESV.KM.SAF: Time to First Severe Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Overall, Level: NA

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=296)	Chemotherapy (N=291)
Malignant neoplasm progression	No. of Events (%) Median Survival Est. (95% CI)	12 ( 4.1) NC (NC , NC)	11 ( 3.8) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Homogeneity P-value [c]		1.062 ( 0.466, 2.418) 0.88597 NA
Nervous system disorders	No. of Events (%) Median Survival Est. (95% CI)	23 ( 7.8) NC (NC , NC)	13 ( 4.5) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Homogeneity P-value [c]		1.709 ( 0.864, 3.383) 0.11929 NA

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 17MAY2021 17:04

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table AESV.KM.SAF: Time to First Severe Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Overall, Level: NA

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=296)	Chemotherapy (N=291)
Peripheral sensory neuropathy	No. of Events (%) Median Survival Est. (95% CI)	10 ( 3.4) NC (NC , NC)	7 ( 2.4) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Homogeneity P-value [c]		1.381 ( 0.524, 3.642) 0.51203 NA
Renal and urinary disorders	No. of Events (%) Median Survival Est. (95% CI)	20 ( 6.8) NC (NC , NC)	13 ( 4.5) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Homogeneity P-value [c]		1.445 ( 0.715, 2.919) 0.30216 NA

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 17MAY2021 17:04

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table AESV.KM.SAF: Time to First Severe Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Overall, Level: NA

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=296)	Chemotherapy (N=291)
Acute kidney injury	No. of Events (%) Median Survival Est. (95% CI)	8 ( 2.7) NC (NC , NC)	3 ( 1.0) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Homogeneity P-value [c]		2.514 ( 0.665, 9.502) 0.15958 NA
Haematuria	No. of Events (%) Median Survival Est. (95% CI)	6 ( 2.0) NC (NC , NC)	4 ( 1.4) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Homogeneity P-value [c]		1.292 ( 0.358, 4.659) 0.69515 NA

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 17MAY2021 17:04

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table AESV.KM.SAF: Time to First Severe Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Overall, Level: NA

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=296)	Chemotherapy (N=291)
Respiratory, thoracic and mediastinal disorders	No. of Events (%)	17 ( 5.7)	11 ( 3.8)
	Median Survival Est. (95% CI)	NC (NC , NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]		1.496 ( 0.699, 3.204)
	Treatment P-value [b]		0.29619
	Homogeneity P-value [c]		NA
Skin and subcutaneous tissue disorders	No. of Events (%)	51 ( 17.2)	1 ( 0.3)
	Median Survival Est. (95% CI)	NC (NC , NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]		56.180 ( 7.742, 407.667)
	Treatment P-value [b]		<.00001
	Homogeneity P-value [c]		NA

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 17MAY2021 17:04

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table AESV.KM.SAF: Time to First Severe Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Overall, Level: NA

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=296)	Chemotherapy (N=291)
Rash maculo-papular	No. of Events (%) Median Survival Est. (95% CI)	22 ( 7.4) NC (NC , NC)	0 NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Homogeneity P-value [c]		NA (NA , NA) <.00001 NA
Vascular disorders	No. of Events (%) Median Survival Est. (95% CI)	9 ( 3.0) NC (NC , NC)	7 ( 2.4) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Homogeneity P-value [c]		1.252 ( 0.466, 3.366) 0.65464 NA

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 17MAY2021 17:04

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table AESV.KM.S1.SAF: Time to First Severe Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Age Group 1, Level: &lt;65 years

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=106)	Chemotherapy (N=103)
Any Event	No. of Events (%) Median Survival Est. (95% CI)	69 ( 65.1) 2.45 ( 1.81, 4.60)	67 ( 65.0) 1.45 ( 0.82, 2.69)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		0.817 ( 0.584, 1.144) 0.24681 0.21002
Blood and lymphatic system disorders	No. of Events (%) Median Survival Est. (95% CI)	15 ( 14.2) NC (NC , NC)	19 ( 18.4) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		0.696 ( 0.354, 1.370) 0.30017 0.04660

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 17MAY2021 17:04

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table AESV.KM.S1.SAF: Time to First Severe Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Age Group 1, Level: &lt;65 years

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=106)	Chemotherapy (N=103)
Anaemia	No. of Events (%) Median Survival Est. (95% CI)	10 ( 9.4) NC (NC , NC)	11 ( 10.7) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		0.829 ( 0.352, 1.952) 0.67858 0.13941
Febrile neutropenia	No. of Events (%) Median Survival Est. (95% CI)	0 NC (NC , NC)	5 ( 4.9) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		NA (NA , NA) 0.02154 0.98898

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 17MAY2021 17:04

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table AESV.KM.S1.SAF: Time to First Severe Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Age Group 1, Level: &lt;65 years

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=106)	Chemotherapy (N=103)
Infections and infestations	No. of Events (%) Median Survival Est. (95% CI)	16 ( 15.1) NC (NC , NC)	11 ( 10.7) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		1.379 ( 0.640, 2.971) 0.40817 0.70274
Neutrophil count decreased	No. of Events (%) Median Survival Est. (95% CI)	5 ( 4.7) NC (NC , NC)	15 ( 14.6) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		0.288 ( 0.105, 0.793) 0.01232 0.32247

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 17MAY2021 17:04

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table AESV.KM.S1.SAF: Time to First Severe Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Age Group 1, Level: &lt;65 years

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=106)		Chemotherapy (N=103)	
White blood cell count decreased	No. of Events (%)	0		7 ( 6.8)	
	Median Survival Est. (95% CI)	NC (NC , NC)		NC (NC , NC)	
	Hazard Ratio (95% CI) [a]			NA (NA , NA)	
	Treatment P-value [b]			0.00645	
	Interaction P-value [c]			0.98801	
Metabolism and nutrition disorders	No. of Events (%)	21 ( 19.8)		7 ( 6.8)	
	Median Survival Est. (95% CI)	NC (NC , NC)		NC (NC , NC)	
	Hazard Ratio (95% CI) [a]			2.954 ( 1.256, 6.948)	
	Treatment P-value [b]			0.00910	
	Interaction P-value [c]			0.39091	

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 17MAY2021 17:04

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table AESV.KM.S1.SAF: Time to First Severe Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Age Group 1, Level: &lt;65 years

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=106)	Chemotherapy (N=103)
Hyperglycaemia	No. of Events (%) Median Survival Est. (95% CI)	3 ( 2.8) NC (NC , NC)	1 ( 1.0) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		2.870 ( 0.299, 27.595) 0.34012 0.22766
Skin and subcutaneous tissue disorders	No. of Events (%) Median Survival Est. (95% CI)	14 ( 13.2) NC (NC , NC)	0 NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		NA (NA , NA) 0.00017 0.98746

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 17MAY2021 17:04

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table AESV.KM.S1.SAF: Time to First Severe Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Age Group 1, Level: &lt;65 years

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=106)	Chemotherapy (N=103)
Rash maculo-papular	No. of Events (%)	8 ( 7.5)	0
	Median Survival Est. (95% CI)	NC (NC , NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]	NA (NA , NA)	
	Treatment P-value [b]	0.00569	
	Interaction P-value [c]	1.00000	

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 17MAY2021 17:04

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table AESV.KM.S1.SAF: Time to First Severe Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Age Group 1, Level: &gt;=65 years

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=190)	Chemotherapy (N=188)
Any Event	No. of Events (%) Median Survival Est. (95% CI)	142 ( 74.7) 1.33 ( 0.92, 1.87)	127 ( 67.6) 1.51 ( 0.72, 2.53)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		1.065 ( 0.838, 1.353) 0.61705 0.21002
Blood and lymphatic system disorders	No. of Events (%) Median Survival Est. (95% CI)	17 ( 8.9) NC (NC , NC)	51 ( 27.1) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		0.287 ( 0.166, 0.498) <.00001 0.04660

Subgroup analyses are conducted if there exist at least 2 levels with >= 10 patients across treatment arms and >=10 events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 17MAY2021 17:04

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table AESV.KM.S1.SAF: Time to First Severe Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Age Group 1, Level: &gt;=65 years

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=190)	Chemotherapy (N=188)
Anaemia	No. of Events (%) Median Survival Est. (95% CI)	9 ( 4.7) NC (NC , NC)	24 ( 12.8) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		0.348 ( 0.162, 0.750) 0.00453 0.13941
Febrile neutropenia	No. of Events (%) Median Survival Est. (95% CI)	4 ( 2.1) NC (NC , NC)	11 ( 5.9) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		0.351 ( 0.112, 1.103) 0.05992 0.98898

Subgroup analyses are conducted if there exist at least 2 levels with >= 10 patients across treatment arms and >=10 events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 17MAY2021 17:04

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table AESV.KM.S1.SAF: Time to First Severe Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Age Group 1, Level: &gt;=65 years

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=190)	Chemotherapy (N=188)
Infections and infestations	No. of Events (%) Median Survival Est. (95% CI)	36 ( 18.9) NC (NC , NC)	22 ( 11.7) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		1.654 ( 0.973, 2.811) 0.06055 0.70274
Neutrophil count decreased	No. of Events (%) Median Survival Est. (95% CI)	16 ( 8.4) NC (NC , NC)	28 ( 14.9) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		0.524 ( 0.283, 0.969) 0.03477 0.32247

Subgroup analyses are conducted if there exist at least 2 levels with >= 10 patients across treatment arms and >=10 events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 17MAY2021 17:04

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table AESV.KM.S1.SAF: Time to First Severe Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Age Group 1, Level: &gt;=65 years

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=190)	Chemotherapy (N=188)
White blood cell count decreased	No. of Events (%) Median Survival Est. (95% CI)	4 ( 2.1) NC (NC , NC)	14 ( 7.4) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		0.272 ( 0.089, 0.826) 0.01334 0.98801
Metabolism and nutrition disorders	No. of Events (%) Median Survival Est. (95% CI)	46 ( 24.2) NC (NC , NC)	25 ( 13.3) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		1.920 ( 1.180, 3.125) 0.00786 0.39091

Subgroup analyses are conducted if there exist at least 2 levels with >= 10 patients across treatment arms and >=10 events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 17MAY2021 17:04

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table AESV.KM.S1.SAF: Time to First Severe Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Age Group 1, Level: &gt;=65 years

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=190)	Chemotherapy (N=188)
Hyperglycaemia	No. of Events (%) Median Survival Est. (95% CI)	18 ( 9.5) NC (NC , NC)	1 ( 0.5) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		18.525 ( 2.473, 138.773) 0.00008 0.22766
Skin and subcutaneous tissue disorders	No. of Events (%) Median Survival Est. (95% CI)	37 ( 19.5) NC (NC , NC)	1 ( 0.5) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		40.257 ( 5.523, 293.438) <.00001 0.98746

Subgroup analyses are conducted if there exist at least 2 levels with >= 10 patients across treatment arms and >=10 events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 17MAY2021 17:04

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table AESV.KM.S1.SAF: Time to First Severe Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Age Group 1, Level: &gt;=65 years

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=190)	Chemotherapy (N=188)
Rash maculo-papular	No. of Events (%)	14 ( 7.4)	0
	Median Survival Est. (95% CI)	NC (NC , NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]	NA (NA , NA)	
	Treatment P-value [b]	0.00016	
	Interaction P-value [c]	1.00000	

Subgroup analyses are conducted if there exist at least 2 levels with >= 10 patients across treatment arms and >=10 events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 17MAY2021 17:04

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table AESV.KM.S2.SAF: Time to First Severe Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Age Group 2, Level: &lt;75 years

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=245)	Chemotherapy (N=226)
Any Event	No. of Events (%) Median Survival Est. (95% CI)	169 ( 69.0) 1.91 ( 1.45, 2.79)	154 ( 68.1) 1.41 ( 0.82, 2.10)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		0.862 ( 0.693, 1.073) 0.21445 0.01310
Blood and lymphatic system disorders	No. of Events (%) Median Survival Est. (95% CI)	30 ( 12.2) NC (NC , NC)	53 ( 23.5) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		0.463 ( 0.296, 0.725) 0.00054 0.10532

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 17MAY2021 17:04

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table AESV.KM.S2.SAF: Time to First Severe Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Age Group 2, Level: &lt;75 years

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=245)	Chemotherapy (N=226)
Anaemia	No. of Events (%) Median Survival Est. (95% CI)	18 ( 7.3) NC (NC , NC)	28 ( 12.4) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		0.548 ( 0.303, 0.991) 0.04334 0.31629
Febrile neutropenia	No. of Events (%) Median Survival Est. (95% CI)	4 ( 1.6) NC (NC , NC)	10 ( 4.4) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		0.355 ( 0.111, 1.132) 0.06606 0.98869

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 17MAY2021 17:04

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table AESV.KM.S2.SAF: Time to First Severe Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Age Group 2, Level: &lt;75 years

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=245)	Chemotherapy (N=226)
Infections and infestations	No. of Events (%) Median Survival Est. (95% CI)	40 ( 16.3) NC (NC , NC)	30 ( 13.3) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		1.196 ( 0.745, 1.920) 0.45742 0.02225
Neutrophil count decreased	No. of Events (%) Median Survival Est. (95% CI)	20 ( 8.2) NC (NC , NC)	35 ( 15.5) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		0.473 ( 0.273, 0.819) 0.00656 0.30562

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 17MAY2021 17:04

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table AESV.KM.S2.SAF: Time to First Severe Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Age Group 2, Level: &lt;75 years

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=245)	Chemotherapy (N=226)
White blood cell count decreased	No. of Events (%) Median Survival Est. (95% CI)	3 ( 1.2) NC (NC , NC)	18 ( 8.0) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		0.145 ( 0.043, 0.492) 0.00033 0.41616
Metabolism and nutrition disorders	No. of Events (%) Median Survival Est. (95% CI)	52 ( 21.2) NC (NC , NC)	22 ( 9.7) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		2.225 ( 1.352, 3.664) 0.00123 0.94473

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 17MAY2021 17:04

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table AESV.KM.S2.SAF: Time to First Severe Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Age Group 2, Level: &lt;75 years

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=245)	Chemotherapy (N=226)
Hyperglycaemia	No. of Events (%) Median Survival Est. (95% CI)	15 ( 6.1) NC (NC , NC)	1 ( 0.4) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		14.011 ( 1.851, 106.066) 0.00078 0.70660
Skin and subcutaneous tissue disorders	No. of Events (%) Median Survival Est. (95% CI)	42 ( 17.1) NC (NC , NC)	1 ( 0.4) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		41.031 ( 5.647, 298.131) <.00001 0.98922

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 17MAY2021 17:04

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table AESV.KM.S2.SAF: Time to First Severe Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Age Group 2, Level: &lt;75 years

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=245)	Chemotherapy (N=226)
Rash maculo-papular	No. of Events (%)	17 ( 6.9)	0
	Median Survival Est. (95% CI)	NC (NC , NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]	NA (NA , NA)	
	Treatment P-value [b]	0.00008	
	Interaction P-value [c]	0.99989	

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 17MAY2021 17:04

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table AESV.KM.S2.SAF: Time to First Severe Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Age Group 2, Level: &gt;=75 years

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=51)	Chemotherapy (N=65)
Any Event	No. of Events (%) Median Survival Est. (95% CI)	42 ( 82.4) 0.66 ( 0.53, 1.77)	40 ( 61.5) 2.33 ( 0.69, 5.78)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		1.594 ( 1.033, 2.459) 0.04365 0.01310
Blood and lymphatic system disorders	No. of Events (%) Median Survival Est. (95% CI)	2 ( 3.9) NC (NC , NC)	17 ( 26.2) NC (12.94, NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		0.131 ( 0.030, 0.565) 0.00152 0.10532

Subgroup analyses are conducted if there exist at least 2 levels with >= 10 patients across treatment arms and >=10 events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 17MAY2021 17:04

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table AESV.KM.S2.SAF: Time to First Severe Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Age Group 2, Level: &gt;=75 years

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=51)	Chemotherapy (N=65)
Anaemia	No. of Events (%) Median Survival Est. (95% CI)	1 ( 2.0) NC (NC , NC)	7 ( 10.8) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		0.180 ( 0.022, 1.462) 0.07090 0.31629
Febrile neutropenia	No. of Events (%) Median Survival Est. (95% CI)	0 NC (NC , NC)	6 ( 9.2) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		NA (NA , NA) 0.02741 0.98869

Subgroup analyses are conducted if there exist at least 2 levels with >= 10 patients across treatment arms and >=10 events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 17MAY2021 17:04

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table AESV.KM.S2.SAF: Time to First Severe Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Age Group 2, Level: &gt;=75 years

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=51)	Chemotherapy (N=65)
Infections and infestations	No. of Events (%) Median Survival Est. (95% CI)	12 ( 23.5) NC (NC , NC)	3 ( 4.6) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		5.781 ( 1.631, 20.489) 0.00192 0.02225
Neutrophil count decreased	No. of Events (%) Median Survival Est. (95% CI)	1 ( 2.0) NC (NC , NC)	8 ( 12.3) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		0.154 ( 0.019, 1.229) 0.04276 0.30562

Subgroup analyses are conducted if there exist at least 2 levels with >= 10 patients across treatment arms and >=10 events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 17MAY2021 17:04

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table AESV.KM.S2.SAF: Time to First Severe Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Age Group 2, Level: &gt;=75 years

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=51)	Chemotherapy (N=65)
White blood cell count decreased	No. of Events (%) Median Survival Est. (95% CI)	1 ( 2.0) NC (NC , NC)	3 ( 4.6) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		0.421 ( 0.044, 4.051) 0.44469 0.41616
Metabolism and nutrition disorders	No. of Events (%) Median Survival Est. (95% CI)	15 ( 29.4) NC (NC , NC)	10 ( 15.4) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		2.152 ( 0.967, 4.792) 0.05484 0.94473

Subgroup analyses are conducted if there exist at least 2 levels with >= 10 patients across treatment arms and >=10 events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 17MAY2021 17:04

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table AESV.KM.S2.SAF: Time to First Severe Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Age Group 2, Level: &gt;=75 years

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=51)	Chemotherapy (N=65)
Hyperglycaemia	No. of Events (%) Median Survival Est. (95% CI)	6 ( 11.8) NC (NC , NC)	1 ( 1.5) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		7.983 ( 0.961, 66.318) 0.02352 0.70660
Skin and subcutaneous tissue disorders	No. of Events (%) Median Survival Est. (95% CI)	9 ( 17.6) NC (NC , NC)	0 NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		NA (NA , NA) 0.00040 0.98922

Subgroup analyses are conducted if there exist at least 2 levels with >= 10 patients across treatment arms and >=10 events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 17MAY2021 17:04

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table AESV.KM.S2.SAF: Time to First Severe Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Age Group 2, Level: &gt;=75 years

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=51)	Chemotherapy (N=65)
Rash maculo-papular	No. of Events (%)	5 ( 9.8)	0
	Median Survival Est. (95% CI)	NC (NC , NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]	NA (NA , NA)	
	Treatment P-value [b]	0.00951	
	Interaction P-value [c]	0.99989	

Subgroup analyses are conducted if there exist at least 2 levels with >= 10 patients across treatment arms and >=10 events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 17MAY2021 17:04

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table AESV.KM.S3.SAF: Time to First Severe Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Gender, Level: Male

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=234)	Chemotherapy (N=219)
Any Event	No. of Events (%) Median Survival Est. (95% CI)	166 ( 70.9) 1.81 ( 1.18, 2.27)	149 ( 68.0) 1.41 ( 0.79, 2.10)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		0.925 ( 0.741, 1.154) 0.50198 0.43346
Blood and lymphatic system disorders	No. of Events (%) Median Survival Est. (95% CI)	24 ( 10.3) NC (NC , NC)	55 ( 25.1) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		0.349 ( 0.216, 0.564) <.00001 0.27295

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 17MAY2021 17:04

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table AESV.KM.S3.SAF: Time to First Severe Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Gender, Level: Male

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=234)	Chemotherapy (N=219)
Anaemia	No. of Events (%) Median Survival Est. (95% CI)	12 ( 5.1) NC (NC , NC)	22 ( 10.0) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		0.473 ( 0.234, 0.957) 0.03690 0.66410
Febrile neutropenia	No. of Events (%) Median Survival Est. (95% CI)	2 ( 0.9) NC (NC , NC)	15 ( 6.8) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		0.118 ( 0.027, 0.517) 0.00073 0.03720

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 17MAY2021 17:04

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table AESV.KM.S3.SAF: Time to First Severe Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Gender, Level: Male

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=234)	Chemotherapy (N=219)
Infections and infestations	No. of Events (%)	42 ( 17.9)	27 ( 12.3)
	Median Survival Est. (95% CI)	NC (NC , NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]		1.451 ( 0.895, 2.353)
	Treatment P-value [b]		0.13230
	Interaction P-value [c]		0.58318
Neutrophil count decreased	No. of Events (%)	13 ( 5.6)	29 ( 13.2)
	Median Survival Est. (95% CI)	NC (NC , NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]		0.381 ( 0.198, 0.732)
	Treatment P-value [b]		0.00279
	Interaction P-value [c]		0.37700

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 17MAY2021 17:04

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table AESV.KM.S3.SAF: Time to First Severe Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Gender, Level: Male

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=234)	Chemotherapy (N=219)
White blood cell count decreased	No. of Events (%) Median Survival Est. (95% CI)	3 ( 1.3) NC (NC , NC)	12 ( 5.5) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		0.225 ( 0.063, 0.796) 0.01164 0.61517
Metabolism and nutrition disorders	No. of Events (%) Median Survival Est. (95% CI)	51 ( 21.8) NC (NC , NC)	25 ( 11.4) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		1.971 ( 1.221, 3.180) 0.00475 0.48291

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 17MAY2021 17:04

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table AESV.KM.S3.SAF: Time to First Severe Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Gender, Level: Male

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=234)	Chemotherapy (N=219)
Hyperglycaemia	No. of Events (%) Median Survival Est. (95% CI)	19 ( 8.1) NC (NC , NC)	2 ( 0.9) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		9.025 ( 2.102, 38.746) 0.00032 0.99208
Skin and subcutaneous tissue disorders	No. of Events (%) Median Survival Est. (95% CI)	42 ( 17.9) NC (NC , NC)	0 NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		NA (NA , NA) <.00001 0.98623

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 17MAY2021 17:04

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table AESV.KM.S3.SAF: Time to First Severe Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Gender, Level: Male

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=234)	Chemotherapy (N=219)
Rash maculo-papular	No. of Events (%)	18 ( 7.7)	0
	Median Survival Est. (95% CI)	NC (NC , NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]	NA (NA , NA)	
	Treatment P-value [b]	0.00004	
	Interaction P-value [c]	0.99995	

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 17MAY2021 17:04

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table AESV.KM.S3.SAF: Time to First Severe Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Gender, Level: Female

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=62)	Chemotherapy (N=72)
Any Event	No. of Events (%)	45 ( 72.6)	45 ( 62.5)
	Median Survival Est. (95% CI)	1.74 ( 0.82, 3.02)	2.17 ( 0.72, 5.68)
	Hazard Ratio (95% CI) [a]		1.115 ( 0.738, 1.686)
	Treatment P-value [b]		0.54473
	Interaction P-value [c]		0.43346
Blood and lymphatic system disorders	No. of Events (%)	8 ( 12.9)	15 ( 20.8)
	Median Survival Est. (95% CI)	NC (NC , NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]		0.605 ( 0.256, 1.426)
	Treatment P-value [b]		0.25112
	Interaction P-value [c]		0.27295

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 17MAY2021 17:04

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table AESV.KM.S3.SAF: Time to First Severe Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Gender, Level: Female

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=62)	Chemotherapy (N=72)
Anaemia	No. of Events (%) Median Survival Est. (95% CI)	7 ( 11.3) NC (NC , NC)	13 ( 18.1) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		0.612 ( 0.244, 1.533) 0.28247 0.66410
Febrile neutropenia	No. of Events (%) Median Survival Est. (95% CI)	2 ( 3.2) NC (NC , NC)	1 ( 1.4) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		2.362 ( 0.214, 26.051) 0.44672 0.03720

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 17MAY2021 17:04

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table AESV.KM.S3.SAF: Time to First Severe Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Gender, Level: Female

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=62)	Chemotherapy (N=72)
Infections and infestations	No. of Events (%)	10 ( 16.1)	6 ( 8.3)
	Median Survival Est. (95% CI)	NC (NC , NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]		1.986 ( 0.722, 5.464)
	Treatment P-value [b]		0.17759
	Interaction P-value [c]		0.58318
Neutrophil count decreased	No. of Events (%)	8 ( 12.9)	14 ( 19.4)
	Median Survival Est. (95% CI)	NC (NC , NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]		0.621 ( 0.261, 1.482)
	Treatment P-value [b]		0.29652
	Interaction P-value [c]		0.37700

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 17MAY2021 17:04

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table AESV.KM.S3.SAF: Time to First Severe Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Gender, Level: Female

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=62)	Chemotherapy (N=72)
White blood cell count decreased	No. of Events (%) Median Survival Est. (95% CI)	1 ( 1.6) NC (NC , NC)	9 ( 12.5) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		0.121 ( 0.015, 0.952) 0.01682 0.61517
Metabolism and nutrition disorders	No. of Events (%) Median Survival Est. (95% CI)	16 ( 25.8) NC (NC , NC)	7 ( 9.7) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		2.828 ( 1.163, 6.875) 0.01919 0.48291

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 17MAY2021 17:04

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table AESV.KM.S3.SAF: Time to First Severe Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Gender, Level: Female

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=62)	Chemotherapy (N=72)
Hyperglycaemia	No. of Events (%) Median Survival Est. (95% CI)	2 ( 3.2) NC (NC , NC)	0 NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]	NA (NA , NA)	0.12596 0.99208
Skin and subcutaneous tissue disorders	No. of Events (%) Median Survival Est. (95% CI)	9 ( 14.5) NC (NC , NC)	1 ( 1.4) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]	11.082 ( 1.404, 87.481) 0.00409 0.98623	

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 17MAY2021 17:04

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table AESV.KM.S3.SAF: Time to First Severe Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Gender, Level: Female

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=62)	Chemotherapy (N=72)
Rash maculo-papular	No. of Events (%)	4 ( 6.5)	0
	Median Survival Est. (95% CI)	NC (NC , NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]	NA (NA , NA)	
	Treatment P-value [b]	0.02798	
	Interaction P-value [c]	0.99995	

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 17MAY2021 17:04

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table AESV.KM.S4.SAF: Time to First Severe Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Region, Level: Western Europe

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=122)	Chemotherapy (N=123)
Any Event	No. of Events (%) Median Survival Est. (95% CI)	80 ( 65.6) 2.79 ( 1.87, 4.93)	83 ( 67.5) 1.61 ( 0.59, 2.50)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		0.782 ( 0.575, 1.063) 0.13132 0.06395
Blood and lymphatic system disorders	No. of Events (%) Median Survival Est. (95% CI)	7 ( 5.7) NC (NC , NC)	24 ( 19.5) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		0.252 ( 0.108, 0.584) 0.00065 0.35296

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 17MAY2021 17:04

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table AESV.KM.S4.SAF: Time to First Severe Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Region, Level: Western Europe

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=122)	Chemotherapy (N=123)
Anaemia	No. of Events (%) Median Survival Est. (95% CI)	2 ( 1.6) NC (NC , NC)	8 ( 6.5) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		0.234 ( 0.050, 1.101) 0.04779 0.06107
Febrile neutropenia	No. of Events (%) Median Survival Est. (95% CI)	0 NC (NC , NC)	6 ( 4.9) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		NA (NA , NA) 0.01257 0.99987

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 17MAY2021 17:04

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table AESV.KM.S4.SAF: Time to First Severe Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Region, Level: Western Europe

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=122)	Chemotherapy (N=123)
Infections and infestations	No. of Events (%) Median Survival Est. (95% CI)	20 ( 16.4) NC (NC , NC)	16 ( 13.0) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		1.216 ( 0.630, 2.346) 0.55572 0.61437
Neutrophil count decreased	No. of Events (%) Median Survival Est. (95% CI)	1 ( 0.8) NC (NC , NC)	7 ( 5.7) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		0.138 ( 0.017, 1.119) 0.02445 0.48443

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 17MAY2021 17:04

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table AESV.KM.S4.SAF: Time to First Severe Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Region, Level: Western Europe

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=122)		Chemotherapy (N=123)	
White blood cell count decreased	No. of Events (%)	0		2 ( 1.6)	
	Median Survival Est. (95% CI)	NC (NC , NC)		NC (NC , NC)	
	Hazard Ratio (95% CI) [a]			NA (NA , NA)	
	Treatment P-value [b]			0.15300	
	Interaction P-value [c]			0.90745	
Metabolism and nutrition disorders	No. of Events (%)	20 ( 16.4)		12 ( 9.8)	
	Median Survival Est. (95% CI)	NC (NC , NC)		NC (NC , NC)	
	Hazard Ratio (95% CI) [a]			1.616 ( 0.790, 3.305)	
	Treatment P-value [b]			0.17982	
	Interaction P-value [c]			0.62026	

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 17MAY2021 17:04

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table AESV.KM.S4.SAF: Time to First Severe Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Region, Level: Western Europe

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=122)	Chemotherapy (N=123)
Hyperglycaemia	No. of Events (%) Median Survival Est. (95% CI)	10 ( 8.2) NC (NC , NC)	1 ( 0.8) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		9.966 ( 1.276, 77.857) 0.00646 0.94516
Skin and subcutaneous tissue disorders	No. of Events (%) Median Survival Est. (95% CI)	17 ( 13.9) NC (NC , NC)	0 NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		NA (NA , NA) 0.00003 0.99983

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 17MAY2021 17:04

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table AESV.KM.S4.SAF: Time to First Severe Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Region, Level: Western Europe

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=122)	Chemotherapy (N=123)
Rash maculo-papular	No. of Events (%)	6 ( 4.9)	0
	Median Survival Est. (95% CI)	NC (NC , NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]	NA (NA , NA)	
	Treatment P-value [b]	0.01596	
	Interaction P-value [c]	1.00000	

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 17MAY2021 17:04

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table AESV.KM.S4.SAF: Time to First Severe Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Region, Level: US

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=42)	Chemotherapy (N=39)
Any Event	No. of Events (%) Median Survival Est. (95% CI)	33 ( 78.6) 0.67 ( 0.46, 1.41)	24 ( 61.5) 2.10 ( 0.66, NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		1.607 ( 0.949, 2.720) 0.08305 0.06395
Blood and lymphatic system disorders	No. of Events (%) Median Survival Est. (95% CI)	4 ( 9.5) NC (NC , NC)	10 ( 25.6) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		0.339 ( 0.106, 1.081) 0.05530 0.35296

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 17MAY2021 17:04

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table AESV.KM.S4.SAF: Time to First Severe Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Region, Level: US

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=42)	Chemotherapy (N=39)
Anaemia	No. of Events (%) Median Survival Est. (95% CI)	1 ( 2.4) NC (NC , NC)	9 ( 23.1) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		0.091 ( 0.011, 0.716) 0.00491 0.06107
Febrile neutropenia	No. of Events (%) Median Survival Est. (95% CI)	1 ( 2.4) NC (NC , NC)	0 NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		NA (NA , NA) 0.33523 0.99987

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 17MAY2021 17:04

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table AESV.KM.S4.SAF: Time to First Severe Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Region, Level: US

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=42)	Chemotherapy (N=39)
Infections and infestations	No. of Events (%) Median Survival Est. (95% CI)	7 ( 16.7) NC (NC , NC)	4 ( 10.3) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		1.679 ( 0.492, 5.736) 0.41693 0.61437
Neutrophil count decreased	No. of Events (%) Median Survival Est. (95% CI)	3 ( 7.1) NC (NC , NC)	7 ( 17.9) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		0.359 ( 0.093, 1.390) 0.12059 0.48443

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 17MAY2021 17:04

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table AESV.KM.S4.SAF: Time to First Severe Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Region, Level: US

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=42)	Chemotherapy (N=39)
White blood cell count decreased	No. of Events (%) Median Survival Est. (95% CI)	1 ( 2.4) NC (NC , NC)	3 ( 7.7) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		0.304 ( 0.032, 2.923) 0.27179 0.90745
Metabolism and nutrition disorders	No. of Events (%) Median Survival Est. (95% CI)	15 ( 35.7) NC ( 8.57, NC)	6 ( 15.4) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		2.684 ( 1.041, 6.919) 0.03944 0.62026

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 17MAY2021 17:04

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table AESV.KM.S4.SAF: Time to First Severe Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Region, Level: US

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=42)	Chemotherapy (N=39)
Hyperglycaemia	No. of Events (%) Median Survival Est. (95% CI)	5 ( 11.9) NC (NC , NC)	0 NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		NA (NA , NA) 0.02718 0.94516
Skin and subcutaneous tissue disorders	No. of Events (%) Median Survival Est. (95% CI)	12 ( 28.6) NC (NC , NC)	0 NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		NA (NA , NA) 0.00035 0.99983

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 17MAY2021 17:04

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table AESV.KM.S4.SAF: Time to First Severe Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Region, Level: US

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=42)	Chemotherapy (N=39)
Rash maculo-papular	No. of Events (%)	12 ( 28.6)	0
	Median Survival Est. (95% CI)	NC (NC , NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]	NA (NA , NA)	
	Treatment P-value [b]	0.00035	
	Interaction P-value [c]	1.00000	

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 17MAY2021 17:04

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table AESV.KM.S4.SAF: Time to First Severe Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Region, Level: Rest of the World

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=132)	Chemotherapy (N=129)
Any Event	No. of Events (%) Median Survival Est. (95% CI)	98 ( 74.2) 1.43 ( 0.95, 2.07)	87 ( 67.4) 1.41 ( 0.53, 2.63)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		1.012 ( 0.758, 1.351) 0.89806 0.06395
Blood and lymphatic system disorders	No. of Events (%) Median Survival Est. (95% CI)	21 ( 15.9) NC (NC , NC)	36 ( 27.9) NC (12.94, NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		0.515 ( 0.301, 0.882) 0.01296 0.35296

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 17MAY2021 17:04

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table AESV.KM.S4.SAF: Time to First Severe Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Region, Level: Rest of the World

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=132)	Chemotherapy (N=129)
Anaemia	No. of Events (%) Median Survival Est. (95% CI)	16 ( 12.1) NC (NC , NC)	18 ( 14.0) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		0.842 ( 0.429, 1.651) 0.60530 0.06107
Febrile neutropenia	No. of Events (%) Median Survival Est. (95% CI)	3 ( 2.3) NC (NC , NC)	10 ( 7.8) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		0.285 ( 0.078, 1.034) 0.04126 0.99987

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 17MAY2021 17:04

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table AESV.KM.S4.SAF: Time to First Severe Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Region, Level: Rest of the World

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=132)	Chemotherapy (N=129)
Infections and infestations	No. of Events (%) Median Survival Est. (95% CI)	25 ( 18.9) NC (NC , NC)	13 ( 10.1) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		1.941 ( 0.993, 3.795) 0.04554 0.61437
Neutrophil count decreased	No. of Events (%) Median Survival Est. (95% CI)	17 ( 12.9) NC (NC , NC)	29 ( 22.5) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		0.501 ( 0.275, 0.912) 0.02551 0.48443

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 17MAY2021 17:04

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table AESV.KM.S4.SAF: Time to First Severe Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Region, Level: Rest of the World

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=132)	Chemotherapy (N=129)
White blood cell count decreased	No. of Events (%) Median Survival Est. (95% CI)	3 ( 2.3) NC (NC , NC)	16 ( 12.4) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		0.170 ( 0.050, 0.585) 0.00153 0.90745
Metabolism and nutrition disorders	No. of Events (%) Median Survival Est. (95% CI)	32 ( 24.2) NC (NC , NC)	14 ( 10.9) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		2.416 ( 1.289, 4.528) 0.00439 0.62026

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 17MAY2021 17:04

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table AESV.KM.S4.SAF: Time to First Severe Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Region, Level: Rest of the World

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=132)	Chemotherapy (N=129)
Hyperglycaemia	No. of Events (%) Median Survival Est. (95% CI)	6 ( 4.5) NC (NC , NC)	1 ( 0.8) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		6.013 ( 0.724, 49.944) 0.05972 0.94516
Skin and subcutaneous tissue disorders	No. of Events (%) Median Survival Est. (95% CI)	22 ( 16.7) NC (NC , NC)	1 ( 0.8) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		23.590 ( 3.180, 175.018) <.00001 0.99983

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 17MAY2021 17:04

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table AESV.KM.S4.SAF: Time to First Severe Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Region, Level: Rest of the World

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=132)	Chemotherapy (N=129)
Rash maculo-papular	No. of Events (%)	4 ( 3.0)	0
	Median Survival Est. (95% CI)	NC (NC , NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]	NA (NA , NA)	
	Treatment P-value [b]	0.04591	
	Interaction P-value [c]	1.00000	

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 17MAY2021 17:04

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table AESV.KM.S5.SAF: Time to First Severe Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: ECOG PS from IRT Strata, Level: 0

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=120)	Chemotherapy (N=119)
Any Event	No. of Events (%) Median Survival Est. (95% CI)	74 ( 61.7) 2.43 ( 1.45, 5.16)	69 ( 58.0) 2.17 ( 0.95, 6.90)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		0.949 ( 0.683, 1.317) 0.71924 0.87195
Blood and lymphatic system disorders	No. of Events (%) Median Survival Est. (95% CI)	9 ( 7.5) NC (NC , NC)	20 ( 16.8) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		0.425 ( 0.194, 0.933) 0.02808 0.78611

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 17MAY2021 17:04

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table AESV.KM.S5.SAF: Time to First Severe Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: ECOG PS from IRT Strata, Level: 0

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=120)	Chemotherapy (N=119)
Anaemia	No. of Events (%) Median Survival Est. (95% CI)	4 ( 3.3) NC (NC , NC)	9 ( 7.6) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		0.430 ( 0.132, 1.395) 0.15180 0.79759
Febrile neutropenia	No. of Events (%) Median Survival Est. (95% CI)	2 ( 1.7) NC (NC , NC)	3 ( 2.5) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		0.664 ( 0.111, 3.973) 0.65810 0.19076

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 17MAY2021 17:04

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table AESV.KM.S5.SAF: Time to First Severe Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: ECOG PS from IRT Strata, Level: 0

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=120)	Chemotherapy (N=119)
Infections and infestations	No. of Events (%)	15 ( 12.5)	12 ( 10.1)
	Median Survival Est. (95% CI)	NC (NC , NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]		1.219 ( 0.571, 2.604)
	Treatment P-value [b]		0.60551
	Interaction P-value [c]		0.44147
Neutrophil count decreased	No. of Events (%)	9 ( 7.5)	29 ( 24.4)
	Median Survival Est. (95% CI)	NC (NC , NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]		0.267 ( 0.126, 0.564)
	Treatment P-value [b]		0.00025
	Interaction P-value [c]		0.04700

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 17MAY2021 17:04

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table AESV.KM.S5.SAF: Time to First Severe Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: ECOG PS from IRT Strata, Level: 0

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=120)	Chemotherapy (N=119)
White blood cell count decreased	No. of Events (%) Median Survival Est. (95% CI)	3 ( 2.5) NC (NC , NC)	14 ( 11.8) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		0.199 ( 0.057, 0.693) 0.00498 0.75332
Metabolism and nutrition disorders	No. of Events (%) Median Survival Est. (95% CI)	25 ( 20.8) NC (NC , NC)	9 ( 7.6) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		2.989 ( 1.395, 6.403) 0.00380 0.27549

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 17MAY2021 17:04

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table AESV.KM.S5.SAF: Time to First Severe Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: ECOG PS from IRT Strata, Level: 0

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=120)	Chemotherapy (N=119)
Hyperglycaemia	No. of Events (%) Median Survival Est. (95% CI)	8 ( 6.7) NC (NC , NC)	0 NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		NA (NA , NA) 0.00420 0.98857
Skin and subcutaneous tissue disorders	No. of Events (%) Median Survival Est. (95% CI)	27 ( 22.5) NC (NC , NC)	1 ( 0.8) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		30.696 ( 4.171, 225.929) <.00001 0.98430

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 17MAY2021 17:04

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table AESV.KM.S5.SAF: Time to First Severe Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: ECOG PS from IRT Strata, Level: 0

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=120)	Chemotherapy (N=119)
Rash maculo-papular	No. of Events (%)	10 ( 8.3)	0
	Median Survival Est. (95% CI)	NC (NC , NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]	NA (NA , NA)	
	Treatment P-value [b]	0.00125	
	Interaction P-value [c]	0.99995	

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 17MAY2021 17:04

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table AESV.KM.S5.SAF: Time to First Severe Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: ECOG PS from IRT Strata, Level: 1

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=176)	Chemotherapy (N=172)
Any Event	No. of Events (%) Median Survival Est. (95% CI)	137 ( 77.8) 1.38 ( 0.95, 1.87)	125 ( 72.7) 1.30 ( 0.66, 2.04)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		0.981 ( 0.770, 1.250) 0.96622 0.87195
Blood and lymphatic system disorders	No. of Events (%) Median Survival Est. (95% CI)	23 ( 13.1) NC (NC , NC)	50 ( 29.1) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		0.374 ( 0.228, 0.613) 0.00005 0.78611

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 17MAY2021 17:04

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table AESV.KM.S5.SAF: Time to First Severe Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: ECOG PS from IRT Strata, Level: 1

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=176)	Chemotherapy (N=172)
Anaemia	No. of Events (%) Median Survival Est. (95% CI)	15 ( 8.5) NC (NC , NC)	26 ( 15.1) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		0.512 ( 0.271, 0.967) 0.03426 0.79759
Febrile neutropenia	No. of Events (%) Median Survival Est. (95% CI)	2 ( 1.1) NC (NC , NC)	13 ( 7.6) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		0.140 ( 0.032, 0.622) 0.00288 0.19076

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 17MAY2021 17:04

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table AESV.KM.S5.SAF: Time to First Severe Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: ECOG PS from IRT Strata, Level: 1

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=176)	Chemotherapy (N=172)
Infections and infestations	No. of Events (%) Median Survival Est. (95% CI)	37 ( 21.0) NC (NC , NC)	21 ( 12.2) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		1.756 ( 1.028, 3.000) 0.03646 0.44147
Neutrophil count decreased	No. of Events (%) Median Survival Est. (95% CI)	12 ( 6.8) NC (NC , NC)	14 ( 8.1) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		0.793 ( 0.367, 1.715) 0.52281 0.04700

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 17MAY2021 17:04

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table AESV.KM.S5.SAF: Time to First Severe Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: ECOG PS from IRT Strata, Level: 1

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=176)	Chemotherapy (N=172)
White blood cell count decreased	No. of Events (%) Median Survival Est. (95% CI)	1 ( 0.6) NC (NC , NC)	7 ( 4.1) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		0.135 ( 0.017, 1.095) 0.02850 0.75332
Metabolism and nutrition disorders	No. of Events (%) Median Survival Est. (95% CI)	42 ( 23.9) NC (NC , NC)	23 ( 13.4) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		1.795 ( 1.080, 2.985) 0.02270 0.27549

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 17MAY2021 17:04

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table AESV.KM.S5.SAF: Time to First Severe Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: ECOG PS from IRT Strata, Level: 1

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=176)	Chemotherapy (N=172)
Hyperglycaemia	No. of Events (%) Median Survival Est. (95% CI)	13 ( 7.4) NC (NC , NC)	2 ( 1.2) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		6.397 ( 1.443, 28.346) 0.00507 0.98857
Skin and subcutaneous tissue disorders	No. of Events (%) Median Survival Est. (95% CI)	24 ( 13.6) NC (NC , NC)	0 NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		NA (NA , NA) <.00001 0.98430

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 17MAY2021 17:04

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table AESV.KM.S5.SAF: Time to First Severe Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: ECOG PS from IRT Strata, Level: 1

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=176)	Chemotherapy (N=172)
Rash maculo-papular	No. of Events (%)	12 ( 6.8)	0
	Median Survival Est. (95% CI)	NC (NC , NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]	NA (NA , NA)	
	Treatment P-value [b]	0.00067	
	Interaction P-value [c]	0.99995	

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 17MAY2021 17:04

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table AESV.KM.S6.SAF: Time to First Severe Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Liver Metastasis from IRT Strata, Level: Yes

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=92)	Chemotherapy (N=87)
Any Event	No. of Events (%) Median Survival Est. (95% CI)	70 ( 76.1) 0.95 ( 0.62, 2.14)	56 ( 64.4) 1.68 ( 0.72, 2.79)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		1.202 ( 0.846, 1.709) 0.30774 0.14804
Blood and lymphatic system disorders	No. of Events (%) Median Survival Est. (95% CI)	10 ( 10.9) NC (NC , NC)	16 ( 18.4) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		0.530 ( 0.241, 1.168) 0.12252 0.40825

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 17MAY2021 17:04

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table AESV.KM.S6.SAF: Time to First Severe Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Liver Metastasis from IRT Strata, Level: Yes

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=92)	Chemotherapy (N=87)
Anaemia	No. of Events (%) Median Survival Est. (95% CI)	6 ( 6.5) NC (NC , NC)	5 ( 5.7) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		1.094 ( 0.334, 3.585) 0.85672 0.14741
Febrile neutropenia	No. of Events (%) Median Survival Est. (95% CI)	2 ( 2.2) NC (NC , NC)	6 ( 6.9) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		0.305 ( 0.062, 1.514) 0.13327 0.68061

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 17MAY2021 17:04

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table AESV.KM.S6.SAF: Time to First Severe Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Liver Metastasis from IRT Strata, Level: Yes

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=92)	Chemotherapy (N=87)
Infections and infestations	No. of Events (%) Median Survival Est. (95% CI)	21 ( 22.8) NC (NC , NC)	14 ( 16.1) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		1.455 ( 0.740, 2.861) 0.27004 0.80939
Neutrophil count decreased	No. of Events (%) Median Survival Est. (95% CI)	8 ( 8.7) NC (NC , NC)	7 ( 8.0) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		1.034 ( 0.375, 2.852) 0.95825 0.05692

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 17MAY2021 17:04

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table AESV.KM.S6.SAF: Time to First Severe Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Liver Metastasis from IRT Strata, Level: Yes

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=92)		Chemotherapy (N=87)	
White blood cell count decreased	No. of Events (%)	0		3 ( 3.4)	
	Median Survival Est. (95% CI)	NC (NC , NC)		NC (NC , NC)	
	Hazard Ratio (95% CI) [a]			NA (NA , NA)	
	Treatment P-value [b]			0.07645	
	Interaction P-value [c]			0.99018	
Metabolism and nutrition disorders	No. of Events (%)	23 ( 25.0)		10 ( 11.5)	
	Median Survival Est. (95% CI)	NC (NC , NC)		NC (NC , NC)	
	Hazard Ratio (95% CI) [a]			2.352 ( 1.119, 4.942)	
	Treatment P-value [b]			0.01870	
	Interaction P-value [c]			0.75966	

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 17MAY2021 17:04

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table AESV.KM.S6.SAF: Time to First Severe Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Liver Metastasis from IRT Strata, Level: Yes

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=92)	Chemotherapy (N=87)
Hyperglycaemia	No. of Events (%) Median Survival Est. (95% CI)	6 ( 6.5) NC (NC , NC)	0 NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		NA (NA , NA) 0.01521 0.99047
Skin and subcutaneous tissue disorders	No. of Events (%) Median Survival Est. (95% CI)	17 ( 18.5) NC (NC , NC)	0 NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		NA (NA , NA) 0.00003 0.98787

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 17MAY2021 17:04

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table AESV.KM.S6.SAF: Time to First Severe Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Liver Metastasis from IRT Strata, Level: Yes

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=92)	Chemotherapy (N=87)
Rash maculo-papular	No. of Events (%)	10 ( 10.9)	0
	Median Survival Est. (95% CI)	NC (NC , NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]	NA (NA , NA)	
	Treatment P-value [b]	0.00168	
	Interaction P-value [c]	0.99981	

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 17MAY2021 17:04

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table AESV.KM.S6.SAF: Time to First Severe Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Liver Metastasis from IRT Strata, Level: No

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=204)	Chemotherapy (N=204)
Any Event	No. of Events (%) Median Survival Est. (95% CI)	141 ( 69.1) 1.87 ( 1.45, 2.79)	138 ( 67.6) 1.41 ( 0.69, 2.33)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		0.880 ( 0.696, 1.113) 0.32179 0.14804
Blood and lymphatic system disorders	No. of Events (%) Median Survival Est. (95% CI)	22 ( 10.8) NC (NC , NC)	54 ( 26.5) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		0.358 ( 0.218, 0.587) 0.00002 0.40825

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 17MAY2021 17:04

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table AESV.KM.S6.SAF: Time to First Severe Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Liver Metastasis from IRT Strata, Level: No

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=204)	Chemotherapy (N=204)
Anaemia	No. of Events (%) Median Survival Est. (95% CI)	13 ( 6.4) NC (NC , NC)	30 ( 14.7) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		0.402 ( 0.210, 0.771) 0.00442 0.14741
Febrile neutropenia	No. of Events (%) Median Survival Est. (95% CI)	2 ( 1.0) NC (NC , NC)	10 ( 4.9) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		0.192 ( 0.042, 0.877) 0.01712 0.68061

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 17MAY2021 17:04

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table AESV.KM.S6.SAF: Time to First Severe Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Liver Metastasis from IRT Strata, Level: No

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=204)	Chemotherapy (N=204)
Infections and infestations	No. of Events (%) Median Survival Est. (95% CI)	31 ( 15.2) NC (NC , NC)	19 ( 9.3) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		1.622 ( 0.917, 2.872) 0.09211 0.80939
Neutrophil count decreased	No. of Events (%) Median Survival Est. (95% CI)	13 ( 6.4) NC (NC , NC)	36 ( 17.6) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		0.323 ( 0.171, 0.610) 0.00026 0.05692

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 17MAY2021 17:04

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table AESV.KM.S6.SAF: Time to First Severe Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Liver Metastasis from IRT Strata, Level: No

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=204)	Chemotherapy (N=204)
White blood cell count decreased	No. of Events (%) Median Survival Est. (95% CI)	4 ( 2.0) NC (NC , NC)	18 ( 8.8) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		0.209 ( 0.071, 0.618) 0.00181 0.99018
Metabolism and nutrition disorders	No. of Events (%) Median Survival Est. (95% CI)	44 ( 21.6) NC (NC , NC)	22 ( 10.8) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		2.043 ( 1.225, 3.408) 0.00495 0.75966

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 17MAY2021 17:04

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table AESV.KM.S6.SAF: Time to First Severe Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Liver Metastasis from IRT Strata, Level: No

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=204)	Chemotherapy (N=204)
Hyperglycaemia	No. of Events (%) Median Survival Est. (95% CI)	15 ( 7.4) NC (NC , NC)	2 ( 1.0) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		7.559 ( 1.729, 33.055) 0.00151 0.99047
Skin and subcutaneous tissue disorders	No. of Events (%) Median Survival Est. (95% CI)	34 ( 16.7) NC (NC , NC)	1 ( 0.5) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		36.393 ( 4.982, 265.868) <.00001 0.98787

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 17MAY2021 17:04

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table AESV.KM.S6.SAF: Time to First Severe Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Liver Metastasis from IRT Strata, Level: No

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=204)	Chemotherapy (N=204)
Rash maculo-papular	No. of Events (%)	12 ( 5.9)	0
	Median Survival Est. (95% CI)	NC (NC , NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]	NA (NA , NA)	
	Treatment P-value [b]	0.00052	
	Interaction P-value [c]	0.99981	

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 17MAY2021 17:04

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table AESV.KM.S7.SAF: Time to First Severe Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Pre-selected Investigator's Choice of Paclitaxel/Docetaxel/Vinflunine, Level: Paclitaxel

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=140)	Chemotherapy (N=107)
Any Event	No. of Events (%) Median Survival Est. (95% CI)	101 ( 72.1) 1.71 ( 1.12, 2.73)	59 ( 55.1) 4.96 ( 2.69, NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		1.500 ( 1.088, 2.069) 0.00716 0.00194
Blood and lymphatic system disorders	No. of Events (%) Median Survival Est. (95% CI)	18 ( 12.9) NC (NC , NC)	18 ( 16.8) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		0.733 ( 0.381, 1.408) 0.31575 0.07395

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 17MAY2021 17:04

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table AESV.KM.S7.SAF: Time to First Severe Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Pre-selected Investigator's Choice of Paclitaxel/Docetaxel/Vinflunine, Level: Paclitaxel

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=140)	Chemotherapy (N=107)
Anaemia	No. of Events (%)	15 ( 10.7)	9 ( 8.4)
	Median Survival Est. (95% CI)	NC (NC , NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]	1.235 ( 0.540, 2.822)	
	Treatment P-value [b]	0.63178	
	Interaction P-value [c]	0.01398	
Infections and infestations	No. of Events (%)	29 ( 20.7)	10 ( 9.3)
	Median Survival Est. (95% CI)	NC (NC , NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]	2.264 ( 1.103, 4.647)	
	Treatment P-value [b]	0.02092	
	Interaction P-value [c]	0.30064	

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 17MAY2021 17:04

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table AESV.KM.S7.SAF: Time to First Severe Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Pre-selected Investigator's Choice of Paclitaxel/Docetaxel/Vinflunine, Level: Paclitaxel

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=140)	Chemotherapy (N=107)
Neutrophil count decreased	No. of Events (%) Median Survival Est. (95% CI)	14 ( 10.0) NC (NC , NC)	10 ( 9.3) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		1.038 ( 0.461, 2.338) 0.94909 0.02999
White blood cell count decreased	No. of Events (%) Median Survival Est. (95% CI)	1 ( 0.7) NC (NC , NC)	1 ( 0.9) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		0.759 ( 0.047, 12.128) 0.83621 0.67507

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 17MAY2021 17:04

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table AESV.KM.S7.SAF: Time to First Severe Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Pre-selected Investigator's Choice of Paclitaxel/Docetaxel/Vinflunine, Level: Paclitaxel

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=140)	Chemotherapy (N=107)
Metabolism and nutrition disorders	No. of Events (%)	33 ( 23.6)	3 ( 2.8)
	Median Survival Est. (95% CI)	NC (NC , NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]	9.286 ( 2.849,	30.268)
	Treatment P-value [b]	<.00001	
	Interaction P-value [c]	0.00779	
Hyperglycaemia	No. of Events (%)	10 ( 7.1)	1 ( 0.9)
	Median Survival Est. (95% CI)	NC (NC , NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]	7.748 ( 0.992,	60.526)
	Treatment P-value [b]	0.02104	
	Interaction P-value [c]	0.99208	

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 17MAY2021 17:04

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table AESV.KM.S7.SAF: Time to First Severe Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Pre-selected Investigator's Choice of Paclitaxel/Docetaxel/Vinflunine, Level: Paclitaxel

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=140)	Chemotherapy (N=107)
Skin and subcutaneous tissue disorders	No. of Events (%)	28 ( 20.0)	1 ( 0.9)
	Median Survival Est. (95% CI)	NC (NC , NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]		22.975 ( 3.126, 168.873)
	Treatment P-value [b]		<.00001
	Interaction P-value [c]		0.99976
Rash maculo-papular	No. of Events (%)	12 ( 8.6)	0
	Median Survival Est. (95% CI)	NC (NC , NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]		NA (NA , NA)
	Treatment P-value [b]		0.00218
	Interaction P-value [c]		1.00000

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 17MAY2021 17:04

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table AESV.KM.S7.SAF: Time to First Severe Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Pre-selected Investigator's Choice of Paclitaxel/Docetaxel/Vinflunine, Level: Docetaxel

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=85)	Chemotherapy (N=109)
Any Event	No. of Events (%)	61 ( 71.8)	79 ( 72.5)
	Median Survival Est. (95% CI)	1.18 ( 0.72, 1.91)	0.72 ( 0.26, 1.45)
	Hazard Ratio (95% CI) [a]		0.818 ( 0.585, 1.142)
	Treatment P-value [b]		0.22315
	Interaction P-value [c]		0.00194
Blood and lymphatic system disorders	No. of Events (%)	9 ( 10.6)	32 ( 29.4)
	Median Survival Est. (95% CI)	NC (NC , NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]		0.307 ( 0.146, 0.642)
	Treatment P-value [b]		0.00106
	Interaction P-value [c]		0.07395

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 17MAY2021 17:04

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table AESV.KM.S7.SAF: Time to First Severe Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Pre-selected Investigator's Choice of Paclitaxel/Docetaxel/Vinflunine, Level: Docetaxel

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=85)	Chemotherapy (N=109)
Anaemia	No. of Events (%) Median Survival Est. (95% CI)	2 ( 2.4) NC (NC , NC)	21 ( 19.3) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		0.107 ( 0.025, 0.457) 0.00026 0.01398
Infections and infestations	No. of Events (%) Median Survival Est. (95% CI)	13 ( 15.3) NC (NC , NC)	16 ( 14.7) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		1.006 ( 0.484, 2.091) 0.99140 0.30064

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 17MAY2021 17:04

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table AESV.KM.S7.SAF: Time to First Severe Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Pre-selected Investigator's Choice of Paclitaxel/Docetaxel/Vinflunine, Level: Docetaxel

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=85)	Chemotherapy (N=109)
Neutrophil count decreased	No. of Events (%) Median Survival Est. (95% CI)	6 ( 7.1) NC (NC , NC)	28 ( 25.7) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		0.221 ( 0.092, 0.535) 0.00043 0.02999
White blood cell count decreased	No. of Events (%) Median Survival Est. (95% CI)	3 ( 3.5) NC (NC , NC)	18 ( 16.5) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		0.193 ( 0.057, 0.654) 0.00349 0.67507

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 17MAY2021 17:04

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table AESV.KM.S7.SAF: Time to First Severe Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Pre-selected Investigator's Choice of Paclitaxel/Docetaxel/Vinflunine, Level: Docetaxel

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=85)	Chemotherapy (N=109)
Metabolism and nutrition disorders	No. of Events (%) Median Survival Est. (95% CI)	21 ( 24.7) NC (NC , NC)	16 ( 14.7) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		1.752 ( 0.914, 3.358) 0.09112 0.00779
Hyperglycaemia	No. of Events (%) Median Survival Est. (95% CI)	5 ( 5.9) NC (NC , NC)	0 NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		NA (NA , NA) 0.01046 0.99208

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 17MAY2021 17:04

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table AESV.KM.S7.SAF: Time to First Severe Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Pre-selected Investigator's Choice of Paclitaxel/Docetaxel/Vinflunine, Level: Docetaxel

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=85)	Chemotherapy (N=109)
Skin and subcutaneous tissue disorders	No. of Events (%)	16 ( 18.8)	0
	Median Survival Est. (95% CI)	NC (NC , NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]	NA (NA , NA)	
	Treatment P-value [b]	<.00001	
	Interaction P-value [c]	0.99976	
Rash maculo-papular	No. of Events (%)	7 ( 8.2)	0
	Median Survival Est. (95% CI)	NC (NC , NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]	NA (NA , NA)	
	Treatment P-value [b]	0.00266	
	Interaction P-value [c]	1.00000	

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 17MAY2021 17:04

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table AESV.KM.S7.SAF: Time to First Severe Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Pre-selected Investigator's Choice of Paclitaxel/Docetaxel/Vinflunine, Level: Vinflunine

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=71)	Chemotherapy (N=75)
Any Event	No. of Events (%) Median Survival Est. (95% CI)	49 ( 69.0) 2.10 ( 1.25, 4.93)	56 ( 74.7) 0.46 ( 0.30, 1.61)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		0.643 ( 0.438, 0.943) 0.02553 0.00194
Blood and lymphatic system disorders	No. of Events (%) Median Survival Est. (95% CI)	5 ( 7.0) NC (NC , NC)	20 ( 26.7) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		0.218 ( 0.082, 0.580) 0.00104 0.07395

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 17MAY2021 17:04

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table AESV.KM.S7.SAF: Time to First Severe Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Pre-selected Investigator's Choice of Paclitaxel/Docetaxel/Vinflunine, Level: Vinflunine

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=71)	Chemotherapy (N=75)
Anaemia	No. of Events (%) Median Survival Est. (95% CI)	2 ( 2.8) NC (NC , NC)	5 ( 6.7) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		0.412 ( 0.080, 2.125) 0.27725 0.01398
Infections and infestations	No. of Events (%) Median Survival Est. (95% CI)	10 ( 14.1) NC (NC , NC)	7 ( 9.3) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		1.548 ( 0.589, 4.067) 0.38200 0.30064

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 17MAY2021 17:04

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table AESV.KM.S7.SAF: Time to First Severe Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Pre-selected Investigator's Choice of Paclitaxel/Docetaxel/Vinflunine, Level: Vinflunine

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=71)	Chemotherapy (N=75)
Neutrophil count decreased	No. of Events (%) Median Survival Est. (95% CI)	1 ( 1.4) NC (NC , NC)	5 ( 6.7) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		0.208 ( 0.024, 1.782) 0.10734 0.02999
White blood cell count decreased	No. of Events (%) Median Survival Est. (95% CI)	0 NC (NC , NC)	2 ( 2.7) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		NA (NA , NA) 0.16165 0.67507

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 17MAY2021 17:04

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table AESV.KM.S7.SAF: Time to First Severe Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Pre-selected Investigator's Choice of Paclitaxel/Docetaxel/Vinflunine, Level: Vinflunine

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=71)	Chemotherapy (N=75)
Metabolism and nutrition disorders	No. of Events (%)	13 ( 18.3)	13 ( 17.3)
	Median Survival Est. (95% CI)	NC (NC , NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]		0.992 ( 0.460, 2.141)
	Treatment P-value [b]		0.99936
	Interaction P-value [c]		0.00779
Hyperglycaemia	No. of Events (%)	6 ( 8.5)	1 ( 1.3)
	Median Survival Est. (95% CI)	NC (NC , NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]		6.415 ( 0.772, 53.287)
	Treatment P-value [b]		0.04510
	Interaction P-value [c]		0.99208

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 17MAY2021 17:04

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table AESV.KM.S7.SAF: Time to First Severe Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Pre-selected Investigator's Choice of Paclitaxel/Docetaxel/Vinflunine, Level: Vinflunine

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=71)	Chemotherapy (N=75)
Skin and subcutaneous tissue disorders	No. of Events (%)	7 ( 9.9)	0
	Median Survival Est. (95% CI)	NC (NC , NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]	NA (NA	, NA)
	Treatment P-value [b]	0.00527	
	Interaction P-value [c]	0.99976	
Rash maculo-papular	No. of Events (%)	3 ( 4.2)	0
	Median Survival Est. (95% CI)	NC (NC , NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]	NA (NA	, NA)
	Treatment P-value [b]	0.07663	
	Interaction P-value [c]	1.00000	

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 17MAY2021 17:04

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table AESV.KM.S8.SAF: Time to First Severe Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Primary Site of Tumor, Level: Upper Tract

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=96)	Chemotherapy (N=102)
Any Event	No. of Events (%) Median Survival Est. (95% CI)	74 ( 77.1) 1.25 ( 0.72, 2.33)	66 ( 64.7) 1.71 ( 0.66, 2.79)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		1.145 ( 0.822, 1.596) 0.41921 0.22635
Blood and lymphatic system disorders	No. of Events (%) Median Survival Est. (95% CI)	16 ( 16.7) NC (NC , NC)	22 ( 21.6) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		0.709 ( 0.372, 1.350) 0.29388 0.02936

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 17MAY2021 17:04

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table AESV.KM.S8.SAF: Time to First Severe Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Primary Site of Tumor, Level: Upper Tract

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=96)	Chemotherapy (N=102)
Anaemia	No. of Events (%) Median Survival Est. (95% CI)	11 ( 11.5) NC (NC , NC)	10 ( 9.8) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		1.152 ( 0.489, 2.712) 0.73900 0.01687
Febrile neutropenia	No. of Events (%) Median Survival Est. (95% CI)	3 ( 3.1) NC (NC , NC)	7 ( 6.9) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		0.440 ( 0.114, 1.703) 0.22070 0.24274

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 17MAY2021 17:04

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table AESV.KM.S8.SAF: Time to First Severe Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Primary Site of Tumor, Level: Upper Tract

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=96)	Chemotherapy (N=102)
Infections and infestations	No. of Events (%) Median Survival Est. (95% CI)	14 ( 14.6) NC (NC , NC)	10 ( 9.8) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		1.491 ( 0.662, 3.355) 0.33501 0.91768
Neutrophil count decreased	No. of Events (%) Median Survival Est. (95% CI)	10 ( 10.4) NC (NC , NC)	19 ( 18.6) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		0.509 ( 0.237, 1.096) 0.08410 0.63814

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 17MAY2021 17:04

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table AESV.KM.S8.SAF: Time to First Severe Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Primary Site of Tumor, Level: Upper Tract

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=96)	Chemotherapy (N=102)
White blood cell count decreased	No. of Events (%) Median Survival Est. (95% CI)	1 ( 1.0) NC (NC , NC)	9 ( 8.8) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		0.111 ( 0.014, 0.876) 0.01194 0.56225
Metabolism and nutrition disorders	No. of Events (%) Median Survival Est. (95% CI)	24 ( 25.0) NC (NC , NC)	11 ( 10.8) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		2.418 ( 1.184, 4.936) 0.01358 0.68174

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 17MAY2021 17:04

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table AESV.KM.S8.SAF: Time to First Severe Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Primary Site of Tumor, Level: Upper Tract

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=96)	Chemotherapy (N=102)
Hyperglycaemia	No. of Events (%) Median Survival Est. (95% CI)	6 ( 6.3) NC (NC , NC)	1 ( 1.0) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		6.402 ( 0.771, 53.178) 0.05038 0.58242
Skin and subcutaneous tissue disorders	No. of Events (%) Median Survival Est. (95% CI)	21 ( 21.9) NC (NC , NC)	1 ( 1.0) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		24.696 ( 3.322, 183.621) <.00001 0.98242

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 17MAY2021 17:04

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table AESV.KM.S8.SAF: Time to First Severe Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Primary Site of Tumor, Level: Upper Tract

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=96)	Chemotherapy (N=102)
Rash maculo-papular	No. of Events (%)	10 ( 10.4)	0
	Median Survival Est. (95% CI)	NC (NC , NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]	NA (NA , NA)	
	Treatment P-value [b]	0.00095	
	Interaction P-value [c]	0.99983	

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 17MAY2021 17:04

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table AESV.KM.S8.SAF: Time to First Severe Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Primary Site of Tumor, Level: Other

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=200)	Chemotherapy (N=189)
Any Event	No. of Events (%) Median Survival Est. (95% CI)	137 ( 68.5) 1.87 ( 1.41, 2.79)	128 ( 67.7) 1.41 ( 0.79, 2.50)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		0.889 ( 0.699, 1.131) 0.35569 0.22635
Blood and lymphatic system disorders	No. of Events (%) Median Survival Est. (95% CI)	16 ( 8.0) NC (NC , NC)	48 ( 25.4) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		0.273 ( 0.155, 0.481) <.00001 0.02936

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 17MAY2021 17:04

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table AESV.KM.S8.SAF: Time to First Severe Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Primary Site of Tumor, Level: Other

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=200)	Chemotherapy (N=189)
Anaemia	No. of Events (%) Median Survival Est. (95% CI)	8 ( 4.0) NC (NC , NC)	25 ( 13.2) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		0.277 ( 0.125, 0.614) 0.00063 0.01687
Febrile neutropenia	No. of Events (%) Median Survival Est. (95% CI)	1 ( 0.5) NC (NC , NC)	9 ( 4.8) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		0.101 ( 0.013, 0.798) 0.00754 0.24274

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 17MAY2021 17:04

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table AESV.KM.S8.SAF: Time to First Severe Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Primary Site of Tumor, Level: Other

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=200)	Chemotherapy (N=189)
Infections and infestations	No. of Events (%) Median Survival Est. (95% CI)	38 ( 19.0) NC (NC , NC)	23 ( 12.2) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		1.568 ( 0.934, 2.632) 0.08749 0.91768
Neutrophil count decreased	No. of Events (%) Median Survival Est. (95% CI)	11 ( 5.5) NC (NC , NC)	24 ( 12.7) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		0.396 ( 0.194, 0.809) 0.00887 0.63814

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 17MAY2021 17:04

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table AESV.KM.S8.SAF: Time to First Severe Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Primary Site of Tumor, Level: Other

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=200)	Chemotherapy (N=189)
White blood cell count decreased	No. of Events (%) Median Survival Est. (95% CI)	3 ( 1.5) NC (NC , NC)	12 ( 6.3) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		0.227 ( 0.064, 0.805) 0.01227 0.56225
Metabolism and nutrition disorders	No. of Events (%) Median Survival Est. (95% CI)	43 ( 21.5) NC (NC , NC)	21 ( 11.1) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		2.010 ( 1.193, 3.386) 0.00740 0.68174

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 17MAY2021 17:04

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table AESV.KM.S8.SAF: Time to First Severe Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Primary Site of Tumor, Level: Other

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=200)	Chemotherapy (N=189)
Hyperglycaemia	No. of Events (%) Median Survival Est. (95% CI)	15 ( 7.5) NC (NC , NC)	1 ( 0.5) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		14.560 ( 1.924, 110.189) 0.00056 0.58242
Skin and subcutaneous tissue disorders	No. of Events (%) Median Survival Est. (95% CI)	30 ( 15.0) NC (NC , NC)	0 NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		NA (NA , NA) <.00001 0.98242

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 17MAY2021 17:04

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table AESV.KM.S8.SAF: Time to First Severe Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Primary Site of Tumor, Level: Other

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=200)	Chemotherapy (N=189)
Rash maculo-papular	No. of Events (%)	12 ( 6.0)	0
	Median Survival Est. (95% CI)	NC (NC , NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]	NA (NA , NA)	
	Treatment P-value [b]	0.00075	
	Interaction P-value [c]	0.99983	

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 17MAY2021 17:04

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table AESV.KM.S9.SAF: Time to First Severe Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Prior Lines of Systemic Therapy, Level: 1-2 lines

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=259)	Chemotherapy (N=255)
Any Event	No. of Events (%) Median Survival Est. (95% CI)	185 ( 71.4) 1.64 ( 1.18, 2.10)	169 ( 66.3) 1.64 ( 0.95, 2.33)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		1.002 ( 0.813, 1.235) 0.97606 0.34385
Blood and lymphatic system disorders	No. of Events (%) Median Survival Est. (95% CI)	28 ( 10.8) NC (NC , NC)	60 ( 23.5) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		0.406 ( 0.259, 0.636) 0.00005 0.80489

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 17MAY2021 17:04

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table AESV.KM.S9.SAF: Time to First Severe Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Prior Lines of Systemic Therapy, Level: 1-2 lines

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=259)	Chemotherapy (N=255)
Anaemia	No. of Events (%) Median Survival Est. (95% CI)	17 ( 6.6) NC (NC , NC)	28 ( 11.0) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		0.565 ( 0.309, 1.033) 0.06050 0.33549
Febrile neutropenia	No. of Events (%) Median Survival Est. (95% CI)	4 ( 1.5) NC (NC , NC)	15 ( 5.9) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		0.253 ( 0.084, 0.762) 0.00831 0.99066

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 17MAY2021 17:04

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table AESV.KM.S9.SAF: Time to First Severe Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Prior Lines of Systemic Therapy, Level: 1-2 lines

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=259)	Chemotherapy (N=255)
Infections and infestations	No. of Events (%) Median Survival Est. (95% CI)	46 ( 17.8) NC (NC , NC)	28 ( 11.0) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		1.627 ( 1.017, 2.602) 0.04092 0.60317
Neutrophil count decreased	No. of Events (%) Median Survival Est. (95% CI)	15 ( 5.8) NC (NC , NC)	38 ( 14.9) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		0.353 ( 0.194, 0.642) 0.00038 0.09147

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 17MAY2021 17:04

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table AESV.KM.S9.SAF: Time to First Severe Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Prior Lines of Systemic Therapy, Level: 1-2 lines

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=259)	Chemotherapy (N=255)
White blood cell count decreased	No. of Events (%) Median Survival Est. (95% CI)	2 ( 0.8) NC (NC , NC)	19 ( 7.5) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		0.099 ( 0.023, 0.423) 0.00012 0.06927
Metabolism and nutrition disorders	No. of Events (%) Median Survival Est. (95% CI)	61 ( 23.6) NC (NC , NC)	27 ( 10.6) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		2.329 ( 1.481, 3.665) 0.00017 0.27608

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 17MAY2021 17:04

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table AESV.KM.S9.SAF: Time to First Severe Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Prior Lines of Systemic Therapy, Level: 1-2 lines

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=259)	Chemotherapy (N=255)
Hyperglycaemia	No. of Events (%) Median Survival Est. (95% CI)	20 ( 7.7) NC (NC , NC)	2 ( 0.8) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		10.025 ( 2.343, 42.893) 0.00012 0.99154
Skin and subcutaneous tissue disorders	No. of Events (%) Median Survival Est. (95% CI)	47 ( 18.1) NC (NC , NC)	0 NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		NA (NA , NA) <.00001 0.98424

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 17MAY2021 17:04

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table AESV.KM.S9.SAF: Time to First Severe Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Prior Lines of Systemic Therapy, Level: 1-2 lines

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=259)	Chemotherapy (N=255)
Rash maculo-papular	No. of Events (%)	22 ( 8.5)	0
	Median Survival Est. (95% CI)	NC (NC , NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]	NA (NA , NA)	
	Treatment P-value [b]	<.00001	
	Interaction P-value [c]	0.99728	

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 17MAY2021 17:04

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table AESV.KM.S9.SAF: Time to First Severe Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Prior Lines of Systemic Therapy, Level: &gt;=3 lines

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=37)	Chemotherapy (N=36)
Any Event	No. of Events (%) Median Survival Est. (95% CI)	26 ( 70.3) 2.27 ( 1.18, 5.16)	25 ( 69.4) 1.07 ( 0.26, 2.99)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		0.755 ( 0.436, 1.307) 0.36175 0.34385
Blood and lymphatic system disorders	No. of Events (%) Median Survival Est. (95% CI)	4 ( 10.8) NC (NC , NC)	10 ( 27.8) NC (12.94, NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		0.347 ( 0.109, 1.106) 0.07187 0.80489

Subgroup analyses are conducted if there exist at least 2 levels with >= 10 patients across treatment arms and >=10 events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 17MAY2021 17:04

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table AESV.KM.S9.SAF: Time to First Severe Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Prior Lines of Systemic Therapy, Level: &gt;=3 lines

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=37)	Chemotherapy (N=36)
Anaemia	No. of Events (%) Median Survival Est. (95% CI)	2 ( 5.4) NC (NC , NC)	7 ( 19.4) NC (12.94, NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		0.247 ( 0.051, 1.190) 0.07029 0.33549
Febrile neutropenia	No. of Events (%) Median Survival Est. (95% CI)	0 NC (NC , NC)	1 ( 2.8) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		NA (NA , NA) 0.31068 0.99066

Subgroup analyses are conducted if there exist at least 2 levels with >= 10 patients across treatment arms and >=10 events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 17MAY2021 17:04

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table AESV.KM.S9.SAF: Time to First Severe Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Prior Lines of Systemic Therapy, Level: &gt;=3 lines

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=37)	Chemotherapy (N=36)
Infections and infestations	No. of Events (%) Median Survival Est. (95% CI)	6 ( 16.2) NC (NC , NC)	5 ( 13.9) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		1.160 ( 0.354, 3.799) 0.79420 0.60317
Neutrophil count decreased	No. of Events (%) Median Survival Est. (95% CI)	6 ( 16.2) NC (NC , NC)	5 ( 13.9) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		1.108 ( 0.338, 3.632) 0.88123 0.09147

Subgroup analyses are conducted if there exist at least 2 levels with >= 10 patients across treatment arms and >=10 events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 17MAY2021 17:04

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table AESV.KM.S9.SAF: Time to First Severe Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Prior Lines of Systemic Therapy, Level: &gt;=3 lines

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=37)	Chemotherapy (N=36)
White blood cell count decreased	No. of Events (%) Median Survival Est. (95% CI)	2 ( 5.4) NC (NC , NC)	2 ( 5.6) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		0.948 ( 0.134, 6.729) 0.97162 0.06927
Metabolism and nutrition disorders	No. of Events (%) Median Survival Est. (95% CI)	6 ( 16.2) NC (NC , NC)	5 ( 13.9) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		1.150 ( 0.351, 3.768) 0.79568 0.27608

Subgroup analyses are conducted if there exist at least 2 levels with >= 10 patients across treatment arms and >=10 events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 17MAY2021 17:04

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table AESV.KM.S9.SAF: Time to First Severe Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Prior Lines of Systemic Therapy, Level: &gt;=3 lines

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=37)	Chemotherapy (N=36)
Hyperglycaemia	No. of Events (%) Median Survival Est. (95% CI)	1 ( 2.7) NC (NC , NC)	0 NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		NA (NA , NA) 0.31731 0.99154
Skin and subcutaneous tissue disorders	No. of Events (%) Median Survival Est. (95% CI)	4 ( 10.8) NC (NC , NC)	1 ( 2.8) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		3.882 ( 0.434, 34.733) 0.18885 0.98424

Subgroup analyses are conducted if there exist at least 2 levels with >= 10 patients across treatment arms and >=10 events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 17MAY2021 17:04

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table AESV.KM.S9.SAF: Time to First Severe Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Prior Lines of Systemic Therapy, Level: &gt;=3 lines

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=37)		Chemotherapy (N=36)	
Rash maculo-papular	No. of Events (%)	0		0	
	Median Survival Est. (95% CI)	NC (NC , NC)		NC (NC , NC)	
	Hazard Ratio (95% CI) [a]			NA (NA , NA)	
	Treatment P-value [b]			NA	
	Interaction P-value [c]			0.99728	

Subgroup analyses are conducted if there exist at least 2 levels with >= 10 patients across treatment arms and >=10 events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 17MAY2021 17:04

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table AESV.KM.S10.SAF: Time to First Severe Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Best Response to Prior CPI, Level: Responder

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=61)	Chemotherapy (N=49)
Any Event	No. of Events (%)	47 ( 77.0)	32 ( 65.3)
	Median Survival Est. (95% CI)	1.71 ( 0.82, 2.79)	1.68 ( 0.26, 4.93)
	Hazard Ratio (95% CI) [a]		1.091 ( 0.696, 1.710)
	Treatment P-value [b]		0.62729
	Interaction P-value [c]		0.60852
Blood and lymphatic system disorders	No. of Events (%)	5 ( 8.2)	12 ( 24.5)
	Median Survival Est. (95% CI)	NC (NC , NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]		0.292 ( 0.103, 0.829)
	Treatment P-value [b]		0.01416
	Interaction P-value [c]		0.46482

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 17MAY2021 17:04

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table AESV.KM.S10.SAF: Time to First Severe Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Best Response to Prior CPI, Level: Responder

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=61)	Chemotherapy (N=49)
Anaemia	No. of Events (%) Median Survival Est. (95% CI)	1 ( 1.6) NC (NC , NC)	6 ( 12.2) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		0.123 ( 0.015, 1.025) 0.02218 0.14837
Febrile neutropenia	No. of Events (%) Median Survival Est. (95% CI)	0 NC (NC , NC)	4 ( 8.2) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		NA (NA , NA) 0.02211 0.99194

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 17MAY2021 17:04

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table AESV.KM.S10.SAF: Time to First Severe Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Best Response to Prior CPI, Level: Responder

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=61)	Chemotherapy (N=49)
Infections and infestations	No. of Events (%)	9 ( 14.8)	6 ( 12.2)
	Median Survival Est. (95% CI)	NC (NC , NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]	1.186 ( 0.422, 3.333)	
	Treatment P-value [b]	0.76819	
	Interaction P-value [c]	0.52203	
Neutrophil count decreased	No. of Events (%)	5 ( 8.2)	7 ( 14.3)
	Median Survival Est. (95% CI)	NC (NC , NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]	0.544 ( 0.173, 1.715)	
	Treatment P-value [b]	0.27761	
	Interaction P-value [c]	0.59524	

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 17MAY2021 17:04

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table AESV.KM.S10.SAF: Time to First Severe Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Best Response to Prior CPI, Level: Responder

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=61)	Chemotherapy (N=49)
White blood cell count decreased	No. of Events (%) Median Survival Est. (95% CI)	1 ( 1.6) NC (NC , NC)	2 ( 4.1) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		0.387 ( 0.035, 4.272) 0.42610 0.41151
Metabolism and nutrition disorders	No. of Events (%) Median Survival Est. (95% CI)	17 ( 27.9) NC (NC , NC)	6 ( 12.2) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		2.455 ( 0.968, 6.227) 0.04919 0.49296

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 17MAY2021 17:04

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table AESV.KM.S10.SAF: Time to First Severe Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Best Response to Prior CPI, Level: Responder

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=61)	Chemotherapy (N=49)
Hyperglycaemia	No. of Events (%) Median Survival Est. (95% CI)	6 ( 9.8) NC (NC , NC)	0 NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		NA (NA , NA) 0.02565 0.98857
Skin and subcutaneous tissue disorders	No. of Events (%) Median Survival Est. (95% CI)	13 ( 21.3) NC (NC , NC)	0 NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		NA (NA , NA) 0.00069 0.98538

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 17MAY2021 17:04

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table AESV.KM.S10.SAF: Time to First Severe Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Best Response to Prior CPI, Level: Responder

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=61)	Chemotherapy (N=49)
Rash maculo-papular	No. of Events (%)	1 ( 1.6)	0
	Median Survival Est. (95% CI)	NC (NC , NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]	NA (NA , NA)	
	Treatment P-value [b]	0.37504	
	Interaction P-value [c]	0.99958	

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 17MAY2021 17:04

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table AESV.KM.S10.SAF: Time to First Severe Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Best Response to Prior CPI, Level: Non-responder

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=202)	Chemotherapy (N=202)
Any Event	No. of Events (%) Median Survival Est. (95% CI)	142 ( 70.3) 1.71 ( 1.18, 2.37)	133 ( 65.8) 1.41 ( 0.59, 2.33)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		0.955 ( 0.754, 1.210) 0.70435 0.60852
Blood and lymphatic system disorders	No. of Events (%) Median Survival Est. (95% CI)	22 ( 10.9) NC (NC , NC)	44 ( 21.8) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		0.450 ( 0.270, 0.751) 0.00169 0.46482

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 17MAY2021 17:04

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table AESV.KM.S10.SAF: Time to First Severe Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Best Response to Prior CPI, Level: Non-responder

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=202)	Chemotherapy (N=202)
Anaemia	No. of Events (%) Median Survival Est. (95% CI)	14 ( 6.9) NC (NC , NC)	21 ( 10.4) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		0.635 ( 0.323, 1.249) 0.18248 0.14837
Febrile neutropenia	No. of Events (%) Median Survival Est. (95% CI)	3 ( 1.5) NC (NC , NC)	10 ( 5.0) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		0.288 ( 0.079, 1.048) 0.04430 0.99194

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 17MAY2021 17:04

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table AESV.KM.S10.SAF: Time to First Severe Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Best Response to Prior CPI, Level: Non-responder

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=202)	Chemotherapy (N=202)
Infections and infestations	No. of Events (%) Median Survival Est. (95% CI)	39 ( 19.3) NC (NC , NC)	23 ( 11.4) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		1.730 ( 1.033, 2.896) 0.03375 0.52203
Neutrophil count decreased	No. of Events (%) Median Survival Est. (95% CI)	12 ( 5.9) NC (NC , NC)	29 ( 14.4) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		0.380 ( 0.194, 0.744) 0.00374 0.59524

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 17MAY2021 17:04

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table AESV.KM.S10.SAF: Time to First Severe Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Best Response to Prior CPI, Level: Non-responder

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=202)	Chemotherapy (N=202)
White blood cell count decreased	No. of Events (%) Median Survival Est. (95% CI)	2 ( 1.0) NC (NC , NC)	16 ( 7.9) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		0.119 ( 0.027, 0.518) 0.00068 0.41151
Metabolism and nutrition disorders	No. of Events (%) Median Survival Est. (95% CI)	40 ( 19.8) NC (NC , NC)	24 ( 11.9) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		1.695 ( 1.022, 2.811) 0.03985 0.49296

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 17MAY2021 17:04

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table AESV.KM.S10.SAF: Time to First Severe Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Best Response to Prior CPI, Level: Non-responder

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=202)	Chemotherapy (N=202)
Hyperglycaemia	No. of Events (%) Median Survival Est. (95% CI)	13 ( 6.4) NC (NC , NC)	2 ( 1.0) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		6.593 ( 1.488, 29.216) 0.00422 0.98857
Skin and subcutaneous tissue disorders	No. of Events (%) Median Survival Est. (95% CI)	34 ( 16.8) NC (NC , NC)	1 ( 0.5) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		36.475 ( 4.993, 266.472) <.00001 0.98538

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 17MAY2021 17:04

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table AESV.KM.S10.SAF: Time to First Severe Treatment Emergent Adverse Event (Months) (Safety Analysis Set)

Subgroup: Best Response to Prior CPI, Level: Non-responder

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=202)	Chemotherapy (N=202)
Rash maculo-papular	No. of Events (%)	19 ( 9.4)	0
	Median Survival Est. (95% CI)	NC (NC , NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]	NA (NA , NA)	
	Treatment P-value [b]	<.00001	
	Interaction P-value [c]	0.99958	

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 17MAY2021 17:04

Analysis Plan: 15FEB2021

Confidential

#### 4.6 Subgruppenanalysen zu den progressionsbereinigten schweren (CTCAE Grad $\geq 3$ ) unerwünschten Ereignissen

Astellas: 7465-CL-0301

Table AESV.wDP.KM.S1.SAF: Time to First Severe Treatment Emergent Adverse Event Excluding Those Related to Disease Progression (Months) (Safety Analysis Set)

Subgroup: Age Group 1, Level: <65 years

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=106)	Chemotherapy (N=103)
Any Event	No. of Events (%)	68 ( 64.2)	64 ( 62.1)
	Median Survival Est. (95% CI)	2.53 ( 1.81, 5.13)	1.61 ( 0.95, 4.76)
	Hazard Ratio (95% CI) [a]		0.856 ( 0.608, 1.204)
	Treatment P-value [b]		0.38252
	Interaction P-value [c]		0.30864

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 17MAY2021 17:04

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table AESV.wDP.KM.S1.SAF: Time to First Severe Treatment Emergent Adverse Event Excluding Those Related to Disease Progression (Months) (Safety Analysis Set)

Subgroup: Age Group 1, Level: &gt;=65 years

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=190)	Chemotherapy (N=188)
Any Event	No. of Events (%)	138 ( 72.6)	125 ( 66.5)
	Median Survival Est. (95% CI)	1.35 ( 0.92, 1.87)	1.82 ( 0.82, 2.63)
	Hazard Ratio (95% CI) [a]		1.064 ( 0.835, 1.356)
	Treatment P-value [b]		0.62575
	Interaction P-value [c]		0.30864

Subgroup analyses are conducted if there exist at least 2 levels with >= 10 patients across treatment arms and >=10 events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 17MAY2021 17:04

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table AESV.wDP.KM.S2.SAF: Time to First Severe Treatment Emergent Adverse Event Excluding Those Related to Disease Progression (Months) (Safety Analysis Set)

Subgroup: Age Group 2, Level: &lt;75 years

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=245)	Chemotherapy (N=226)
Any Event	No. of Events (%)	164 ( 66.9)	150 ( 66.4)
	Median Survival Est. (95% CI)	1.94 ( 1.45, 2.83)	1.61 ( 1.05, 2.27)
	Hazard Ratio (95% CI) [a]		0.875 ( 0.701, 1.092)
	Treatment P-value [b]		0.27222
	Interaction P-value [c]		0.01282

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 17MAY2021 17:04

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table AESV.wDP.KM.S2.SAF: Time to First Severe Treatment Emergent Adverse Event Excluding Those Related to Disease Progression (Months) (Safety Analysis Set)

Subgroup: Age Group 2, Level: &gt;=75 years

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=51)	Chemotherapy (N=65)
Any Event	No. of Events (%)	42 ( 82.4)	39 ( 60.0)
	Median Survival Est. (95% CI)	0.69 ( 0.53, 1.77)	2.33 ( 0.69, NC)
	Hazard Ratio (95% CI) [a]		1.629 ( 1.053, 2.520)
	Treatment P-value [b]		0.03688
	Interaction P-value [c]		0.01282

Subgroup analyses are conducted if there exist at least 2 levels with >= 10 patients across treatment arms and >=10 events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 17MAY2021 17:04

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table AESV.wDP.KM.S3.SAF: Time to First Severe Treatment Emergent Adverse Event Excluding Those Related to Disease Progression (Months) (Safety Analysis Set)

Subgroup: Gender, Level: Male

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=234)	Chemotherapy (N=219)
Any Event	No. of Events (%)	161 ( 68.8)	145 ( 66.2)
	Median Survival Est. (95% CI)	1.81 ( 1.28, 2.37)	1.41 ( 0.95, 2.27)
	Hazard Ratio (95% CI) [a]		0.932 ( 0.745, 1.167)
	Treatment P-value [b]		0.55293
	Interaction P-value [c]		0.36321

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 17MAY2021 17:04

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table AESV.wDP.KM.S3.SAF: Time to First Severe Treatment Emergent Adverse Event Excluding Those Related to Disease Progression (Months) (Safety Analysis Set)

Subgroup: Gender, Level: Female

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=62)	Chemotherapy (N=72)
Any Event	No. of Events (%)	45 ( 72.6)	44 ( 61.1)
	Median Survival Est. (95% CI)	1.74 ( 0.82, 3.02)	2.63 ( 0.82, 5.78)
	Hazard Ratio (95% CI) [a]		1.161 ( 0.766, 1.759)
	Treatment P-value [b]		0.41996
	Interaction P-value [c]		0.36321

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 17MAY2021 17:04

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table AESV.wDP.KM.S4.SAF: Time to First Severe Treatment Emergent Adverse Event Excluding Those Related to Disease Progression (Months) (Safety Analysis Set)

Subgroup: Region, Level: Western Europe

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=122)	Chemotherapy (N=123)
Any Event	No. of Events (%)	77 ( 63.1)	80 ( 65.0)
	Median Survival Est. (95% CI)	2.83 ( 1.91, 5.06)	1.71 ( 0.82, 3.02)
	Hazard Ratio (95% CI) [a]		0.799 ( 0.584, 1.092)
	Treatment P-value [b]		0.17358
	Interaction P-value [c]		0.10200

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 17MAY2021 17:04

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Table AESV.wDP.KM.S4.SAF: Time to First Severe Treatment Emergent Adverse Event Excluding Those Related to Disease Progression (Months) (Safety Analysis Set)

Subgroup: Region, Level: US

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=42)	Chemotherapy (N=39)
Any Event	No. of Events (%)	32 ( 76.2)	24 ( 61.5)
	Median Survival Est. (95% CI)	0.67 ( 0.46, 1.41)	2.10 ( 0.66, NC)
	Hazard Ratio (95% CI) [a]		1.538 ( 0.906, 2.613)
	Treatment P-value [b]		0.11712
	Interaction P-value [c]		0.10200

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 17MAY2021 17:04

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table AESV.wDP.KM.S4.SAF: Time to First Severe Treatment Emergent Adverse Event Excluding Those Related to Disease Progression (Months) (Safety Analysis Set)

Subgroup: Region, Level: Rest of the World

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=132)	Chemotherapy (N=129)
Any Event	No. of Events (%)	97 ( 73.5)	85 ( 65.9)
	Median Survival Est. (95% CI)	1.43 ( 0.95, 2.14)	1.41 ( 0.59, 2.79)
	Hazard Ratio (95% CI) [a]		1.037 ( 0.775, 1.388)
	Treatment P-value [b]		0.76878
	Interaction P-value [c]		0.10200

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 17MAY2021 17:04

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table AESV.wDP.KM.S5.SAF: Time to First Severe Treatment Emergent Adverse Event Excluding Those Related to Disease Progression (Months) (Safety Analysis Set)

Subgroup: ECOG PS from IRT Strata, Level: 0

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=120)	Chemotherapy (N=119)
Any Event	No. of Events (%)	73 ( 60.8)	68 ( 57.1)
	Median Survival Est. (95% CI)	2.53 ( 1.45, 5.55)	2.27 ( 0.99, NC)
	Hazard Ratio (95% CI) [a]		0.961 ( 0.691, 1.337)
	Treatment P-value [b]		0.77846
	Interaction P-value [c]		0.86124

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 17MAY2021 17:04

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table AESV.wDP.KM.S5.SAF: Time to First Severe Treatment Emergent Adverse Event Excluding Those Related to Disease Progression (Months) (Safety Analysis Set)

Subgroup: ECOG PS from IRT Strata, Level: 1

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=176)	Chemotherapy (N=172)
Any Event	No. of Events (%)	133 ( 75.6)	121 ( 70.3)
	Median Survival Est. (95% CI)	1.41 ( 1.02, 1.94)	1.38 ( 0.82, 2.10)
	Hazard Ratio (95% CI) [a]		0.997 ( 0.779, 1.276)
	Treatment P-value [b]		0.93383
	Interaction P-value [c]		0.86124

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 17MAY2021 17:04

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table AESV.wDP.KM.S6.SAF: Time to First Severe Treatment Emergent Adverse Event Excluding Those Related to Disease Progression (Months) (Safety Analysis Set)

Subgroup: Liver Metastasis from IRT Strata, Level: Yes

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=92)	Chemotherapy (N=87)
Any Event	No. of Events (%)	66 ( 71.7)	54 ( 62.1)
	Median Survival Est. (95% CI)	0.95 ( 0.66, 2.33)	1.94 ( 0.85, 4.44)
	Hazard Ratio (95% CI) [a]		1.174 ( 0.819, 1.682)
	Treatment P-value [b]		0.38809
	Interaction P-value [c]		0.24754

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 17MAY2021 17:04

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table AESV.wDP.KM.S6.SAF: Time to First Severe Treatment Emergent Adverse Event Excluding Those Related to Disease Progression (Months) (Safety Analysis Set)

Subgroup: Liver Metastasis from IRT Strata, Level: No

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=204)	Chemotherapy (N=204)
Any Event	No. of Events (%)	140 ( 68.6)	135 ( 66.2)
	Median Survival Est. (95% CI)	1.87 ( 1.45, 2.79)	1.41 ( 0.82, 2.63)
	Hazard Ratio (95% CI) [a]		0.911 ( 0.719, 1.154)
	Treatment P-value [b]		0.48221
	Interaction P-value [c]		0.24754

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 17MAY2021 17:04

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table AESV.wDP.KM.S7.SAF: Time to First Severe Treatment Emergent Adverse Event Excluding Those Related to Disease Progression (Months) (Safety Analysis Set)

Subgroup: Pre-selected Investigator's Choice of Paclitaxel/Docetaxel/Vinflunine, Level: Paclitaxel

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=140)	Chemotherapy (N=107)
Any Event	No. of Events (%)	100 ( 71.4)	57 ( 53.3)
	Median Survival Est. (95% CI)	1.71 ( 1.12, 2.73)	5.52 ( 2.79, NC)
	Hazard Ratio (95% CI) [a]		1.536 ( 1.109, 2.127)
	Treatment P-value [b]		0.00511
	Interaction P-value [c]		0.00197

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 17MAY2021 17:04

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table AESV.wDP.KM.S7.SAF: Time to First Severe Treatment Emergent Adverse Event Excluding Those Related to Disease Progression (Months) (Safety Analysis Set)

Subgroup: Pre-selected Investigator's Choice of Paclitaxel/Docetaxel/Vinflunine, Level: Docetaxel

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=85)	Chemotherapy (N=109)
Any Event	No. of Events (%)	59 ( 69.4)	77 ( 70.6)
	Median Survival Est. (95% CI)	1.18 ( 0.72, 2.27)	0.82 ( 0.30, 1.68)
	Hazard Ratio (95% CI) [a]		0.822 ( 0.585, 1.154)
	Treatment P-value [b]		0.24446
	Interaction P-value [c]		0.00197

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table AESV.wDP.KM.S7.SAF: Time to First Severe Treatment Emergent Adverse Event Excluding Those Related to Disease Progression (Months) (Safety Analysis Set)

Subgroup: Pre-selected Investigator's Choice of Paclitaxel/Docetaxel/Vinflunine, Level: Vinflunine

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=71)	Chemotherapy (N=75)
Any Event	No. of Events (%)	47 ( 66.2)	55 ( 73.3)
	Median Survival Est. (95% CI)	2.10 ( 1.28, 4.93)	0.69 ( 0.36, 1.71)
	Hazard Ratio (95% CI) [a]		0.655 ( 0.444, 0.967)
	Treatment P-value [b]		0.03446
	Interaction P-value [c]		0.00197

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 17MAY2021 17:04

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table AESV.wDP.KM.S8.SAF: Time to First Severe Treatment Emergent Adverse Event Excluding Those Related to Disease Progression (Months) (Safety Analysis Set)

Subgroup: Primary Site of Tumor, Level: Upper Tract

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=96)	Chemotherapy (N=102)
Any Event	No. of Events (%)	73 ( 76.0)	65 ( 63.7)
	Median Survival Est. (95% CI)	1.25 ( 0.76, 2.33)	1.74 ( 0.82, 2.79)
	Hazard Ratio (95% CI) [a]		1.155 ( 0.826, 1.613)
	Treatment P-value [b]		0.39290
	Interaction P-value [c]		0.25155

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 17MAY2021 17:04

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table AESV.wDP.KM.S8.SAF: Time to First Severe Treatment Emergent Adverse Event Excluding Those Related to Disease Progression (Months) (Safety Analysis Set)

Subgroup: Primary Site of Tumor, Level: Other

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=200)	Chemotherapy (N=189)
Any Event	No. of Events (%)	133 ( 66.5)	124 ( 65.6)
	Median Survival Est. (95% CI)	1.91 ( 1.41, 2.83)	1.64 ( 0.85, 2.79)
	Hazard Ratio (95% CI) [a]		0.906 ( 0.709, 1.157)
	Treatment P-value [b]		0.44772
	Interaction P-value [c]		0.25155

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 17MAY2021 17:04

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table AESV.wDP.KM.S9.SAF: Time to First Severe Treatment Emergent Adverse Event Excluding Those Related to Disease Progression (Months) (Safety Analysis Set)

Subgroup: Prior Lines of Systemic Therapy, Level: 1-2 lines

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=259)	Chemotherapy (N=255)
Any Event	No. of Events (%)	182 ( 70.3)	166 ( 65.1)
	Median Survival Est. (95% CI)	1.64 ( 1.18, 2.14)	1.71 ( 1.22, 2.63)
	Hazard Ratio (95% CI) [a]		1.015 ( 0.822, 1.253)
	Treatment P-value [b]		0.88346
	Interaction P-value [c]		0.40328

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 17MAY2021 17:04

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table AESV.wDP.KM.S9.SAF: Time to First Severe Treatment Emergent Adverse Event Excluding Those Related to Disease Progression (Months) (Safety Analysis Set)

Subgroup: Prior Lines of Systemic Therapy, Level: &gt;=3 lines

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=37)	Chemotherapy (N=36)
Any Event	No. of Events (%)	24 ( 64.9)	23 ( 63.9)
	Median Survival Est. (95% CI)	3.55 ( 1.18, 5.85)	1.18 ( 0.26, NC)
	Hazard Ratio (95% CI) [a]		0.783 ( 0.442, 1.387)
	Treatment P-value [b]		0.45620
	Interaction P-value [c]		0.40328

Subgroup analyses are conducted if there exist at least 2 levels with >= 10 patients across treatment arms and >=10 events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 17MAY2021 17:04

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table AESV.wDP.KM.S10.SAF: Time to First Severe Treatment Emergent Adverse Event Excluding Those Related to Disease Progression (Months) (Safety Analysis Set)

Subgroup: Best Response to Prior CPI, Level: Responder

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=61)	Chemotherapy (N=49)
Any Event	No. of Events (%)	46 ( 75.4)	30 ( 61.2)
	Median Survival Est. (95% CI)	1.71 ( 0.82, 2.79)	2.04 ( 0.30, NC)
	Hazard Ratio (95% CI) [a]		1.176 ( 0.742, 1.863)
	Treatment P-value [b]		0.44336
	Interaction P-value [c]		0.42288

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 17MAY2021 17:04

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table AESV.wDP.KM.S10.SAF: Time to First Severe Treatment Emergent Adverse Event Excluding Those Related to Disease Progression (Months) (Safety Analysis Set)

Subgroup: Best Response to Prior CPI, Level: Non-responder

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=202)	Chemotherapy (N=202)
Any Event	No. of Events (%)	138 ( 68.3)	131 ( 64.9)
	Median Survival Est. (95% CI)	1.77 ( 1.18, 2.73)	1.45 ( 0.79, 2.37)
	Hazard Ratio (95% CI) [a]		0.951 ( 0.749, 1.208)
	Treatment P-value [b]		0.68517
	Interaction P-value [c]		0.42288

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 17MAY2021 17:04

Analysis Plan: 15FEB2021

Confidential

## 4.7 Schwerwiegende unerwünschte Ereignisse inkl. SOC und PT – Hauptebene und Subgruppenanalysen

Astellas: 7465-CL-0301

Table SAE.KM.SAF: Time to First Treatment Emergent Serious Adverse Event (Months) (Safety Analysis Set)

Subgroup: Overall, Level: NA

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=296)	Chemotherapy (N=291)
Any Event	No. of Events (%) Median Survival Est. (95% CI)	139 ( 47.0) 18.17 ( 5.45, NC)	131 ( 45.0) NC ( 5.26, NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Homogeneity P-value [c]		0.947 ( 0.745, 1.205) 0.66981 0.05895
Blood and lymphatic system disorders	No. of Events (%) Median Survival Est. (95% CI)	12 ( 4.1) NC (NC , NC)	32 ( 11.0) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Homogeneity P-value [c]		0.335 ( 0.172, 0.654) 0.00078 NA

Subgroup analyses are conducted if there exist at least 2 levels with >= 10 patients across treatment arms and >=10 events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table SAE.KM.SAF: Time to First Treatment Emergent Serious Adverse Event (Months) (Safety Analysis Set)

Subgroup: Overall, Level: NA

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=296)	Chemotherapy (N=291)
Anaemia	No. of Events (%) Median Survival Est. (95% CI)	4 ( 1.4) NC (NC , NC)	6 ( 2.1) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Homogeneity P-value [c]		0.584 ( 0.162, 2.107) 0.40604 NA
Febrile neutropenia	No. of Events (%) Median Survival Est. (95% CI)	4 ( 1.4) NC (NC , NC)	16 ( 5.5) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Homogeneity P-value [c]		0.234 ( 0.078, 0.700) 0.00464 NA

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table SAE.KM.SAF: Time to First Treatment Emergent Serious Adverse Event (Months) (Safety Analysis Set)

Subgroup: Overall, Level: NA

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=296)	Chemotherapy (N=291)
Neutropenia	No. of Events (%) Median Survival Est. (95% CI)	4 ( 1.4) NC (NC , NC)	8 ( 2.7) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Homogeneity P-value [c]		0.506 ( 0.152, 1.682) 0.25704 NA
Cardiac disorders	No. of Events (%) Median Survival Est. (95% CI)	8 ( 2.7) NC (NC , NC)	9 ( 3.1) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Homogeneity P-value [c]		0.895 ( 0.345, 2.326) 0.82000 NA

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table SAE.KM.SAF: Time to First Treatment Emergent Serious Adverse Event (Months) (Safety Analysis Set)

Subgroup: Overall, Level: NA

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=296)	Chemotherapy (N=291)
Gastrointestinal disorders	No. of Events (%) Median Survival Est. (95% CI)	22 ( 7.4) NC (NC , NC)	27 ( 9.3) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Homogeneity P-value [c]		0.770 ( 0.438, 1.354) 0.36442 NA
Abdominal pain	No. of Events (%) Median Survival Est. (95% CI)	4 ( 1.4) NC (NC , NC)	6 ( 2.1) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Homogeneity P-value [c]		0.636 ( 0.178, 2.271) 0.48187 NA

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table SAE.KM.SAF: Time to First Treatment Emergent Serious Adverse Event (Months) (Safety Analysis Set)

Subgroup: Overall, Level: NA

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=296)	Chemotherapy (N=291)
Diarrhoea	No. of Events (%)	7 ( 2.4)	4 ( 1.4)
	Median Survival Est. (95% CI)	NC (NC , NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]		1.703 ( 0.498, 5.828)
	Treatment P-value [b]		0.39067
	Homogeneity P-value [c]		NA
General disorders and administration site conditions	No. of Events (%)	24 ( 8.1)	25 ( 8.6)
	Median Survival Est. (95% CI)	NC (NC , NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]		0.909 ( 0.519, 1.592)
	Treatment P-value [b]		0.74044
	Homogeneity P-value [c]		NA

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table SAE.KM.SAF: Time to First Treatment Emergent Serious Adverse Event (Months) (Safety Analysis Set)

Subgroup: Overall, Level: NA

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=296)	Chemotherapy (N=291)
Pyrexia	No. of Events (%) Median Survival Est. (95% CI)	6 ( 2.0) NC (NC , NC)	9 ( 3.1) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Homogeneity P-value [c]		0.631 ( 0.225, 1.776) 0.37869 NA
Infections and infestations	No. of Events (%) Median Survival Est. (95% CI)	52 ( 17.6) NC (NC , NC)	36 ( 12.4) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Homogeneity P-value [c]		1.405 ( 0.918, 2.150) 0.11502 NA

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table SAE.KM.SAF: Time to First Treatment Emergent Serious Adverse Event (Months) (Safety Analysis Set)

Subgroup: Overall, Level: NA

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=296)	Chemotherapy (N=291)
Pneumonia	No. of Events (%) Median Survival Est. (95% CI)	12 ( 4.1) NC (NC , NC)	8 ( 2.7) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Homogeneity P-value [c]		1.438 ( 0.587, 3.523) 0.42412 NA
Urinary tract infection	No. of Events (%) Median Survival Est. (95% CI)	7 ( 2.4) NC (NC , NC)	7 ( 2.4) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Homogeneity P-value [c]		0.922 ( 0.323, 2.632) 0.87930 NA

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table SAE.KM.SAF: Time to First Treatment Emergent Serious Adverse Event (Months) (Safety Analysis Set)

Subgroup: Overall, Level: NA

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=296)	Chemotherapy (N=291)
Urinary tract infection bacterial	No. of Events (%)	9 ( 3.0)	3 ( 1.0)
	Median Survival Est. (95% CI)	NC (NC , NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]		2.807 ( 0.758, 10.401)
	Treatment P-value [b]		0.10675
	Homogeneity P-value [c]		NA
Investigations	No. of Events (%)	6 ( 2.0)	8 ( 2.7)
	Median Survival Est. (95% CI)	NC (NC , NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]		0.698 ( 0.242, 2.013)
	Treatment P-value [b]		0.50326
	Homogeneity P-value [c]		NA

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table SAE.KM.SAF: Time to First Treatment Emergent Serious Adverse Event (Months) (Safety Analysis Set)

Subgroup: Overall, Level: NA

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=296)	Chemotherapy (N=291)
Metabolism and nutrition disorders	No. of Events (%)	19 ( 6.4)	15 ( 5.2)
	Median Survival Est. (95% CI)	NC (NC , NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]		1.219 ( 0.619, 2.400)
	Treatment P-value [b]		0.56690
	Homogeneity P-value [c]		NA
Musculoskeletal and connective tissue disorders	No. of Events (%)	6 ( 2.0)	6 ( 2.1)
	Median Survival Est. (95% CI)	NC (NC , NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]		0.909 ( 0.292, 2.826)
	Treatment P-value [b]		0.86901
	Homogeneity P-value [c]		NA

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table SAE.KM.SAF: Time to First Treatment Emergent Serious Adverse Event (Months) (Safety Analysis Set)

Subgroup: Overall, Level: NA

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=296)		Chemotherapy (N=291)	
Neoplasms benign, malignant and unspecified (incl cysts and polyps)	No. of Events (%)	17 ( 5.7)		14 ( 4.8)	
	Median Survival Est. (95% CI)	NC (NC , , NC)	NC (NC , , NC)		
	Hazard Ratio (95% CI) [a]			1.168 ( 0.573, 2.379)	
	Treatment P-value [b]			0.66865	
	Homogeneity P-value [c]			NA	
Malignant neoplasm progression	No. of Events (%)	12 ( 4.1)		11 ( 3.8)	
	Median Survival Est. (95% CI)	NC (NC , , NC)	NC (NC , , NC)		
	Hazard Ratio (95% CI) [a]			1.062 ( 0.466, 2.418)	
	Treatment P-value [b]			0.88597	
	Homogeneity P-value [c]			NA	

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table SAE.KM.SAF: Time to First Treatment Emergent Serious Adverse Event (Months) (Safety Analysis Set)

Subgroup: Overall, Level: NA

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=296)	Chemotherapy (N=291)
Nervous system disorders	No. of Events (%) Median Survival Est. (95% CI)	10 ( 3.4) NC (NC , NC)	4 ( 1.4) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Homogeneity P-value [c]		2.318 ( 0.726, 7.402) 0.14394 NA
Renal and urinary disorders	No. of Events (%) Median Survival Est. (95% CI)	28 ( 9.5) NC (NC , NC)	16 ( 5.5) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Homogeneity P-value [c]		1.684 ( 0.909, 3.118) 0.09338 NA

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table SAE.KM.SAF: Time to First Treatment Emergent Serious Adverse Event (Months) (Safety Analysis Set)

Subgroup: Overall, Level: NA

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=296)	Chemotherapy (N=291)
Acute kidney injury	No. of Events (%) Median Survival Est. (95% CI)	19 ( 6.4) NC (NC , NC)	8 ( 2.7) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Homogeneity P-value [c]		2.337 ( 1.022, 5.344) 0.03822 NA
Respiratory, thoracic and mediastinal disorders	No. of Events (%) Median Survival Est. (95% CI)	11 ( 3.7) NC (NC , NC)	10 ( 3.4) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Homogeneity P-value [c]		1.056 ( 0.447, 2.492) 0.90123 NA

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table SAE.KM.SAF: Time to First Treatment Emergent Serious Adverse Event (Months) (Safety Analysis Set)

Subgroup: Overall, Level: NA

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=296)	Chemotherapy (N=291)
Skin and subcutaneous tissue disorders	No. of Events (%)	14 ( 4.7)	1 ( 0.3)
	Median Survival Est. (95% CI)	NC (NC , NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]		14.228 ( 1.870, 108.274)
	Treatment P-value [b]		0.00072
	Homogeneity P-value [c]		NA

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table SAE.KM.S1.SAF: Time to First Treatment Emergent Serious Adverse Event (Months) (Safety Analysis Set)

Subgroup: Age Group 1, Level: &lt;65 years

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=106)	Chemotherapy (N=103)
Any Event	No. of Events (%) Median Survival Est. (95% CI)	42 ( 39.6) NC (11.53, , NC)	45 ( 43.7) NC ( 3.48, , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		0.803 ( 0.527, 1.222) 0.33082 0.29470
Blood and lymphatic system disorders	No. of Events (%) Median Survival Est. (95% CI)	2 ( 1.9) NC (NC , , NC)	8 ( 7.8) NC (NC , , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		0.227 ( 0.048, 1.070) 0.04518 0.53305

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table SAE.KM.S1.SAF: Time to First Treatment Emergent Serious Adverse Event (Months) (Safety Analysis Set)

Subgroup: Age Group 1, Level: &lt;65 years

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=106)	Chemotherapy (N=103)
Febrile neutropenia	No. of Events (%) Median Survival Est. (95% CI)	0 NC (NC , NC)	5 ( 4.9) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		NA (NA , NA) 0.02154 0.98898
Acute kidney injury	No. of Events (%) Median Survival Est. (95% CI)	8 ( 7.5) NC (NC , NC)	4 ( 3.9) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		1.928 ( 0.581, 6.403) 0.27221 0.68351

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table SAE.KM.S1.SAF: Time to First Treatment Emergent Serious Adverse Event (Months) (Safety Analysis Set)

Subgroup: Age Group 1, Level: &gt;=65 years

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=190)	Chemotherapy (N=188)
Any Event	No. of Events (%) Median Survival Est. (95% CI)	97 ( 51.1) 8.41 ( 4.57, NC)	86 ( 45.7) NC ( 3.58, NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		1.055 ( 0.789, 1.410) 0.72012 0.29470
Blood and lymphatic system disorders	No. of Events (%) Median Survival Est. (95% CI)	10 ( 5.3) NC (NC , NC)	24 ( 12.8) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		0.392 ( 0.188, 0.820) 0.00960 0.53305

Subgroup analyses are conducted if there exist at least 2 levels with >= 10 patients across treatment arms and >=10 events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table SAE.KM.S1.SAF: Time to First Treatment Emergent Serious Adverse Event (Months) (Safety Analysis Set)

Subgroup: Age Group 1, Level: &gt;=65 years

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=190)	Chemotherapy (N=188)
Febrile neutropenia	No. of Events (%) Median Survival Est. (95% CI)	4 ( 2.1) NC (NC , NC)	11 ( 5.9) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		0.351 ( 0.112, 1.103) 0.05992 0.98898
Acute kidney injury	No. of Events (%) Median Survival Est. (95% CI)	11 ( 5.8) NC (NC , NC)	4 ( 2.1) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		2.722 ( 0.867, 8.552) 0.07167 0.68351

Subgroup analyses are conducted if there exist at least 2 levels with >= 10 patients across treatment arms and >=10 events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table SAE.KM.S2.SAF: Time to First Treatment Emergent Serious Adverse Event (Months) (Safety Analysis Set)

Subgroup: Age Group 2, Level: &lt;75 years

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=245)	Chemotherapy (N=226)
Any Event	No. of Events (%) Median Survival Est. (95% CI)	114 ( 46.5) 11.56 ( 5.55, NC)	104 ( 46.0) NC ( 3.58, NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		0.909 ( 0.697, 1.186) 0.51142 0.36262
Blood and lymphatic system disorders	No. of Events (%) Median Survival Est. (95% CI)	10 ( 4.1) NC (NC , NC)	22 ( 9.7) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		0.397 ( 0.188, 0.838) 0.01239 0.56254

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table SAE.KM.S2.SAF: Time to First Treatment Emergent Serious Adverse Event (Months) (Safety Analysis Set)

Subgroup: Age Group 2, Level: &lt;75 years

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=245)	Chemotherapy (N=226)
Febrile neutropenia	No. of Events (%) Median Survival Est. (95% CI)	4 ( 1.6) NC (NC , NC)	10 ( 4.4) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		0.355 ( 0.111, 1.132) 0.06606 0.98869
Acute kidney injury	No. of Events (%) Median Survival Est. (95% CI)	15 ( 6.1) NC (NC , NC)	6 ( 2.7) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		2.270 ( 0.881, 5.852) 0.08114 0.87019

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table SAE.KM.S2.SAF: Time to First Treatment Emergent Serious Adverse Event (Months) (Safety Analysis Set)

Subgroup: Age Group 2, Level: &lt;75 years

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=245)	Chemotherapy (N=226)
Skin and subcutaneous tissue disorders	No. of Events (%)	11 ( 4.5)	1 ( 0.4)
	Median Survival Est. (95% CI)	NC (NC , NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]		10.107 ( 1.305, 78.284)
	Treatment P-value [b]		0.00617
	Interaction P-value [c]		0.99334

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table SAE.KM.S2.SAF: Time to First Treatment Emergent Serious Adverse Event (Months) (Safety Analysis Set)

Subgroup: Age Group 2, Level: &gt;=75 years

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=51)	Chemotherapy (N=65)
Any Event	No. of Events (%) Median Survival Est. (95% CI)	25 ( 49.0) NC ( 1.22, NC)	27 ( 41.5) NC ( 4.07, NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		1.204 ( 0.699, 2.076) 0.51593 0.36262
Blood and lymphatic system disorders	No. of Events (%) Median Survival Est. (95% CI)	2 ( 3.9) NC (NC , NC)	10 ( 15.4) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		0.241 ( 0.053, 1.098) 0.04673 0.56254

Subgroup analyses are conducted if there exist at least 2 levels with >= 10 patients across treatment arms and >=10 events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table SAE.KM.S2.SAF: Time to First Treatment Emergent Serious Adverse Event (Months) (Safety Analysis Set)

Subgroup: Age Group 2, Level: &gt;=75 years

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=51)		Chemotherapy (N=65)	
Febrile neutropenia	No. of Events (%)	0		6 ( 9.2)	
	Median Survival Est. (95% CI)	NC (NC , NC)		NC (NC , NC)	
	Hazard Ratio (95% CI) [a]			NA (NA , NA)	
	Treatment P-value [b]			0.02741	
	Interaction P-value [c]			0.98869	
Acute kidney injury	No. of Events (%)	4 ( 7.8)		2 ( 3.1)	
	Median Survival Est. (95% CI)	NC (NC , NC)		NC (NC , NC)	
	Hazard Ratio (95% CI) [a]			2.670 ( 0.489, 14.582)	
	Treatment P-value [b]			0.23226	
	Interaction P-value [c]			0.87019	

Subgroup analyses are conducted if there exist at least 2 levels with >= 10 patients across treatment arms and >=10 events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table SAE.KM.S2.SAF: Time to First Treatment Emergent Serious Adverse Event (Months) (Safety Analysis Set)

Subgroup: Age Group 2, Level: &gt;=75 years

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=51)	Chemotherapy (N=65)
Skin and subcutaneous tissue disorders	No. of Events (%)	3 ( 5.9)	0
	Median Survival Est. (95% CI)	NC (NC , NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]	NA (NA , NA)	
	Treatment P-value [b]	0.04648	
	Interaction P-value [c]	0.99334	

Subgroup analyses are conducted if there exist at least 2 levels with >= 10 patients across treatment arms and >=10 events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table SAE.KM.S3.SAF: Time to First Treatment Emergent Serious Adverse Event (Months) (Safety Analysis Set)

Subgroup: Gender, Level: Male

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=234)	Chemotherapy (N=219)
Any Event	No. of Events (%) Median Survival Est. (95% CI)	111 ( 47.4) 11.56 ( 5.26, NC)	106 ( 48.4) NC ( 3.32, NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		0.883 ( 0.676, 1.152) 0.35885 0.22661
Blood and lymphatic system disorders	No. of Events (%) Median Survival Est. (95% CI)	9 ( 3.8) NC (NC , NC)	27 ( 12.3) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		0.288 ( 0.135, 0.613) 0.00063 0.27726

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table SAE.KM.S3.SAF: Time to First Treatment Emergent Serious Adverse Event (Months) (Safety Analysis Set)

Subgroup: Gender, Level: Male

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=234)	Chemotherapy (N=219)
Febrile neutropenia	No. of Events (%) Median Survival Est. (95% CI)	2 ( 0.9) NC (NC , NC)	15 ( 6.8) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		0.118 ( 0.027, 0.517) 0.00073 0.03720
Acute kidney injury	No. of Events (%) Median Survival Est. (95% CI)	15 ( 6.4) NC (NC , NC)	6 ( 2.7) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		2.320 ( 0.900, 5.983) 0.06897 0.98911

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table SAE.KM.S3.SAF: Time to First Treatment Emergent Serious Adverse Event (Months) (Safety Analysis Set)

Subgroup: Gender, Level: Male

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=234)	Chemotherapy (N=219)
Skin and subcutaneous tissue disorders	No. of Events (%)	12 ( 5.1)	1 ( 0.5)
	Median Survival Est. (95% CI)	NC (NC , NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]		11.324 ( 1.472, 87.091)
	Treatment P-value [b]		0.00315
	Interaction P-value [c]		0.99347

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table SAE.KM.S3.SAF: Time to First Treatment Emergent Serious Adverse Event (Months) (Safety Analysis Set)

Subgroup: Gender, Level: Female

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=62)	Chemotherapy (N=72)
Any Event	No. of Events (%) Median Survival Est. (95% CI)	28 ( 45.2) NC ( 3.55, NC)	25 ( 34.7) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		1.280 ( 0.746, 2.195) 0.38647 0.22661
Blood and lymphatic system disorders	No. of Events (%) Median Survival Est. (95% CI)	3 ( 4.8) NC (NC , NC)	5 ( 6.9) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		0.706 ( 0.169, 2.956) 0.65323 0.27726

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table SAE.KM.S3.SAF: Time to First Treatment Emergent Serious Adverse Event (Months) (Safety Analysis Set)

Subgroup: Gender, Level: Female

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=62)	Chemotherapy (N=72)
Febrile neutropenia	No. of Events (%) Median Survival Est. (95% CI)	2 ( 3.2) NC (NC , NC)	1 ( 1.4) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		2.362 ( 0.214, 26.051) 0.44672 0.03720
Acute kidney injury	No. of Events (%) Median Survival Est. (95% CI)	4 ( 6.5) NC (NC , NC)	2 ( 2.8) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		2.352 ( 0.431, 12.839) 0.28953 0.98911

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table SAE.KM.S3.SAF: Time to First Treatment Emergent Serious Adverse Event (Months) (Safety Analysis Set)

Subgroup: Gender, Level: Female

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=62)	Chemotherapy (N=72)
Skin and subcutaneous tissue disorders	No. of Events (%)	2 ( 3.2)	0
	Median Survival Est. (95% CI)	NC (NC , NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]	NA (NA , NA)	
	Treatment P-value [b]	0.12316	
	Interaction P-value [c]	0.99347	

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table SAE.KM.S4.SAF: Time to First Treatment Emergent Serious Adverse Event (Months) (Safety Analysis Set)

Subgroup: Region, Level: Western Europe

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=122)	Chemotherapy (N=123)
Any Event	No. of Events (%) Median Survival Est. (95% CI)	59 ( 48.4) 8.15 ( 4.07, NC)	66 ( 53.7) 3.32 ( 1.45, NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		0.757 ( 0.533, 1.076) 0.12247 0.04866
Blood and lymphatic system disorders	No. of Events (%) Median Survival Est. (95% CI)	4 ( 3.3) NC (NC , NC)	12 ( 9.8) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		0.311 ( 0.100, 0.964) 0.03293 0.92207

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table SAE.KM.S4.SAF: Time to First Treatment Emergent Serious Adverse Event (Months) (Safety Analysis Set)

Subgroup: Region, Level: Western Europe

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=122)	Chemotherapy (N=123)
Febrile neutropenia	No. of Events (%) Median Survival Est. (95% CI)	0 NC (NC , NC)	6 ( 4.9) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		NA (NA , NA) 0.01257 0.99987
Acute kidney injury	No. of Events (%) Median Survival Est. (95% CI)	9 ( 7.4) NC (NC , NC)	3 ( 2.4) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		2.917 ( 0.790, 10.774) 0.09400 0.81987

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table SAE.KM.S4.SAF: Time to First Treatment Emergent Serious Adverse Event (Months) (Safety Analysis Set)

Subgroup: Region, Level: US

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=42)	Chemotherapy (N=39)
Any Event	No. of Events (%) Median Survival Est. (95% CI)	23 ( 54.8) 4.52 ( 1.48, NC)	12 ( 30.8) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		2.007 ( 0.998, 4.035) 0.04107 0.04866
Blood and lymphatic system disorders	No. of Events (%) Median Survival Est. (95% CI)	3 ( 7.1) NC (NC , NC)	0 NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		NA (NA , NA) 0.09112 0.92207

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table SAE.KM.S4.SAF: Time to First Treatment Emergent Serious Adverse Event (Months) (Safety Analysis Set)

Subgroup: Region, Level: US

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=42)	Chemotherapy (N=39)
Febrile neutropenia	No. of Events (%) Median Survival Est. (95% CI)	1 ( 2.4) NC (NC , NC)	0 NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		NA (NA , NA) 0.33523 0.99987
Acute kidney injury	No. of Events (%) Median Survival Est. (95% CI)	3 ( 7.1) NC (NC , NC)	2 ( 5.1) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		1.431 ( 0.239, 8.567) 0.69943 0.81987

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table SAE.KM.S4.SAF: Time to First Treatment Emergent Serious Adverse Event (Months) (Safety Analysis Set)

Subgroup: Region, Level: Rest of the World

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=132)	Chemotherapy (N=129)
Any Event	No. of Events (%) Median Survival Est. (95% CI)	57 ( 43.2) 18.17 ( 8.54, NC)	53 ( 41.1) NC ( 7.72, NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		0.989 ( 0.680, 1.437) 0.94549 0.04866
Blood and lymphatic system disorders	No. of Events (%) Median Survival Est. (95% CI)	5 ( 3.8) NC (NC , NC)	20 ( 15.5) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		0.229 ( 0.086, 0.609) 0.00126 0.92207

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table SAE.KM.S4.SAF: Time to First Treatment Emergent Serious Adverse Event (Months) (Safety Analysis Set)

Subgroup: Region, Level: Rest of the World

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=132)	Chemotherapy (N=129)
Febrile neutropenia	No. of Events (%) Median Survival Est. (95% CI)	3 ( 2.3) NC (NC , NC)	10 ( 7.8) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		0.285 ( 0.078, 1.034) 0.04126 0.99987
Acute kidney injury	No. of Events (%) Median Survival Est. (95% CI)	7 ( 5.3) NC (NC , NC)	3 ( 2.3) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		2.328 ( 0.602, 9.007) 0.20106 0.81987

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table SAE.KM.S5.SAF: Time to First Treatment Emergent Serious Adverse Event (Months) (Safety Analysis Set)

Subgroup: ECOG PS from IRT Strata, Level: 0

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=120)	Chemotherapy (N=119)
Any Event	No. of Events (%) Median Survival Est. (95% CI)	49 ( 40.8) 18.17 (10.45, NC)	39 ( 32.8) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		1.215 ( 0.798, 1.850) 0.35980 0.16209
Blood and lymphatic system disorders	No. of Events (%) Median Survival Est. (95% CI)	6 ( 5.0) NC (NC , NC)	9 ( 7.6) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		0.664 ( 0.236, 1.865) 0.43574 0.12957

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table SAE.KM.S5.SAF: Time to First Treatment Emergent Serious Adverse Event (Months) (Safety Analysis Set)

Subgroup: ECOG PS from IRT Strata, Level: 0

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=120)	Chemotherapy (N=119)
Febrile neutropenia	No. of Events (%) Median Survival Est. (95% CI)	2 ( 1.7) NC (NC , NC)	3 ( 2.5) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		0.664 ( 0.111, 3.973) 0.65810 0.19076
Acute kidney injury	No. of Events (%) Median Survival Est. (95% CI)	4 ( 3.3) NC (NC , NC)	0 NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		NA (NA , NA) 0.04479 0.98677

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table SAE.KM.S5.SAF: Time to First Treatment Emergent Serious Adverse Event (Months) (Safety Analysis Set)

Subgroup: ECOG PS from IRT Strata, Level: 1

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=176)	Chemotherapy (N=172)
Any Event	No. of Events (%) Median Survival Est. (95% CI)	90 ( 51.1) 5.55 ( 3.32, NC)	92 ( 53.5) 3.48 ( 1.68, NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		0.843 ( 0.631, 1.128) 0.26128 0.16209
Blood and lymphatic system disorders	No. of Events (%) Median Survival Est. (95% CI)	6 ( 3.4) NC (NC , NC)	23 ( 13.4) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		0.230 ( 0.094, 0.566) 0.00052 0.12957

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table SAE.KM.S5.SAF: Time to First Treatment Emergent Serious Adverse Event (Months) (Safety Analysis Set)

Subgroup: ECOG PS from IRT Strata, Level: 1

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=176)	Chemotherapy (N=172)
Febrile neutropenia	No. of Events (%) Median Survival Est. (95% CI)	2 ( 1.1) NC (NC , NC)	13 ( 7.6) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		0.140 ( 0.032, 0.622) 0.00288 0.19076
Acute kidney injury	No. of Events (%) Median Survival Est. (95% CI)	15 ( 8.5) NC (NC , NC)	8 ( 4.7) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		1.809 ( 0.767, 4.267) 0.16885 0.98677

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table SAE.KM.S6.SAF: Time to First Treatment Emergent Serious Adverse Event (Months) (Safety Analysis Set)

Subgroup: Liver Metastasis from IRT Strata, Level: Yes

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=92)	Chemotherapy (N=87)
Any Event	No. of Events (%) Median Survival Est. (95% CI)	50 ( 54.3) 4.99 ( 1.84, NC)	45 ( 51.7) 3.32 ( 1.45, NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		0.944 ( 0.631, 1.413) 0.81058 0.93886
Blood and lymphatic system disorders	No. of Events (%) Median Survival Est. (95% CI)	5 ( 5.4) NC (NC , NC)	13 ( 14.9) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		0.336 ( 0.120, 0.943) 0.03085 0.94887

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table SAE.KM.S6.SAF: Time to First Treatment Emergent Serious Adverse Event (Months) (Safety Analysis Set)

Subgroup: Liver Metastasis from IRT Strata, Level: Yes

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=92)	Chemotherapy (N=87)
Febrile neutropenia	No. of Events (%) Median Survival Est. (95% CI)	2 ( 2.2) NC (NC , NC)	6 ( 6.9) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		0.305 ( 0.062, 1.514) 0.13327 0.68061
Acute kidney injury	No. of Events (%) Median Survival Est. (95% CI)	5 ( 5.4) NC (NC , NC)	3 ( 3.4) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		1.587 ( 0.379, 6.642) 0.58241 0.53192

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table SAE.KM.S6.SAF: Time to First Treatment Emergent Serious Adverse Event (Months) (Safety Analysis Set)

Subgroup: Liver Metastasis from IRT Strata, Level: No

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=204)	Chemotherapy (N=204)
Any Event	No. of Events (%) Median Survival Est. (95% CI)	89 ( 43.6) 18.17 ( 8.41, NC)	86 ( 42.2) NC ( 7.72, NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		0.963 ( 0.716, 1.295) 0.83745 0.93886
Blood and lymphatic system disorders	No. of Events (%) Median Survival Est. (95% CI)	7 ( 3.4) NC (NC , NC)	19 ( 9.3) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		0.351 ( 0.148, 0.835) 0.01327 0.94887

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table SAE.KM.S6.SAF: Time to First Treatment Emergent Serious Adverse Event (Months) (Safety Analysis Set)

Subgroup: Liver Metastasis from IRT Strata, Level: No

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=204)	Chemotherapy (N=204)
Febrile neutropenia	No. of Events (%) Median Survival Est. (95% CI)	2 ( 1.0) NC (NC , NC)	10 ( 4.9) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		0.192 ( 0.042, 0.877) 0.01712 0.68061
Acute kidney injury	No. of Events (%) Median Survival Est. (95% CI)	14 ( 6.9) NC (NC , NC)	5 ( 2.5) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		2.780 ( 1.001, 7.718) 0.03886 0.53192

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table SAE.KM.S7.SAF: Time to First Treatment Emergent Serious Adverse Event (Months) (Safety Analysis Set)

Subgroup: Pre-selected Investigator's Choice of Paclitaxel/Docetaxel/Vinflunine, Level: Paclitaxel

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=140)	Chemotherapy (N=107)
Any Event	No. of Events (%) Median Survival Est. (95% CI)	67 ( 47.9) 10.45 ( 4.83, NC)	35 ( 32.7) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		1.533 ( 1.019, 2.307) 0.03005 0.01489
Blood and lymphatic system disorders	No. of Events (%) Median Survival Est. (95% CI)	5 ( 3.6) NC (NC , NC)	6 ( 5.6) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		0.625 ( 0.191, 2.047) 0.40839 0.58265

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table SAE.KM.S7.SAF: Time to First Treatment Emergent Serious Adverse Event (Months) (Safety Analysis Set)

Subgroup: Pre-selected Investigator's Choice of Paclitaxel/Docetaxel/Vinflunine, Level: Paclitaxel

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=140)	Chemotherapy (N=107)
Acute kidney injury	No. of Events (%)	11 ( 7.9)	2 ( 1.9)
	Median Survival Est. (95% CI)	NC (NC , NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]		4.210 ( 0.933, 18.993)
	Treatment P-value [b]		0.04049
	Interaction P-value [c]		0.37645

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table SAE.KM.S7.SAF: Time to First Treatment Emergent Serious Adverse Event (Months) (Safety Analysis Set)

Subgroup: Pre-selected Investigator's Choice of Paclitaxel/Docetaxel/Vinflunine, Level: Docetaxel

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=85)	Chemotherapy (N=109)
Any Event	No. of Events (%) Median Survival Est. (95% CI)	37 ( 43.5) 18.17 ( 5.09, NC)	51 ( 46.8) NC ( 1.68, NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		0.819 ( 0.536, 1.250) 0.36545 0.01489
Blood and lymphatic system disorders	No. of Events (%) Median Survival Est. (95% CI)	4 ( 4.7) NC (NC , NC)	15 ( 13.8) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		0.318 ( 0.106, 0.960) 0.03459 0.58265

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table SAE.KM.S7.SAF: Time to First Treatment Emergent Serious Adverse Event (Months) (Safety Analysis Set)

Subgroup: Pre-selected Investigator's Choice of Paclitaxel/Docetaxel/Vinflunine, Level: Docetaxel

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=85)	Chemotherapy (N=109)
Acute kidney injury	No. of Events (%)	3 ( 3.5)	4 ( 3.7)
	Median Survival Est. (95% CI)	NC (NC , NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]		0.953 ( 0.213, 4.261)
	Treatment P-value [b]		0.95885
	Interaction P-value [c]		0.37645

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table SAE.KM.S7.SAF: Time to First Treatment Emergent Serious Adverse Event (Months) (Safety Analysis Set)

Subgroup: Pre-selected Investigator's Choice of Paclitaxel/Docetaxel/Vinflunine, Level: Vinflunine

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=71)	Chemotherapy (N=75)
Any Event	No. of Events (%) Median Survival Est. (95% CI)	35 ( 49.3) 11.53 ( 1.84, NC)	45 ( 60.0) 1.94 ( 0.56, 6.60)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		0.657 ( 0.422, 1.022) 0.06146 0.01489
Blood and lymphatic system disorders	No. of Events (%) Median Survival Est. (95% CI)	3 ( 4.2) NC (NC , NC)	11 ( 14.7) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		0.265 ( 0.074, 0.949) 0.02917 0.58265

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table SAE.KM.S7.SAF: Time to First Treatment Emergent Serious Adverse Event (Months) (Safety Analysis Set)

Subgroup: Pre-selected Investigator's Choice of Paclitaxel/Docetaxel/Vinflunine, Level: Vinflunine

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=71)	Chemotherapy (N=75)
Acute kidney injury	No. of Events (%)	5 ( 7.0 )	2 ( 2.7 )
	Median Survival Est. (95% CI)	NC (NC , NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]		2.624 ( 0.509, 13.526)
	Treatment P-value [b]		0.24005
	Interaction P-value [c]		0.37645

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table SAE.KM.S8.SAF: Time to First Treatment Emergent Serious Adverse Event (Months) (Safety Analysis Set)

Subgroup: Primary Site of Tumor, Level: Upper Tract

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=96)	Chemotherapy (N=102)
Any Event	No. of Events (%) Median Survival Est. (95% CI)	42 ( 43.8) 11.56 ( 8.15, NC)	38 ( 37.3) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		1.087 ( 0.701, 1.686) 0.69976 0.49526
Blood and lymphatic system disorders	No. of Events (%) Median Survival Est. (95% CI)	6 ( 6.3) NC (NC , NC)	13 ( 12.7) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		0.466 ( 0.177, 1.227) 0.11477 0.45872

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table SAE.KM.S8.SAF: Time to First Treatment Emergent Serious Adverse Event (Months) (Safety Analysis Set)

Subgroup: Primary Site of Tumor, Level: Upper Tract

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=96)	Chemotherapy (N=102)
Febrile neutropenia	No. of Events (%) Median Survival Est. (95% CI)	3 ( 3.1) NC (NC , NC)	7 ( 6.9) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		0.440 ( 0.114, 1.703) 0.22070 0.24274
Acute kidney injury	No. of Events (%) Median Survival Est. (95% CI)	5 ( 5.2) NC (NC , NC)	2 ( 2.0) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		2.661 ( 0.516, 13.714) 0.23106 0.84247

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table SAE.KM.S8.SAF: Time to First Treatment Emergent Serious Adverse Event (Months) (Safety Analysis Set)

Subgroup: Primary Site of Tumor, Level: Upper Tract

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=96)	Chemotherapy (N=102)
Skin and subcutaneous tissue disorders	No. of Events (%)	4 ( 4.2)	0
	Median Survival Est. (95% CI)	NC (NC , NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]	NA (NA , NA)	
	Treatment P-value [b]	0.03907	
	Interaction P-value [c]	0.99198	

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table SAE.KM.S8.SAF: Time to First Treatment Emergent Serious Adverse Event (Months) (Safety Analysis Set)

Subgroup: Primary Site of Tumor, Level: Other

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=200)	Chemotherapy (N=189)
Any Event	No. of Events (%) Median Survival Est. (95% CI)	97 ( 48.5) 18.17 ( 4.07, NC)	93 ( 49.2) 7.72 ( 3.09, NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		0.906 ( 0.682, 1.205) 0.50177 0.49526
Blood and lymphatic system disorders	No. of Events (%) Median Survival Est. (95% CI)	6 ( 3.0) NC (NC , NC)	19 ( 10.1) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		0.282 ( 0.112, 0.705) 0.00389 0.45872

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table SAE.KM.S8.SAF: Time to First Treatment Emergent Serious Adverse Event (Months) (Safety Analysis Set)

Subgroup: Primary Site of Tumor, Level: Other

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=200)	Chemotherapy (N=189)
Febrile neutropenia	No. of Events (%) Median Survival Est. (95% CI)	1 ( 0.5) NC (NC , NC)	9 ( 4.8) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		0.101 ( 0.013, 0.798) 0.00754 0.24274
Acute kidney injury	No. of Events (%) Median Survival Est. (95% CI)	14 ( 7.0) NC (NC , NC)	6 ( 3.2) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		2.195 ( 0.843, 5.713) 0.09426 0.84247

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table SAE.KM.S8.SAF: Time to First Treatment Emergent Serious Adverse Event (Months) (Safety Analysis Set)

Subgroup: Primary Site of Tumor, Level: Other

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=200)	Chemotherapy (N=189)
Skin and subcutaneous tissue disorders	No. of Events (%)	10 ( 5.0)	1 ( 0.5)
	Median Survival Est. (95% CI)	NC (NC , NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]		9.569 ( 1.225, 74.754)
	Treatment P-value [b]		0.00845
	Interaction P-value [c]		0.99198

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table SAE.KM.S9.SAF: Time to First Treatment Emergent Serious Adverse Event (Months) (Safety Analysis Set)

Subgroup: Prior Lines of Systemic Therapy, Level: 1-2 lines

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=259)	Chemotherapy (N=255)
Any Event	No. of Events (%) Median Survival Est. (95% CI)	121 ( 46.7) 11.56 ( 5.26, NC)	114 ( 44.7) NC ( 5.91, NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		0.971 ( 0.752, 1.255) 0.82577 0.83910
Blood and lymphatic system disorders	No. of Events (%) Median Survival Est. (95% CI)	11 ( 4.2) NC (NC , NC)	30 ( 11.8) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		0.340 ( 0.170, 0.678) 0.00132 0.79331

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table SAE.KM.S9.SAF: Time to First Treatment Emergent Serious Adverse Event (Months) (Safety Analysis Set)

Subgroup: Prior Lines of Systemic Therapy, Level: 1-2 lines

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=259)	Chemotherapy (N=255)
Febrile neutropenia	No. of Events (%) Median Survival Est. (95% CI)	4 ( 1.5) NC (NC , NC)	15 ( 5.9) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		0.253 ( 0.084, 0.762) 0.00831 0.99066
Acute kidney injury	No. of Events (%) Median Survival Est. (95% CI)	18 ( 6.9) NC (NC , NC)	7 ( 2.7) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		2.517 ( 1.051, 6.029) 0.03205 0.53118

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table SAE.KM.S9.SAF: Time to First Treatment Emergent Serious Adverse Event (Months) (Safety Analysis Set)

Subgroup: Prior Lines of Systemic Therapy, Level: 1-2 lines

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=259)	Chemotherapy (N=255)
Skin and subcutaneous tissue disorders	No. of Events (%)	11 ( 4.2)	1 ( 0.4)
	Median Survival Est. (95% CI)	NC (NC , NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]		10.944 ( 1.413, 84.773)
	Treatment P-value [b]		0.00406
	Interaction P-value [c]		0.99293

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table SAE.KM.S9.SAF: Time to First Treatment Emergent Serious Adverse Event (Months) (Safety Analysis Set)

Subgroup: Prior Lines of Systemic Therapy, Level: &gt;=3 lines

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=37)	Chemotherapy (N=36)
Any Event	No. of Events (%) Median Survival Est. (95% CI)	18 ( 48.6) 18.17 ( 3.71, NC)	17 ( 47.2) NC ( 1.35, NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		0.903 ( 0.465, 1.752) 0.76216 0.83910
Blood and lymphatic system disorders	No. of Events (%) Median Survival Est. (95% CI)	1 ( 2.7) NC (NC , NC)	2 ( 5.6) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		0.475 ( 0.043, 5.232) 0.54730 0.79331

Subgroup analyses are conducted if there exist at least 2 levels with >= 10 patients across treatment arms and >=10 events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table SAE.KM.S9.SAF: Time to First Treatment Emergent Serious Adverse Event (Months) (Safety Analysis Set)

Subgroup: Prior Lines of Systemic Therapy, Level: &gt;=3 lines

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=37)		Chemotherapy (N=36)	
Febrile neutropenia	No. of Events (%)	0		1 ( 2.8)	
	Median Survival Est. (95% CI)	NC (NC , NC)		NC (NC , NC)	
	Hazard Ratio (95% CI) [a]			NA (NA , NA)	
	Treatment P-value [b]			0.31068	
	Interaction P-value [c]			0.99066	
Acute kidney injury	No. of Events (%)	1 ( 2.7)		1 ( 2.8)	
	Median Survival Est. (95% CI)	NC (NC , NC)		NC (NC , NC)	
	Hazard Ratio (95% CI) [a]			0.995 ( 0.062, 15.903)	
	Treatment P-value [b]			0.99227	
	Interaction P-value [c]			0.53118	

Subgroup analyses are conducted if there exist at least 2 levels with >= 10 patients across treatment arms and >=10 events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table SAE.KM.S9.SAF: Time to First Treatment Emergent Serious Adverse Event (Months) (Safety Analysis Set)

Subgroup: Prior Lines of Systemic Therapy, Level: &gt;=3 lines

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=37)	Chemotherapy (N=36)
Skin and subcutaneous tissue disorders	No. of Events (%)	3 ( 8.1)	0
	Median Survival Est. (95% CI)	NC (NC , NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]	NA (NA , NA)	
	Treatment P-value [b]	0.08515	
	Interaction P-value [c]	0.99293	

Subgroup analyses are conducted if there exist at least 2 levels with >= 10 patients across treatment arms and >=10 events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table SAE.KM.S10.SAF: Time to First Treatment Emergent Serious Adverse Event (Months) (Safety Analysis Set)

Subgroup: Best Response to Prior CPI, Level: Responder

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=61)	Chemotherapy (N=49)
Any Event	No. of Events (%) Median Survival Est. (95% CI)	27 ( 44.3) NC ( 4.60, , NC)	25 ( 51.0) 7.72 ( 1.41, , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		0.748 ( 0.434, 1.289) 0.31256 0.18150
Blood and lymphatic system disorders	No. of Events (%) Median Survival Est. (95% CI)	3 ( 4.9) NC (NC , , NC)	6 ( 12.2) NC (NC , , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		0.378 ( 0.094, 1.510) 0.15293 0.77814

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table SAE.KM.S10.SAF: Time to First Treatment Emergent Serious Adverse Event (Months) (Safety Analysis Set)

Subgroup: Best Response to Prior CPI, Level: Responder

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=61)		Chemotherapy (N=49)	
Febrile neutropenia	No. of Events (%)	0		4 ( 8.2)	
	Median Survival Est. (95% CI)	NC (NC , NC)		NC (NC , NC)	
	Hazard Ratio (95% CI) [a]			NA (NA , NA)	
	Treatment P-value [b]			0.02211	
	Interaction P-value [c]			0.99194	
Acute kidney injury	No. of Events (%)	4 ( 6.6)		1 ( 2.0)	
	Median Survival Est. (95% CI)	NC (NC , NC)		NC (NC , NC)	
	Hazard Ratio (95% CI) [a]			3.188 ( 0.356, 28.517)	
	Treatment P-value [b]			0.27331	
	Interaction P-value [c]			0.74936	

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table SAE.KM.S10.SAF: Time to First Treatment Emergent Serious Adverse Event (Months) (Safety Analysis Set)

Subgroup: Best Response to Prior CPI, Level: Responder

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=61)	Chemotherapy (N=49)
Skin and subcutaneous tissue disorders	No. of Events (%)	3 ( 4.9)	0
	Median Survival Est. (95% CI)	NC (NC , NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]	NA (NA , NA)	
	Treatment P-value [b]	0.12309	
	Interaction P-value [c]	0.99087	

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table SAE.KM.S10.SAF: Time to First Treatment Emergent Serious Adverse Event (Months) (Safety Analysis Set)

Subgroup: Best Response to Prior CPI, Level: Non-responder

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=202)	Chemotherapy (N=202)
Any Event	No. of Events (%) Median Survival Est. (95% CI)	98 ( 48.5) 11.53 ( 4.83, NC)	83 ( 41.1) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		1.140 ( 0.851, 1.527) 0.38046 0.18150
Blood and lymphatic system disorders	No. of Events (%) Median Survival Est. (95% CI)	8 ( 4.0) NC (NC , NC)	16 ( 7.9) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		0.477 ( 0.204, 1.114) 0.08031 0.77814

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table SAE.KM.S10.SAF: Time to First Treatment Emergent Serious Adverse Event (Months) (Safety Analysis Set)

Subgroup: Best Response to Prior CPI, Level: Non-responder

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=202)	Chemotherapy (N=202)
Febrile neutropenia	No. of Events (%) Median Survival Est. (95% CI)	3 ( 1.5) NC (NC , NC)	10 ( 5.0) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		0.288 ( 0.079, 1.048) 0.04430 0.99194
Acute kidney injury	No. of Events (%) Median Survival Est. (95% CI)	13 ( 6.4) NC (NC , NC)	6 ( 3.0) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		2.157 ( 0.820, 5.677) 0.11417 0.74936

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table SAE.KM.S10.SAF: Time to First Treatment Emergent Serious Adverse Event (Months) (Safety Analysis Set)

Subgroup: Best Response to Prior CPI, Level: Non-responder

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=202)	Chemotherapy (N=202)
Skin and subcutaneous tissue disorders	No. of Events (%)	11 ( 5.4)	1 ( 0.5)
	Median Survival Est. (95% CI)	NC (NC , NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]		11.215 ( 1.448, 86.867)
	Treatment P-value [b]		0.00349
	Interaction P-value [c]		0.99087

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

## 4.8 Subgruppenanalysen zu den progressionsbereinigten schwerwiegenden unerwünschten Ereignissen

Astellas: 7465-CL-0301

Table SAE.wDP.KM.S1.SAF: Time to First Treatment Emergent Serious Adverse Event Excluding Those Related to Disease Progression (Months) (Safety Analysis Set)

Subgroup: Age Group 1, Level: <65 years

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=106)	Chemotherapy (N=103)
Any Event	No. of Events (%)	40 ( 37.7)	42 ( 40.8)
	Median Survival Est. (95% CI)	NC (11.53, NC)	NC ( 4.47, NC)
	Hazard Ratio (95% CI) [a]		0.816 ( 0.529, 1.259)
	Treatment P-value [b]		0.38851
	Interaction P-value [c]		0.36747

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table SAE.wDP.KM.S1.SAF: Time to First Treatment Emergent Serious Adverse Event Excluding Those Related to Disease Progression (Months) (Safety Analysis Set)

Subgroup: Age Group 1, Level: &gt;=65 years

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=190)	Chemotherapy (N=188)
Any Event	No. of Events (%)	91 ( 47.9)	82 ( 43.6)
	Median Survival Est. (95% CI)	10.45 ( 4.83, NC)	NC ( 4.44, NC)
	Hazard Ratio (95% CI) [a]	1.040 ( 0.771, 1.401)	
	Treatment P-value [b]	0.80439	
	Interaction P-value [c]	0.36747	

Subgroup analyses are conducted if there exist at least 2 levels with >= 10 patients across treatment arms and >=10 events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table SAE.wDP.KM.S2.SAF: Time to First Treatment Emergent Serious Adverse Event Excluding Those Related to Disease Progression (Months) (Safety Analysis Set)

Subgroup: Age Group 2, Level: &lt;75 years

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=245)	Chemotherapy (N=226)
Any Event	No. of Events (%)	106 ( 43.3)	99 ( 43.8)
	Median Survival Est. (95% CI)	18.17 ( 8.54, NC)	NC ( 4.47, NC)
	Hazard Ratio (95% CI) [a]	0.890 ( 0.676, 1.170)	
	Treatment P-value [b]	0.42454	
	Interaction P-value [c]	0.23703	

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table SAE.wDP.KM.S2.SAF: Time to First Treatment Emergent Serious Adverse Event Excluding Those Related to Disease Progression (Months) (Safety Analysis Set)

Subgroup: Age Group 2, Level: &gt;=75 years

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=51)	Chemotherapy (N=65)
Any Event	No. of Events (%)	25 ( 49.0)	25 ( 38.5)
	Median Survival Est. (95% CI)	NC ( 1.45, NC)	NC ( 4.07, NC)
	Hazard Ratio (95% CI) [a]		1.292 ( 0.742, 2.250)
	Treatment P-value [b]		0.37760
	Interaction P-value [c]		0.23703

Subgroup analyses are conducted if there exist at least 2 levels with >= 10 patients across treatment arms and >=10 events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table SAE.wDP.KM.S3.SAF: Time to First Treatment Emergent Serious Adverse Event Excluding Those Related to Disease Progression (Months) (Safety Analysis Set)

Subgroup: Gender, Level: Male

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=234)	Chemotherapy (N=219)
Any Event	No. of Events (%)	104 ( 44.4)	99 ( 45.2)
	Median Survival Est. (95% CI)	18.17 ( 8.15, NC)	NC ( 4.44, NC)
	Hazard Ratio (95% CI) [a]	0.886 ( 0.672, 1.167)	
	Treatment P-value [b]	0.38861	
	Interaction P-value [c]	0.29146	

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table SAE.wDP.KM.S3.SAF: Time to First Treatment Emergent Serious Adverse Event Excluding Those Related to Disease Progression (Months) (Safety Analysis Set)

Subgroup: Gender, Level: Female

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=62)	Chemotherapy (N=72)
Any Event	No. of Events (%)	27 ( 43.5)	25 ( 34.7)
	Median Survival Est. (95% CI)	NC ( 3.71, NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]		1.230 ( 0.714, 2.120)
	Treatment P-value [b]		0.46867
	Interaction P-value [c]		0.29146

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table SAE.wDP.KM.S4.SAF: Time to First Treatment Emergent Serious Adverse Event Excluding Those Related to Disease Progression (Months) (Safety Analysis Set)

Subgroup: Region, Level: Western Europe

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=122)	Chemotherapy (N=123)
Any Event	No. of Events (%)	54 ( 44.3)	62 ( 50.4)
	Median Survival Est. (95% CI)	NC ( 4.83, NC)	3.48 ( 2.10, NC)
	Hazard Ratio (95% CI) [a]		0.740 ( 0.514, 1.066)
	Treatment P-value [b]		0.10398
	Interaction P-value [c]		0.02846

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table SAE.wDP.KM.S4.SAF: Time to First Treatment Emergent Serious Adverse Event Excluding Those Related to Disease Progression (Months) (Safety Analysis Set)

Subgroup: Region, Level: US

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=42)	Chemotherapy (N=39)
Any Event	No. of Events (%)	23 ( 54.8)	11 ( 28.2)
	Median Survival Est. (95% CI)	4.52 ( 1.48, NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]	2.212 ( 1.078, 4.539)	
	Treatment P-value [b]	0.02350	
	Interaction P-value [c]	0.02846	

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table SAE.wDP.KM.S4.SAF: Time to First Treatment Emergent Serious Adverse Event Excluding Those Related to Disease Progression (Months) (Safety Analysis Set)

Subgroup: Region, Level: Rest of the World

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=132)	Chemotherapy (N=129)
Any Event	No. of Events (%)	54 ( 40.9)	51 ( 39.5)
	Median Survival Est. (95% CI)	18.17 (10.45, NC)	NC ( 7.72, NC)
	Hazard Ratio (95% CI) [a]	0.968 ( 0.660, 1.420)	
	Treatment P-value [b]	0.86051	
	Interaction P-value [c]	0.02846	

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table SAE.wDP.KM.S5.SAF: Time to First Treatment Emergent Serious Adverse Event Excluding Those Related to Disease Progression (Months) (Safety Analysis Set)

Subgroup: ECOG PS from IRT Strata, Level: 0

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=120)	Chemotherapy (N=119)
Any Event	No. of Events (%)	46 ( 38.3)	38 ( 31.9)
	Median Survival Est. (95% CI)	18.17 (18.17, NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]	1.164 ( 0.757, 1.789)	
	Treatment P-value [b]	0.48484	
	Interaction P-value [c]	0.24926	

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table SAE.wDP.KM.S5.SAF: Time to First Treatment Emergent Serious Adverse Event Excluding Those Related to Disease Progression (Months) (Safety Analysis Set)

Subgroup: ECOG PS from IRT Strata, Level: 1

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=176)	Chemotherapy (N=172)
Any Event	No. of Events (%)	85 ( 48.3)	86 ( 50.0)
	Median Survival Est. (95% CI)	11.53 ( 3.55, NC)	5.26 ( 2.10, NC)
	Hazard Ratio (95% CI) [a]		0.855 ( 0.634, 1.155)
	Treatment P-value [b]		0.32168
	Interaction P-value [c]		0.24926

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table SAE.wDP.KM.S6.SAF: Time to First Treatment Emergent Serious Adverse Event Excluding Those Related to Disease Progression (Months) (Safety Analysis Set)

Subgroup: Liver Metastasis from IRT Strata, Level: Yes

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=92)	Chemotherapy (N=87)
Any Event	No. of Events (%)	45 ( 48.9)	42 ( 48.3)
	Median Survival Est. (95% CI)	11.53 ( 2.14, NC)	NC ( 1.45, NC)
	Hazard Ratio (95% CI) [a]	0.902 ( 0.592, 1.374)	
	Treatment P-value [b]	0.66627	
	Interaction P-value [c]	0.75773	

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table SAE.wDP.KM.S6.SAF: Time to First Treatment Emergent Serious Adverse Event Excluding Those Related to Disease Progression (Months) (Safety Analysis Set)

Subgroup: Liver Metastasis from IRT Strata, Level: No

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=204)	Chemotherapy (N=204)
Any Event	No. of Events (%)	86 ( 42.2)	82 ( 40.2)
	Median Survival Est. (95% CI)	18.17 ( 8.54, NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]	0.979 ( 0.723, 1.325)	
	Treatment P-value [b]	0.91334	
	Interaction P-value [c]	0.75773	

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table SAE.wDP.KM.S7.SAF: Time to First Treatment Emergent Serious Adverse Event Excluding Those Related to Disease Progression (Months) (Safety Analysis Set)

Subgroup: Pre-selected Investigator's Choice of Paclitaxel/Docetaxel/Vinflunine, Level: Paclitaxel

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=140)	Chemotherapy (N=107)
Any Event	No. of Events (%)	65 ( 46.4)	31 ( 29.0)
	Median Survival Est. (95% CI)	10.45 ( 4.99, NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]		1.673 ( 1.091, 2.567)
	Treatment P-value [b]		0.01326
	Interaction P-value [c]		0.00371

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table SAE.wDP.KM.S7.SAF: Time to First Treatment Emergent Serious Adverse Event Excluding Those Related to Disease Progression (Months) (Safety Analysis Set)

Subgroup: Pre-selected Investigator's Choice of Paclitaxel/Docetaxel/Vinflunine, Level: Docetaxel

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=85)	Chemotherapy (N=109)
Any Event	No. of Events (%)	35 ( 41.2)	49 ( 45.0)
	Median Survival Est. (95% CI)	18.17 ( 5.09, NC)	NC ( 2.63, NC)
	Hazard Ratio (95% CI) [a]		0.808 ( 0.524, 1.247)
	Treatment P-value [b]		0.33768
	Interaction P-value [c]		0.00371

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table SAE.wDP.KM.S7.SAF: Time to First Treatment Emergent Serious Adverse Event Excluding Those Related to Disease Progression (Months) (Safety Analysis Set)

Subgroup: Pre-selected Investigator's Choice of Paclitaxel/Docetaxel/Vinflunine, Level: Vinflunine

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=71)	Chemotherapy (N=75)
Any Event	No. of Events (%)	31 ( 43.7)	44 ( 58.7)
	Median Survival Est. (95% CI)	NC ( 3.55, NC)	2.27 ( 0.79, NC)
	Hazard Ratio (95% CI) [a]		0.597 ( 0.377, 0.945)
	Treatment P-value [b]		0.02806
	Interaction P-value [c]		0.00371

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table SAE.wDP.KM.S8.SAF: Time to First Treatment Emergent Serious Adverse Event Excluding Those Related to Disease Progression (Months) (Safety Analysis Set)

Subgroup: Primary Site of Tumor, Level: Upper Tract

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=96)	Chemotherapy (N=102)
Any Event	No. of Events (%)	39 ( 40.6)	37 ( 36.3)
	Median Survival Est. (95% CI)	NC ( 8.54, NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]		1.026 ( 0.654, 1.608)
	Treatment P-value [b]		0.89577
	Interaction P-value [c]		0.70425

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table SAE.wDP.KM.S8.SAF: Time to First Treatment Emergent Serious Adverse Event Excluding Those Related to Disease Progression (Months) (Safety Analysis Set)

Subgroup: Primary Site of Tumor, Level: Other

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=200)	Chemotherapy (N=189)
Any Event	No. of Events (%)	92 ( 46.0)	87 ( 46.0)
	Median Survival Est. (95% CI)	18.17 ( 4.83, NC)	NC ( 3.81, NC)
	Hazard Ratio (95% CI) [a]	0.924 ( 0.689, 1.239)	
	Treatment P-value [b]	0.60074	
	Interaction P-value [c]	0.70425	

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table SAE.wDP.KM.S9.SAF: Time to First Treatment Emergent Serious Adverse Event Excluding Those Related to Disease Progression (Months) (Safety Analysis Set)

Subgroup: Prior Lines of Systemic Therapy, Level: 1-2 lines

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=259)	Chemotherapy (N=255)
Any Event	No. of Events (%)	114 ( 44.0)	108 ( 42.4)
	Median Survival Est. (95% CI)	NC ( 8.41, NC)	NC ( 7.72, NC)
	Hazard Ratio (95% CI) [a]	0.967 ( 0.744, 1.259)	
	Treatment P-value [b]	0.80638	
	Interaction P-value [c]	0.83732	

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table SAE.wDP.KM.S9.SAF: Time to First Treatment Emergent Serious Adverse Event Excluding Those Related to Disease Progression (Months) (Safety Analysis Set)

Subgroup: Prior Lines of Systemic Therapy, Level: &gt;=3 lines

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=37)	Chemotherapy (N=36)
Any Event	No. of Events (%)	17 ( 45.9)	16 ( 44.4)
	Median Survival Est. (95% CI)	18.17 ( 3.71, NC)	NC ( 1.35, NC)
	Hazard Ratio (95% CI) [a]	0.896 ( 0.453, 1.774)	
	Treatment P-value [b]	0.76039	
	Interaction P-value [c]	0.83732	

Subgroup analyses are conducted if there exist at least 2 levels with >= 10 patients across treatment arms and >=10 events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table SAE.wDP.KM.S10.SAF: Time to First Treatment Emergent Serious Adverse Event Excluding Those Related to Disease Progression (Months) (Safety Analysis Set)

Subgroup: Best Response to Prior CPI, Level: Responder

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=61)	Chemotherapy (N=49)
Any Event	No. of Events (%)	26 ( 42.6)	23 ( 46.9)
	Median Survival Est. (95% CI)	NC ( 4.60, NC)	NC ( 1.41, NC)
	Hazard Ratio (95% CI) [a]		0.782 ( 0.446, 1.371)
	Treatment P-value [b]		0.41636
	Interaction P-value [c]		0.26198

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table SAE.wDP.KM.S10.SAF: Time to First Treatment Emergent Serious Adverse Event Excluding Those Related to Disease Progression (Months) (Safety Analysis Set)

Subgroup: Best Response to Prior CPI, Level: Non-responder

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=202)	Chemotherapy (N=202)
Any Event	No. of Events (%)	93 ( 46.0)	80 ( 39.6)
	Median Survival Est. (95% CI)	18.17 ( 5.26, NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]	1.126 ( 0.835, 1.518)	
	Treatment P-value [b]	0.43697	
	Interaction P-value [c]	0.26198	

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

## 4.9 Subgruppenanalysen zu den Abbrüchen der Studienmedikation aufgrund von unerwünschten Ereignissen

Astellas: 7465-CL-0301

Table AED.KM.S1.SAF: Time to First TEAE Leading to Study Drug Discontinuation (Months) (Safety Analysis Set)

Subgroup: Age Group 1, Level: <65 years

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=106)	Chemotherapy (N=103)
Any Event	No. of Events (%) Median Survival Est. (95% CI)	15 ( 14.2) NC (NC , NC)	19 ( 18.4) NC (NC , NC)
	Hazard Ratio (95% CI) [a]	0.694 ( 0.353, 1.367)	
	Treatment P-value [b]	0.30974	
	Interaction P-value [c]	0.38477	

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table AED.KM.S1.SAF: Time to First TEAE Leading to Study Drug Discontinuation (Months) (Safety Analysis Set)

Subgroup: Age Group 1, Level: &gt;=65 years

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=190)	Chemotherapy (N=188)
Any Event	No. of Events (%)	39 ( 20.5)	37 ( 19.7)
	Median Survival Est. (95% CI)	NC (NC , NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]	0.996 ( 0.635, 1.561)	
	Treatment P-value [b]	0.99751	
	Interaction P-value [c]	0.38477	

Subgroup analyses are conducted if there exist at least 2 levels with >= 10 patients across treatment arms and >=10 events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table AED.KM.S2.SAF: Time to First TEAE Leading to Study Drug Discontinuation (Months) (Safety Analysis Set)

Subgroup: Age Group 2, Level: &lt;75 years

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=245)	Chemotherapy (N=226)
Any Event	No. of Events (%)	40 ( 16.3)	43 ( 19.0)
	Median Survival Est. (95% CI)	NC (NC , NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]	0.792 ( 0.515, 1.219)	
	Treatment P-value [b]	0.28020	
	Interaction P-value [c]	0.22225	

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table AED.KM.S2.SAF: Time to First TEAE Leading to Study Drug Discontinuation (Months) (Safety Analysis Set)

Subgroup: Age Group 2, Level: &gt;=75 years

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=51)	Chemotherapy (N=65)
Any Event	No. of Events (%)	14 ( 27.5)	13 ( 20.0)
	Median Survival Est. (95% CI)	NC (NC , NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]	1.361 ( 0.640, 2.897)	
	Treatment P-value [b]	0.39340	
	Interaction P-value [c]	0.22225	

Subgroup analyses are conducted if there exist at least 2 levels with >= 10 patients across treatment arms and >=10 events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table AED.KM.S3.SAF: Time to First TEAE Leading to Study Drug Discontinuation (Months) (Safety Analysis Set)

Subgroup: Gender, Level: Male

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=234)	Chemotherapy (N=219)
Any Event	No. of Events (%)	46 ( 19.7)	42 ( 19.2)
	Median Survival Est. (95% CI)	NC (NC , NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]	0.945 ( 0.622, 1.436)	
	Treatment P-value [b]	0.79683	
	Interaction P-value [c]	0.45511	

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table AED.KM.S3.SAF: Time to First TEAE Leading to Study Drug Discontinuation (Months) (Safety Analysis Set)

Subgroup: Gender, Level: Female

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=62)	Chemotherapy (N=72)
Any Event	No. of Events (%)	8 ( 12.9)	14 ( 19.4)
	Median Survival Est. (95% CI)	NC (NC , NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]	0.654 ( 0.274, 1.560)	
	Treatment P-value [b]	0.32997	
	Interaction P-value [c]	0.45511	

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table AED.KM.S4.SAF: Time to First TEAE Leading to Study Drug Discontinuation (Months) (Safety Analysis Set)

Subgroup: Region, Level: Western Europe

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=122)	Chemotherapy (N=123)
Any Event	No. of Events (%)	28 ( 23.0)	28 ( 22.8)
	Median Survival Est. (95% CI)	NC (NC , NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]	0.921 ( 0.545, 1.555)	
	Treatment P-value [b]	0.75806	
	Interaction P-value [c]	0.05435	

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table AED.KM.S4.SAF: Time to First TEAE Leading to Study Drug Discontinuation (Months) (Safety Analysis Set)

Subgroup: Region, Level: US

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=42)	Chemotherapy (N=39)
Any Event	No. of Events (%)	8 ( 19.0)	1 ( 2.6)
	Median Survival Est. (95% CI)	NC (NC , NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]	7.901 ( 0.988, 63.169)	
	Treatment P-value [b]	0.02255	
	Interaction P-value [c]	0.05435	

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table AED.KM.S4.SAF: Time to First TEAE Leading to Study Drug Discontinuation (Months) (Safety Analysis Set)

Subgroup: Region, Level: Rest of the World

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=132)	Chemotherapy (N=129)
Any Event	No. of Events (%)	18 ( 13.6)	27 ( 20.9)
	Median Survival Est. (95% CI)	NC (NC , NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]	0.598 ( 0.329, 1.086)	
	Treatment P-value [b]	0.08359	
	Interaction P-value [c]	0.05435	

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table AED.KM.S5.SAF: Time to First TEAE Leading to Study Drug Discontinuation (Months) (Safety Analysis Set)

Subgroup: ECOG PS from IRT Strata, Level: 0

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=120)	Chemotherapy (N=119)
Any Event	No. of Events (%)	24 ( 20.0)	20 ( 16.8)
	Median Survival Est. (95% CI)	NC (NC , NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]	1.168 ( 0.645, 2.115)	
	Treatment P-value [b]	0.60651	
	Interaction P-value [c]	0.23605	

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table AED.KM.S5.SAF: Time to First TEAE Leading to Study Drug Discontinuation (Months) (Safety Analysis Set)

Subgroup: ECOG PS from IRT Strata, Level: 1

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=176)	Chemotherapy (N=172)
Any Event	No. of Events (%)	30 ( 17.0)	36 ( 20.9)
	Median Survival Est. (95% CI)	NC (NC , NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]	0.735 ( 0.453, 1.194)	
	Treatment P-value [b]	0.22437	
	Interaction P-value [c]	0.23605	

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table AED.KM.S6.SAF: Time to First TEAE Leading to Study Drug Discontinuation (Months) (Safety Analysis Set)

Subgroup: Liver Metastasis from IRT Strata, Level: Yes

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=92)	Chemotherapy (N=87)
Any Event	No. of Events (%)	25 ( 27.2)	16 ( 18.4)
	Median Survival Est. (95% CI)	NC (NC , NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]	1.403 ( 0.748,	2.630)
	Treatment P-value [b]	0.25033	
	Interaction P-value [c]	0.06854	

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table AED.KM.S6.SAF: Time to First TEAE Leading to Study Drug Discontinuation (Months) (Safety Analysis Set)

Subgroup: Liver Metastasis from IRT Strata, Level: No

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=204)	Chemotherapy (N=204)
Any Event	No. of Events (%)	29 ( 14.2)	40 ( 19.6)
	Median Survival Est. (95% CI)	NC (NC , NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]	0.674 ( 0.418, 1.087)	
	Treatment P-value [b]	0.10958	
	Interaction P-value [c]	0.06854	

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table AED.KM.S7.SAF: Time to First TEAE Leading to Study Drug Discontinuation (Months) (Safety Analysis Set)

Subgroup: Pre-selected Investigator's Choice of Paclitaxel/Docetaxel/Vinflunine, Level: Paclitaxel

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=140)	Chemotherapy (N=107)
Any Event	No. of Events (%)	17 ( 12.1)	17 ( 15.9)
	Median Survival Est. (95% CI)	NC (NC , NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]	0.705 ( 0.360, 1.381)	
	Treatment P-value [b]	0.27540	
	Interaction P-value [c]	0.53090	

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table AED.KM.S7.SAF: Time to First TEAE Leading to Study Drug Discontinuation (Months) (Safety Analysis Set)

Subgroup: Pre-selected Investigator's Choice of Paclitaxel/Docetaxel/Vinflunine, Level: Docetaxel

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=85)	Chemotherapy (N=109)
Any Event	No. of Events (%)	15 ( 17.6)	20 ( 18.3)
	Median Survival Est. (95% CI)	NC (NC , NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]	0.902 ( 0.462, 1.762)	
	Treatment P-value [b]	0.81116	
	Interaction P-value [c]	0.53090	

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table AED.KM.S7.SAF: Time to First TEAE Leading to Study Drug Discontinuation (Months) (Safety Analysis Set)

Subgroup: Pre-selected Investigator's Choice of Paclitaxel/Docetaxel/Vinflunine, Level: Vinflunine

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=71)	Chemotherapy (N=75)
Any Event	No. of Events (%)	22 ( 31.0)	19 ( 25.3)
	Median Survival Est. (95% CI)	NC (11.53, NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]	1.187 ( 0.643, 2.193)	
	Treatment P-value [b]	0.57501	
	Interaction P-value [c]	0.53090	

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table AED.KM.S8.SAF: Time to First TEAE Leading to Study Drug Discontinuation (Months) (Safety Analysis Set)

Subgroup: Primary Site of Tumor, Level: Upper Tract

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=96)	Chemotherapy (N=102)
Any Event	No. of Events (%)	19 ( 19.8)	20 ( 19.6)
	Median Survival Est. (95% CI)	NC (NC , NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]	0.962 ( 0.513, 1.802)	
	Treatment P-value [b]	0.89574	
	Interaction P-value [c]	0.76290	

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table AED.KM.S8.SAF: Time to First TEAE Leading to Study Drug Discontinuation (Months) (Safety Analysis Set)

Subgroup: Primary Site of Tumor, Level: Other

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=200)	Chemotherapy (N=189)
Any Event	No. of Events (%)	35 ( 17.5)	36 ( 19.0)
	Median Survival Est. (95% CI)	NC (NC , NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]	0.853 ( 0.535, 1.358)	
	Treatment P-value [b]	0.50923	
	Interaction P-value [c]	0.76290	

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table AED.KM.S9.SAF: Time to First TEAE Leading to Study Drug Discontinuation (Months) (Safety Analysis Set)

Subgroup: Prior Lines of Systemic Therapy, Level: 1-2 lines

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=259)	Chemotherapy (N=255)
Any Event	No. of Events (%)	47 ( 18.1)	49 ( 19.2)
	Median Survival Est. (95% CI)	NC (NC , NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]	0.887 ( 0.594, 1.323)	
	Treatment P-value [b]	0.55831	
	Interaction P-value [c]	0.98862	

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table AED.KM.S9.SAF: Time to First TEAE Leading to Study Drug Discontinuation (Months) (Safety Analysis Set)

Subgroup: Prior Lines of Systemic Therapy, Level: &gt;=3 lines

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=37)	Chemotherapy (N=36)
Any Event	No. of Events (%)	7 ( 18.9)	7 ( 19.4)
	Median Survival Est. (95% CI)	NC (NC , NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]	0.894 ( 0.314, 2.549)	
	Treatment P-value [b]	0.79432	
	Interaction P-value [c]	0.98862	

Subgroup analyses are conducted if there exist at least 2 levels with >= 10 patients across treatment arms and >=10 events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table AED.KM.S10.SAF: Time to First TEAE Leading to Study Drug Discontinuation (Months) (Safety Analysis Set)

Subgroup: Best Response to Prior CPI, Level: Responder

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=61)	Chemotherapy (N=49)
Any Event	No. of Events (%)	11 ( 18.0)	9 ( 18.4)
	Median Survival Est. (95% CI)	NC (NC , NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]	0.948 ( 0.393,	2.287)
	Treatment P-value [b]	0.92225	
	Interaction P-value [c]	0.99418	

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table AED.KM.S10.SAF: Time to First TEAE Leading to Study Drug Discontinuation (Months) (Safety Analysis Set)

Subgroup: Best Response to Prior CPI, Level: Non-responder

System Organ Class Preferred Term	Statistics	Enfortumab Vedotin (N=202)	Chemotherapy (N=202)
Any Event	No. of Events (%)	37 ( 18.3)	37 ( 18.3)
	Median Survival Est. (95% CI)	NC (NC , NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]	0.944 ( 0.598, 1.489)	
	Treatment P-value [b]	0.81198	
	Interaction P-value [c]	0.99418	

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_AE\_KM.SAS

Date/time of run: 20APR2021 13:50

Analysis Plan: 15FEB2021

Confidential

## 4.10 Subgruppenanalysen zu den unerwünschten Ereignissen von besonderem Interesse

### 4.10.1 Gesamtrate

Astellas: 7465-CL-0301

Table AESI.KM.S1.SAF: Time to First AESI (Months) (Safety Analysis Set)

Subgroup: Age Group 1, Level: <65 years

Adverse Event of Special Interest Type	Statistics	Enfortumab Vedotin (N=106)	Chemotherapy (N=103)
Hyperglycemia	No. of Events (%)	8 ( 7.5)	2 ( 1.9)
	Median Survival Est. (95% CI)	NC (NC , NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]		3.849 ( 0.818, 18.119)
	Treatment P-value [b]		0.06744
	Interaction P-value [c]		0.81807

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_SI\_KM.SAS

Date/time of run: 20APR2021 13:18

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table AESI.KM.S1.SAF: Time to First AESI (Months) (Safety Analysis Set)

Subgroup: Age Group 1, Level: &lt;65 years

Adverse Event of Special Interest Type	Statistics	Enfortumab Vedotin (N=106)	Chemotherapy (N=103)
Infusion related reaction	No. of Events (%)	8 ( 7.5)	6 ( 5.8)
	Median Survival Est. (95% CI)	NC (NC , NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]		1.259 ( 0.437, 3.630)
	Treatment P-value [b]		0.65250
	Interaction P-value [c]		0.62786
Neuropathy	No. of Events (%)	52 ( 49.1)	36 ( 35.0)
	Median Survival Est. (95% CI)	6.93 ( 5.13, NC)	NC ( 9.07, NC)
	Hazard Ratio (95% CI) [a]		1.298 ( 0.849, 1.986)
	Treatment P-value [b]		0.21042
	Interaction P-value [c]		0.53737

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_SI\_KM.SAS

Date/time of run: 20APR2021 13:18

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table AESI.KM.S1.SAF: Time to First AESI (Months) (Safety Analysis Set)

Subgroup: Age Group 1, Level: &lt;65 years

Adverse Event of Special Interest Type	Statistics	Enfortumab Vedotin (N=106)	Chemotherapy (N=103)
Ocular disorders	No. of Events (%)	20 ( 18.9)	7 ( 6.8)
	Median Survival Est. (95% CI)	NC (NC , NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]		2.839 ( 1.200, 6.713)
	Treatment P-value [b]		0.01232
	Interaction P-value [c]		0.37492
Skin reactions	No. of Events (%)	54 ( 50.9)	21 ( 20.4)
	Median Survival Est. (95% CI)	6.60 ( 1.35, NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]		3.151 ( 1.903, 5.218)
	Treatment P-value [b]		<.00001
	Interaction P-value [c]		0.79383

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_SI\_KM.SAS

Date/time of run: 20APR2021 13:18

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table AESI.KM.S1.SAF: Time to First AESI (Months) (Safety Analysis Set)

Subgroup: Age Group 1, Level: &gt;=65 years

Adverse Event of Special Interest Type	Statistics	Enfortumab Vedotin (N=190)	Chemotherapy (N=188)
Hyperglycemia	No. of Events (%)	27 ( 14.2)	6 ( 3.2)
	Median Survival Est. (95% CI)	NC (NC , NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]	4.746 ( 1.959, 11.496)	
	Treatment P-value [b]	0.00015	
	Interaction P-value [c]	0.81807	

Subgroup analyses are conducted if there exist at least 2 levels with >= 10 patients across treatment arms and >=10 events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_SI\_KM.SAS

Date/time of run: 20APR2021 13:18

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table AESI.KM.S1.SAF: Time to First AESI (Months) (Safety Analysis Set)

Subgroup: Age Group 1, Level: &gt;=65 years

Adverse Event of Special Interest Type	Statistics	Enfortumab Vedotin (N=190)	Chemotherapy (N=188)
Infusion related reaction	No. of Events (%)	19 ( 10.0)	11 ( 5.9)
	Median Survival Est. (95% CI)	NC (NC , NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]	1.734 ( 0.825, 3.644)	
	Treatment P-value [b]	0.14394	
	Interaction P-value [c]	0.62786	
Neuropathy	No. of Events (%)	97 ( 51.1)	64 ( 34.0)
	Median Survival Est. (95% CI)	4.86 ( 4.04, 7.92)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]	1.534 ( 1.118, 2.104)	
	Treatment P-value [b]	0.00837	
	Interaction P-value [c]	0.53737	

Subgroup analyses are conducted if there exist at least 2 levels with >= 10 patients across treatment arms and >=10 events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_SI\_KM.SAS

Date/time of run: 20APR2021 13:18

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table AESI.KM.S1.SAF: Time to First AESI (Months) (Safety Analysis Set)

Subgroup: Age Group 1, Level: &gt;=65 years

Adverse Event of Special Interest Type	Statistics	Enfortumab Vedotin (N=190)	Chemotherapy (N=188)
Ocular disorders	No. of Events (%)	63 ( 33.2)	16 ( 8.5)
	Median Survival Est. (95% CI)	NC (NC , NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]	4.507 ( 2.603, 7.803)	
	Treatment P-value [b]	<.00001	
	Interaction P-value [c]	0.37492	
Skin reactions	No. of Events (%)	109 ( 57.4)	41 ( 21.8)
	Median Survival Est. (95% CI)	2.33 ( 1.05, 5.98)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]	3.422 ( 2.388, 4.904)	
	Treatment P-value [b]	<.00001	
	Interaction P-value [c]	0.79383	

Subgroup analyses are conducted if there exist at least 2 levels with >= 10 patients across treatment arms and >=10 events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_SI\_KM.SAS

Date/time of run: 20APR2021 13:18

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table AESI.KM.S2.SAF: Time to First AESI (Months) (Safety Analysis Set)

Subgroup: Age Group 2, Level: &lt;75 years

Adverse Event of Special Interest Type	Statistics	Enfortumab Vedotin (N=245)	Chemotherapy (N=226)
Hyperglycemia	No. of Events (%)	25 ( 10.2)	6 ( 2.7)
	Median Survival Est. (95% CI)	NC (NC , NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]	3.912 ( 1.605, 9.535)	
	Treatment P-value [b]	0.00120	
	Interaction P-value [c]	0.49979	

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_SI\_KM.SAS

Date/time of run: 20APR2021 13:18

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table AESI.KM.S2.SAF: Time to First AESI (Months) (Safety Analysis Set)

Subgroup: Age Group 2, Level: &lt;75 years

Adverse Event of Special Interest Type	Statistics	Enfortumab Vedotin (N=245)	Chemotherapy (N=226)
Infusion related reaction	No. of Events (%)	27 ( 11.0)	10 ( 4.4)
	Median Survival Est. (95% CI)	NC (NC , NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]	2.501 ( 1.210, 5.167)	
	Treatment P-value [b]	0.01038	
	Interaction P-value [c]	0.98650	
Neuropathy	No. of Events (%)	126 ( 51.4)	78 ( 34.5)
	Median Survival Est. (95% CI)	5.55 ( 4.60, 8.31)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]	1.452 ( 1.095, 1.926)	
	Treatment P-value [b]	0.00852	
	Interaction P-value [c]	0.82323	

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_SI\_KM.SAS

Date/time of run: 20APR2021 13:18

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table AESI.KM.S2.SAF: Time to First AESI (Months) (Safety Analysis Set)

Subgroup: Age Group 2, Level: &lt;75 years

Adverse Event of Special Interest Type	Statistics	Enfortumab Vedotin (N=245)	Chemotherapy (N=226)
Ocular disorders	No. of Events (%)	63 ( 25.7)	16 ( 7.1)
	Median Survival Est. (95% CI)	NC (NC , NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]	3.900 ( 2.253, 6.751)	
	Treatment P-value [b]	<.00001	
	Interaction P-value [c]	0.75310	
Skin reactions	No. of Events (%)	136 ( 55.5)	49 ( 21.7)
	Median Survival Est. (95% CI)	3.35 ( 1.35, 7.49)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]	3.300 ( 2.379, 4.577)	
	Treatment P-value [b]	<.00001	
	Interaction P-value [c]	0.97845	

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_SI\_KM.SAS

Date/time of run: 20APR2021 13:18

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table AESI.KM.S2.SAF: Time to First AESI (Months) (Safety Analysis Set)

Subgroup: Age Group 2, Level: &gt;=75 years

Adverse Event of Special Interest Type	Statistics	Enfortumab Vedotin (N=51)	Chemotherapy (N=65)
Hyperglycemia	No. of Events (%)	10 ( 19.6)	2 ( 3.1)
	Median Survival Est. (95% CI)	NC (NC , NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]	7.171 ( 1.571, 32.735)	
	Treatment P-value [b]	0.00339	
	Interaction P-value [c]	0.49979	

Subgroup analyses are conducted if there exist at least 2 levels with >= 10 patients across treatment arms and >=10 events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_SI\_KM.SAS

Date/time of run: 20APR2021 13:18

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table AESI.KM.S2.SAF: Time to First AESI (Months) (Safety Analysis Set)

Subgroup: Age Group 2, Level: &gt;=75 years

Adverse Event of Special Interest Type	Statistics	Enfortumab Vedotin (N=51)		Chemotherapy (N=65)	
Infusion related reaction	No. of Events (%)	0		7 ( 10.8)	
	Median Survival Est. (95% CI)	NC (NC , NC)		NC (NC , NC)	
	Hazard Ratio (95% CI) [a]			NA (NA , NA)	
	Treatment P-value [b]			0.01927	
	Interaction P-value [c]			0.98650	
Neuropathy	No. of Events (%)	23 ( 45.1)		22 ( 33.8)	
	Median Survival Est. (95% CI)	7.92 ( 3.68, NC)		NC (NC , NC)	
	Hazard Ratio (95% CI) [a]			1.348 ( 0.752, 2.420)	
	Treatment P-value [b]			0.32947	
	Interaction P-value [c]			0.82323	

Subgroup analyses are conducted if there exist at least 2 levels with >= 10 patients across treatment arms and >=10 events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_SI\_KM.SAS

Date/time of run: 20APR2021 13:18

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table AESI.KM.S2.SAF: Time to First AESI (Months) (Safety Analysis Set)

Subgroup: Age Group 2, Level: &gt;=75 years

Adverse Event of Special Interest Type	Statistics	Enfortumab Vedotin (N=51)	Chemotherapy (N=65)
Ocular disorders	No. of Events (%) Median Survival Est. (95% CI)	20 ( 39.2) NC ( 3.94, NC)	7 ( 10.8) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		4.594 ( 1.942, 10.871) 0.00020 0.75310
Skin reactions	No. of Events (%) Median Survival Est. (95% CI)	27 ( 52.9) 2.79 ( 0.56, NC)	13 ( 20.0) NC (NC , NC)
	Hazard Ratio (95% CI) [a] Treatment P-value [b] Interaction P-value [c]		3.334 ( 1.719, 6.464) 0.00018 0.97845

Subgroup analyses are conducted if there exist at least 2 levels with >= 10 patients across treatment arms and >=10 events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_SI\_KM.SAS

Date/time of run: 20APR2021 13:18

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table AESI.KM.S3.SAF: Time to First AESI (Months) (Safety Analysis Set)

Subgroup: Gender, Level: Male

Adverse Event of Special Interest Type	Statistics	Enfortumab Vedotin (N=234)	Chemotherapy (N=219)
Hyperglycemia	No. of Events (%)	32 ( 13.7)	6 ( 2.7)
	Median Survival Est. (95% CI)	NC (NC , NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]	5.161 ( 2.158, 12.345)	
	Treatment P-value [b]	0.00004	
	Interaction P-value [c]	0.30360	

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_SI\_KM.SAS

Date/time of run: 20APR2021 13:18

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table AESI.KM.S3.SAF: Time to First AESI (Months) (Safety Analysis Set)

Subgroup: Gender, Level: Male

Adverse Event of Special Interest Type	Statistics	Enfortumab Vedotin (N=234)	Chemotherapy (N=219)
Infusion related reaction	No. of Events (%)	19 ( 8.1)	13 ( 5.9)
	Median Survival Est. (95% CI)	NC (NC , NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]		1.345 ( 0.664, 2.724)
	Treatment P-value [b]		0.40965
	Interaction P-value [c]		0.40016
Neuropathy	No. of Events (%)	123 ( 52.6)	72 ( 32.9)
	Median Survival Est. (95% CI)	5.13 ( 4.21, 8.31)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]		1.612 ( 1.205, 2.157)
	Treatment P-value [b]		0.00108
	Interaction P-value [c]		0.10911

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_SI\_KM.SAS

Date/time of run: 20APR2021 13:18

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table AESI.KM.S3.SAF: Time to First AESI (Months) (Safety Analysis Set)

Subgroup: Gender, Level: Male

Adverse Event of Special Interest Type	Statistics	Enfortumab Vedotin (N=234)	Chemotherapy (N=219)
Ocular disorders	No. of Events (%)	69 ( 29.5)	17 ( 7.8)
	Median Survival Est. (95% CI)	NC (NC , NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]	4.153 ( 2.442, 7.062)	
	Treatment P-value [b]	<.00001	
	Interaction P-value [c]	0.58783	
Skin reactions	No. of Events (%)	131 ( 56.0)	42 ( 19.2)
	Median Survival Est. (95% CI)	2.79 ( 1.05, 7.06)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]	3.838 ( 2.709, 5.437)	
	Treatment P-value [b]	<.00001	
	Interaction P-value [c]	0.10151	

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_SI\_KM.SAS

Date/time of run: 20APR2021 13:18

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table AESI.KM.S3.SAF: Time to First AESI (Months) (Safety Analysis Set)

Subgroup: Gender, Level: Female

Adverse Event of Special Interest Type	Statistics	Enfortumab Vedotin (N=62)	Chemotherapy (N=72)
Hyperglycemia	No. of Events (%)	3 ( 4.8)	2 ( 2.8)
	Median Survival Est. (95% CI)	NC (NC , NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]		1.816 ( 0.303, 10.866)
	Treatment P-value [b]		0.50099
	Interaction P-value [c]		0.30360

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_SI\_KM.SAS

Date/time of run: 20APR2021 13:18

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table AESI.KM.S3.SAF: Time to First AESI (Months) (Safety Analysis Set)

Subgroup: Gender, Level: Female

Adverse Event of Special Interest Type	Statistics	Enfortumab Vedotin (N=62)	Chemotherapy (N=72)
Infusion related reaction	No. of Events (%)	8 ( 12.9)	4 ( 5.6)
	Median Survival Est. (95% CI)	NC (NC , NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]	2.445 ( 0.736, 8.120)	
	Treatment P-value [b]	0.13643	
	Interaction P-value [c]	0.40016	
Neuropathy	No. of Events (%)	26 ( 41.9)	28 ( 38.9)
	Median Survival Est. (95% CI)	NC ( 4.63, NC)	NC ( 5.26, NC)
	Hazard Ratio (95% CI) [a]	0.981 ( 0.575, 1.673)	
	Treatment P-value [b]	0.97073	
	Interaction P-value [c]	0.10911	

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_SI\_KM.SAS

Date/time of run: 20APR2021 13:18

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table AESI.KM.S3.SAF: Time to First AESI (Months) (Safety Analysis Set)

Subgroup: Gender, Level: Female

Adverse Event of Special Interest Type	Statistics	Enfortumab Vedotin (N=62)	Chemotherapy (N=72)
Ocular disorders	No. of Events (%)	14 ( 22.6)	6 ( 8.3)
	Median Survival Est. (95% CI)	NC (NC , NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]	3.069 ( 1.179, 7.987)	
	Treatment P-value [b]	0.01470	
	Interaction P-value [c]	0.58783	
Skin reactions	No. of Events (%)	32 ( 51.6)	20 ( 27.8)
	Median Survival Est. (95% CI)	6.60 ( 1.31, NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]	2.215 ( 1.266, 3.874)	
	Treatment P-value [b]	0.00423	
	Interaction P-value [c]	0.10151	

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_SI\_KM.SAS

Date/time of run: 20APR2021 13:18

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table AESI.KM.S4.SAF: Time to First AESI (Months) (Safety Analysis Set)

Subgroup: Region, Level: Western Europe

Adverse Event of Special Interest Type	Statistics	Enfortumab Vedotin (N=122)	Chemotherapy (N=123)
Hyperglycemia	No. of Events (%)	16 ( 13.1)	5 ( 4.1)
	Median Survival Est. (95% CI)	NC (NC , NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]	3.211 ( 1.176, 8.764)	
	Treatment P-value [b]	0.01544	
	Interaction P-value [c]	0.98231	

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_SI\_KM.SAS

Date/time of run: 20APR2021 13:18

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table AESI.KM.S4.SAF: Time to First AESI (Months) (Safety Analysis Set)

Subgroup: Region, Level: Western Europe

Adverse Event of Special Interest Type	Statistics	Enfortumab Vedotin (N=122)	Chemotherapy (N=123)
Infusion related reaction	No. of Events (%)	5 ( 4.1)	7 ( 5.7)
	Median Survival Est. (95% CI)	NC (NC , NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]		0.680 ( 0.216, 2.143)
	Treatment P-value [b]		0.52819
	Interaction P-value [c]		0.18780
Neuropathy	No. of Events (%)	61 ( 50.0)	30 ( 24.4)
	Median Survival Est. (95% CI)	6.21 ( 3.29, 11.99)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]		2.279 ( 1.471, 3.530)
	Treatment P-value [b]		0.00018
	Interaction P-value [c]		0.02171

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_SI\_KM.SAS

Date/time of run: 20APR2021 13:18

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table AESI.KM.S4.SAF: Time to First AESI (Months) (Safety Analysis Set)

Subgroup: Region, Level: Western Europe

Adverse Event of Special Interest Type	Statistics	Enfortumab Vedotin (N=122)	Chemotherapy (N=123)
Ocular disorders	No. of Events (%)	48 ( 39.3)	5 ( 4.1)
	Median Survival Est. (95% CI)	NC ( 6.77, NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]		11.601 ( 4.616, 29.153)
	Treatment P-value [b]		<.00001
	Interaction P-value [c]		0.00371
Skin reactions	No. of Events (%)	55 ( 45.1)	16 ( 13.0)
	Median Survival Est. (95% CI)	11.86 ( 3.78, NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]		3.969 ( 2.274, 6.926)
	Treatment P-value [b]		<.00001
	Interaction P-value [c]		0.75820

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_SI\_KM.SAS

Date/time of run: 20APR2021 13:18

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table AESI.KM.S4.SAF: Time to First AESI (Months) (Safety Analysis Set)

Subgroup: Region, Level: US

Adverse Event of Special Interest Type	Statistics	Enfortumab Vedotin (N=42)	Chemotherapy (N=39)
Hyperglycemia	No. of Events (%)	8 ( 19.0)	0
	Median Survival Est. (95% CI)	NC (NC , NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]	NA (NA , NA)	
	Treatment P-value [b]	0.00421	
	Interaction P-value [c]	0.98231	

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_SI\_KM.SAS

Date/time of run: 20APR2021 13:18

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table AESI.KM.S4.SAF: Time to First AESI (Months) (Safety Analysis Set)

Subgroup: Region, Level: US

Adverse Event of Special Interest Type	Statistics	Enfortumab Vedotin (N=42)	Chemotherapy (N=39)
Infusion related reaction	No. of Events (%)	5 ( 11.9)	1 ( 2.6)
	Median Survival Est. (95% CI)	NC (NC , NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]		4.957 ( 0.580, 42.392)
	Treatment P-value [b]		0.10269
	Interaction P-value [c]		0.18780
Neuropathy	No. of Events (%)	23 ( 54.8)	16 ( 41.0)
	Median Survival Est. (95% CI)	4.63 ( 2.96, NC)	NC ( 3.94, NC)
	Hazard Ratio (95% CI) [a]		1.372 ( 0.725, 2.597)
	Treatment P-value [b]		0.32225
	Interaction P-value [c]		0.02171

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_SI\_KM.SAS

Date/time of run: 20APR2021 13:18

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table AESI.KM.S4.SAF: Time to First AESI (Months) (Safety Analysis Set)

Subgroup: Region, Level: US

Adverse Event of Special Interest Type	Statistics	Enfortumab Vedotin (N=42)	Chemotherapy (N=39)
Ocular disorders	No. of Events (%)	13 ( 31.0)	9 ( 23.1)
	Median Survival Est. (95% CI)	NC (NC , NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]		1.457 ( 0.623, 3.409)
	Treatment P-value [b]		0.36337
	Interaction P-value [c]		0.00371
Skin reactions	No. of Events (%)	27 ( 64.3)	12 ( 30.8)
	Median Survival Est. (95% CI)	1.23 ( 0.49, 4.99)	NC ( 8.97, NC)
	Hazard Ratio (95% CI) [a]		2.864 ( 1.450, 5.659)
	Treatment P-value [b]		0.00115
	Interaction P-value [c]		0.75820

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_SI\_KM.SAS

Date/time of run: 20APR2021 13:18

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table AESI.KM.S4.SAF: Time to First AESI (Months) (Safety Analysis Set)

Subgroup: Region, Level: Rest of the World

Adverse Event of Special Interest Type	Statistics	Enfortumab Vedotin (N=132)	Chemotherapy (N=129)
Hyperglycemia	No. of Events (%)	11 ( 8.3)	3 ( 2.3)
	Median Survival Est. (95% CI)	NC (NC , NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]	3.752 ( 1.047, 13.450)	
	Treatment P-value [b]	0.03103	
	Interaction P-value [c]	0.98231	

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_SI\_KM.SAS

Date/time of run: 20APR2021 13:18

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table AESI.KM.S4.SAF: Time to First AESI (Months) (Safety Analysis Set)

Subgroup: Region, Level: Rest of the World

Adverse Event of Special Interest Type	Statistics	Enfortumab Vedotin (N=132)	Chemotherapy (N=129)
Infusion related reaction	No. of Events (%)	17 ( 12.9)	9 ( 7.0)
	Median Survival Est. (95% CI)	NC (NC , NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]	1.901 ( 0.847,	4.266)
	Treatment P-value [b]	0.11492	
	Interaction P-value [c]	0.18780	
Neuropathy	No. of Events (%)	65 ( 49.2)	54 ( 41.9)
	Median Survival Est. (95% CI)	6.34 ( 4.83, NC)	NC ( 3.68, NC)
	Hazard Ratio (95% CI) [a]	1.023 ( 0.713,	1.468)
	Treatment P-value [b]	0.88271	
	Interaction P-value [c]	0.02171	

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_SI\_KM.SAS

Date/time of run: 20APR2021 13:18

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table AESI.KM.S4.SAF: Time to First AESI (Months) (Safety Analysis Set)

Subgroup: Region, Level: Rest of the World

Adverse Event of Special Interest Type	Statistics	Enfortumab Vedotin (N=132)	Chemotherapy (N=129)
Ocular disorders	No. of Events (%)	22 ( 16.7)	9 ( 7.0)
	Median Survival Est. (95% CI)	NC (NC , NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]	2.489 ( 1.146, 5.407)	
	Treatment P-value [b]	0.01726	
	Interaction P-value [c]	0.00371	
Skin reactions	No. of Events (%)	81 ( 61.4)	34 ( 26.4)
	Median Survival Est. (95% CI)	1.05 ( 0.56, 2.56)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]	3.321 ( 2.223, 4.961)	
	Treatment P-value [b]	<.00001	
	Interaction P-value [c]	0.75820	

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_SI\_KM.SAS

Date/time of run: 20APR2021 13:18

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table AESI.KM.S5.SAF: Time to First AESI (Months) (Safety Analysis Set)

Subgroup: ECOG PS from IRT Strata, Level: 0

Adverse Event of Special Interest Type	Statistics	Enfortumab Vedotin (N=120)	Chemotherapy (N=119)
Hyperglycemia	No. of Events (%)	12 ( 10.0)	3 ( 2.5)
	Median Survival Est. (95% CI)	NC (NC , NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]	4.161 ( 1.174, 14.745)	
	Treatment P-value [b]	0.01609	
	Interaction P-value [c]	0.89688	

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_SI\_KM.SAS

Date/time of run: 20APR2021 13:18

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table AESI.KM.S5.SAF: Time to First AESI (Months) (Safety Analysis Set)

Subgroup: ECOG PS from IRT Strata, Level: 0

Adverse Event of Special Interest Type	Statistics	Enfortumab Vedotin (N=120)	Chemotherapy (N=119)
Infusion related reaction	No. of Events (%)	18 ( 15.0)	7 ( 5.9)
	Median Survival Est. (95% CI)	NC (NC , NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]	2.649 ( 1.106, 6.343)	
	Treatment P-value [b]	0.02360	
	Interaction P-value [c]	0.07706	
Neuropathy	No. of Events (%)	67 ( 55.8)	47 ( 39.5)
	Median Survival Est. (95% CI)	5.06 ( 3.71, 10.58)	NC ( 9.07, NC)
	Hazard Ratio (95% CI) [a]	1.440 ( 0.991, 2.092)	
	Treatment P-value [b]	0.05573	
	Interaction P-value [c]	0.97775	

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_SI\_KM.SAS

Date/time of run: 20APR2021 13:18

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table AESI.KM.S5.SAF: Time to First AESI (Months) (Safety Analysis Set)

Subgroup: ECOG PS from IRT Strata, Level: 0

Adverse Event of Special Interest Type	Statistics	Enfortumab Vedotin (N=120)	Chemotherapy (N=119)
Ocular disorders	No. of Events (%)	34 ( 28.3)	8 ( 6.7)
	Median Survival Est. (95% CI)	NC (NC , NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]	4.842 ( 2.241, 10.459)	
	Treatment P-value [b]	<.00001	
	Interaction P-value [c]	0.47506	
Skin reactions	No. of Events (%)	78 ( 65.0)	31 ( 26.1)
	Median Survival Est. (95% CI)	0.87 ( 0.49, 3.35)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]	3.683 ( 2.426, 5.591)	
	Treatment P-value [b]	<.00001	
	Interaction P-value [c]	0.60903	

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_SI\_KM.SAS

Date/time of run: 20APR2021 13:18

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table AESI.KM.S5.SAF: Time to First AESI (Months) (Safety Analysis Set)

Subgroup: ECOG PS from IRT Strata, Level: 1

Adverse Event of Special Interest Type	Statistics	Enfortumab Vedotin (N=176)	Chemotherapy (N=172)
Hyperglycemia	No. of Events (%)	23 ( 13.1)	5 ( 2.9)
	Median Survival Est. (95% CI)	NC (NC , NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]	4.623 ( 1.758, 12.162)	
	Treatment P-value [b]	0.00065	
	Interaction P-value [c]	0.89688	

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_SI\_KM.SAS

Date/time of run: 20APR2021 13:18

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table AESI.KM.S5.SAF: Time to First AESI (Months) (Safety Analysis Set)

Subgroup: ECOG PS from IRT Strata, Level: 1

Adverse Event of Special Interest Type	Statistics	Enfortumab Vedotin (N=176)	Chemotherapy (N=172)
Infusion related reaction	No. of Events (%)	9 ( 5.1)	10 ( 5.8)
	Median Survival Est. (95% CI)	NC (NC , NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]		0.854 ( 0.347, 2.103)
	Treatment P-value [b]		0.75411
	Interaction P-value [c]		0.07706
Neuropathy	No. of Events (%)	82 ( 46.6)	53 ( 30.8)
	Median Survival Est. (95% CI)	6.93 ( 4.60, NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]		1.450 ( 1.027, 2.049)
	Treatment P-value [b]		0.03428
	Interaction P-value [c]		0.97775

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_SI\_KM.SAS

Date/time of run: 20APR2021 13:18

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table AESI.KM.S5.SAF: Time to First AESI (Months) (Safety Analysis Set)

Subgroup: ECOG PS from IRT Strata, Level: 1

Adverse Event of Special Interest Type	Statistics	Enfortumab Vedotin (N=176)	Chemotherapy (N=172)
Ocular disorders	No. of Events (%)	49 ( 27.8)	15 ( 8.7)
	Median Survival Est. (95% CI)	NC (NC , NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]	3.409 ( 1.911, 6.079)	
	Treatment P-value [b]	<.00001	
	Interaction P-value [c]	0.47506	
Skin reactions	No. of Events (%)	85 ( 48.3)	31 ( 18.0)
	Median Survival Est. (95% CI)	6.60 ( 2.33, NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]	3.161 ( 2.095, 4.771)	
	Treatment P-value [b]	<.00001	
	Interaction P-value [c]	0.60903	

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_SI\_KM.SAS

Date/time of run: 20APR2021 13:18

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table AESI.KM.S6.SAF: Time to First AESI (Months) (Safety Analysis Set)

Subgroup: Liver Metastasis from IRT Strata, Level: Yes

Adverse Event of Special Interest Type	Statistics	Enfortumab Vedotin (N=92)	Chemotherapy (N=87)
Hyperglycemia	No. of Events (%)	10 ( 10.9)	1 ( 1.1)
	Median Survival Est. (95% CI)	NC (NC , NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]	9.982 ( 1.278,	77.955)
	Treatment P-value [b]	0.00684	
	Interaction P-value [c]	0.37752	

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_SI\_KM.SAS

Date/time of run: 20APR2021 13:18

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table AESI.KM.S6.SAF: Time to First AESI (Months) (Safety Analysis Set)

Subgroup: Liver Metastasis from IRT Strata, Level: Yes

Adverse Event of Special Interest Type	Statistics	Enfortumab Vedotin (N=92)	Chemotherapy (N=87)
Infusion related reaction	No. of Events (%)	6 ( 6.5)	2 ( 2.3)
	Median Survival Est. (95% CI)	NC (NC , NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]		2.871 ( 0.579, 14.226)
	Treatment P-value [b]		0.18462
	Interaction P-value [c]		0.41198
Neuropathy	No. of Events (%)	40 ( 43.5)	30 ( 34.5)
	Median Survival Est. (95% CI)	5.13 ( 4.07, NC)	NC ( 5.26, NC)
	Hazard Ratio (95% CI) [a]		1.228 ( 0.765, 1.971)
	Treatment P-value [b]		0.37308
	Interaction P-value [c]		0.42978

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_SI\_KM.SAS

Date/time of run: 20APR2021 13:18

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table AESI.KM.S6.SAF: Time to First AESI (Months) (Safety Analysis Set)

Subgroup: Liver Metastasis from IRT Strata, Level: Yes

Adverse Event of Special Interest Type	Statistics	Enfortumab Vedotin (N=92)	Chemotherapy (N=87)
Ocular disorders	No. of Events (%)	24 ( 26.1)	7 ( 8.0)
	Median Survival Est. (95% CI)	NC (NC , NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]	3.514 ( 1.514, 8.157)	
	Treatment P-value [b]	0.00176	
	Interaction P-value [c]	0.76705	
Skin reactions	No. of Events (%)	51 ( 55.4)	16 ( 18.4)
	Median Survival Est. (95% CI)	2.73 ( 0.92, 7.06)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]	3.803 ( 2.168, 6.673)	
	Treatment P-value [b]	<.00001	
	Interaction P-value [c]	0.57645	

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_SI\_KM.SAS

Date/time of run: 20APR2021 13:18

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table AESI.KM.S6.SAF: Time to First AESI (Months) (Safety Analysis Set)

Subgroup: Liver Metastasis from IRT Strata, Level: No

Adverse Event of Special Interest Type	Statistics	Enfortumab Vedotin (N=204)	Chemotherapy (N=204)
Hyperglycemia	No. of Events (%)	25 ( 12.3)	7 ( 3.4)
	Median Survival Est. (95% CI)	NC (NC , NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]	3.675 ( 1.589, 8.496)	
	Treatment P-value [b]	0.00110	
	Interaction P-value [c]	0.37752	

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_SI\_KM.SAS

Date/time of run: 20APR2021 13:18

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table AESI.KM.S6.SAF: Time to First AESI (Months) (Safety Analysis Set)

Subgroup: Liver Metastasis from IRT Strata, Level: No

Adverse Event of Special Interest Type	Statistics	Enfortumab Vedotin (N=204)	Chemotherapy (N=204)
Infusion related reaction	No. of Events (%)	21 ( 10.3)	15 ( 7.4)
	Median Survival Est. (95% CI)	NC (NC , NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]		1.390 ( 0.717, 2.697)
	Treatment P-value [b]		0.32196
	Interaction P-value [c]		0.41198
Neuropathy	No. of Events (%)	109 ( 53.4)	70 ( 34.3)
	Median Survival Est. (95% CI)	5.78 ( 4.60, 8.34)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]		1.539 ( 1.140, 2.079)
	Treatment P-value [b]		0.00413
	Interaction P-value [c]		0.42978

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_SI\_KM.SAS

Date/time of run: 20APR2021 13:18

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table AESI.KM.S6.SAF: Time to First AESI (Months) (Safety Analysis Set)

Subgroup: Liver Metastasis from IRT Strata, Level: No

Adverse Event of Special Interest Type	Statistics	Enfortumab Vedotin (N=204)	Chemotherapy (N=204)
Ocular disorders	No. of Events (%)	59 ( 28.9)	16 ( 7.8)
	Median Survival Est. (95% CI)	NC (NC , NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]	4.092 ( 2.355, 7.110)	
	Treatment P-value [b]	<.00001	
	Interaction P-value [c]	0.76705	
Skin reactions	No. of Events (%)	112 ( 54.9)	46 ( 22.5)
	Median Survival Est. (95% CI)	3.61 ( 1.41, 12.68)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]	3.153 ( 2.235, 4.446)	
	Treatment P-value [b]	<.00001	
	Interaction P-value [c]	0.57645	

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_SI\_KM.SAS

Date/time of run: 20APR2021 13:18

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table AESI.KM.S7.SAF: Time to First AESI (Months) (Safety Analysis Set)

Subgroup: Pre-selected Investigator's Choice of Paclitaxel/Docetaxel/Vinflunine, Level: Paclitaxel

Adverse Event of Special Interest Type	Statistics	Enfortumab Vedotin (N=140)	Chemotherapy (N=107)
Hyperglycemia	No. of Events (%)	14 ( 10.0)	2 ( 1.9)
	Median Survival Est. (95% CI)	NC (NC , NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]	5.507 ( 1.252, 24.233)	
	Treatment P-value [b]	0.01132	
	Interaction P-value [c]	0.42946	

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_SI\_KM.SAS

Date/time of run: 20APR2021 13:18

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table AESI.KM.S7.SAF: Time to First AESI (Months) (Safety Analysis Set)

Subgroup: Pre-selected Investigator's Choice of Paclitaxel/Docetaxel/Vinflunine, Level: Paclitaxel

Adverse Event of Special Interest Type	Statistics	Enfortumab Vedotin (N=140)	Chemotherapy (N=107)
Infusion related reaction	No. of Events (%)	14 ( 10.0)	5 ( 4.7)
	Median Survival Est. (95% CI)	NC (NC , NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]	2.119 ( 0.763, 5.885)	
	Treatment P-value [b]	0.14464	
	Interaction P-value [c]	0.35097	
Neuropathy	No. of Events (%)	73 ( 52.1)	58 ( 54.2)
	Median Survival Est. (95% CI)	5.06 ( 4.21, 7.62)	2.79 ( 1.48, NC)
	Hazard Ratio (95% CI) [a]	0.704 ( 0.499, 0.994)	
	Treatment P-value [b]	0.05033	
	Interaction P-value [c]	<.00001	

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_SI\_KM.SAS

Date/time of run: 20APR2021 13:18

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table AESI.KM.S7.SAF: Time to First AESI (Months) (Safety Analysis Set)

Subgroup: Pre-selected Investigator's Choice of Paclitaxel/Docetaxel/Vinflunine, Level: Paclitaxel

Adverse Event of Special Interest Type	Statistics	Enfortumab Vedotin (N=140)	Chemotherapy (N=107)
Ocular disorders	No. of Events (%)	31 ( 22.1)	7 ( 6.5)
	Median Survival Est. (95% CI)	NC (NC , NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]	3.653 ( 1.608, 8.296)	
	Treatment P-value [b]	0.00086	
	Interaction P-value [c]	0.01497	
Skin reactions	No. of Events (%)	77 ( 55.0)	24 ( 22.4)
	Median Survival Est. (95% CI)	2.73 ( 1.31, NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]	3.106 ( 1.963, 4.912)	
	Treatment P-value [b]	<.00001	
	Interaction P-value [c]	0.71541	

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_SI\_KM.SAS

Date/time of run: 20APR2021 13:18

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table AESI.KM.S7.SAF: Time to First AESI (Months) (Safety Analysis Set)

Subgroup: Pre-selected Investigator's Choice of Paclitaxel/Docetaxel/Vinflunine, Level: Docetaxel

Adverse Event of Special Interest Type	Statistics	Enfortumab Vedotin (N=85)	Chemotherapy (N=109)
Hyperglycemia	No. of Events (%)	12 ( 14.1)	2 ( 1.8)
	Median Survival Est. (95% CI)	NC (NC , NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]	8.128 ( 1.819, 36.316)	
	Treatment P-value [b]	0.00111	
	Interaction P-value [c]	0.42946	

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_SI\_KM.SAS

Date/time of run: 20APR2021 13:18

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table AESI.KM.S7.SAF: Time to First AESI (Months) (Safety Analysis Set)

Subgroup: Pre-selected Investigator's Choice of Paclitaxel/Docetaxel/Vinflunine, Level: Docetaxel

Adverse Event of Special Interest Type	Statistics	Enfortumab Vedotin (N=85)	Chemotherapy (N=109)
Infusion related reaction	No. of Events (%)	10 ( 11.8)	7 ( 6.4)
	Median Survival Est. (95% CI)	NC (NC , NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]		1.885 ( 0.717, 4.952)
	Treatment P-value [b]		0.18296
	Interaction P-value [c]		0.35097
Neuropathy	No. of Events (%)	41 ( 48.2)	29 ( 26.6)
	Median Survival Est. (95% CI)	8.31 ( 4.21, NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]		1.864 ( 1.159, 2.999)
	Treatment P-value [b]		0.00855
	Interaction P-value [c]		<.00001

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_SI\_KM.SAS

Date/time of run: 20APR2021 13:18

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table AESI.KM.S7.SAF: Time to First AESI (Months) (Safety Analysis Set)

Subgroup: Pre-selected Investigator's Choice of Paclitaxel/Docetaxel/Vinflunine, Level: Docetaxel

Adverse Event of Special Interest Type	Statistics	Enfortumab Vedotin (N=85)	Chemotherapy (N=109)
Ocular disorders	No. of Events (%)	22 ( 25.9)	14 ( 12.8)
	Median Survival Est. (95% CI)	NC (NC , NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]		2.045 ( 1.046, 3.997)
	Treatment P-value [b]		0.03219
	Interaction P-value [c]		0.01497
Skin reactions	No. of Events (%)	54 ( 63.5)	29 ( 26.6)
	Median Survival Est. (95% CI)	0.99 ( 0.46, 4.50)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]		3.397 ( 2.161, 5.339)
	Treatment P-value [b]		<.00001
	Interaction P-value [c]		0.71541

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_SI\_KM.SAS

Date/time of run: 20APR2021 13:18

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table AESI.KM.S7.SAF: Time to First AESI (Months) (Safety Analysis Set)

Subgroup: Pre-selected Investigator's Choice of Paclitaxel/Docetaxel/Vinflunine, Level: Vinflunine

Adverse Event of Special Interest Type	Statistics	Enfortumab Vedotin (N=71)	Chemotherapy (N=75)
Hyperglycemia	No. of Events (%)	9 ( 12.7)	4 ( 5.3)
	Median Survival Est. (95% CI)	NC (NC , NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]	2.440 ( 0.751, 7.925)	
	Treatment P-value [b]	0.12105	
	Interaction P-value [c]	0.42946	

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_SI\_KM.SAS

Date/time of run: 20APR2021 13:18

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table AESI.KM.S7.SAF: Time to First AESI (Months) (Safety Analysis Set)

Subgroup: Pre-selected Investigator's Choice of Paclitaxel/Docetaxel/Vinflunine, Level: Vinflunine

Adverse Event of Special Interest Type	Statistics	Enfortumab Vedotin (N=71)	Chemotherapy (N=75)
Infusion related reaction	No. of Events (%)	3 ( 4.2)	5 ( 6.7)
	Median Survival Est. (95% CI)	NC (NC , NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]		0.619 ( 0.148, 2.589)
	Treatment P-value [b]		0.50599
	Interaction P-value [c]		0.35097
Neuropathy	No. of Events (%)	35 ( 49.3)	13 ( 17.3)
	Median Survival Est. (95% CI)	5.78 ( 2.89, 11.99)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]		3.660 ( 1.935, 6.920)
	Treatment P-value [b]		0.00002
	Interaction P-value [c]		<.00001

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_SI\_KM.SAS

Date/time of run: 20APR2021 13:18

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table AESI.KM.S7.SAF: Time to First AESI (Months) (Safety Analysis Set)

Subgroup: Pre-selected Investigator's Choice of Paclitaxel/Docetaxel/Vinflunine, Level: Vinflunine

Adverse Event of Special Interest Type	Statistics	Enfortumab Vedotin (N=71)	Chemotherapy (N=75)
Ocular disorders	No. of Events (%)	30 ( 42.3)	2 ( 2.7)
	Median Survival Est. (95% CI)	9.95 ( 3.94, NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]	20.908 ( 4.995, 87.518)	
	Treatment P-value [b]	<.00001	
	Interaction P-value [c]	0.01497	
Skin reactions	No. of Events (%)	32 ( 45.1)	9 ( 12.0)
	Median Survival Est. (95% CI)	12.68 ( 2.30, NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]	4.464 ( 2.130, 9.355)	
	Treatment P-value [b]	0.00001	
	Interaction P-value [c]	0.71541	

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_SI\_KM.SAS

Date/time of run: 20APR2021 13:18

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table AESI.KM.S8.SAF: Time to First AESI (Months) (Safety Analysis Set)

Subgroup: Primary Site of Tumor, Level: Upper Tract

Adverse Event of Special Interest Type	Statistics	Enfortumab Vedotin (N=96)	Chemotherapy (N=102)
Hyperglycemia	No. of Events (%)	12 ( 12.5)	5 ( 4.9)
	Median Survival Est. (95% CI)	NC (NC , NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]	2.633 ( 0.928, 7.475)	
	Treatment P-value [b]	0.06190	
	Interaction P-value [c]	0.19547	

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_SI\_KM.SAS

Date/time of run: 20APR2021 13:18

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table AESI.KM.S8.SAF: Time to First AESI (Months) (Safety Analysis Set)

Subgroup: Primary Site of Tumor, Level: Upper Tract

Adverse Event of Special Interest Type	Statistics	Enfortumab Vedotin (N=96)	Chemotherapy (N=102)
Infusion related reaction	No. of Events (%)	8 ( 8.3)	4 ( 3.9)
	Median Survival Est. (95% CI)	NC (NC , NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]	2.134 ( 0.643, 7.088)	
	Treatment P-value [b]	0.20968	
	Interaction P-value [c]	0.53564	
Neuropathy	No. of Events (%)	52 ( 54.2)	37 ( 36.3)
	Median Survival Est. (95% CI)	5.13 ( 3.75, 8.31)	NC ( 5.26, NC)
	Hazard Ratio (95% CI) [a]	1.452 ( 0.952, 2.214)	
	Treatment P-value [b]	0.07828	
	Interaction P-value [c]	0.98165	

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_SI\_KM.SAS

Date/time of run: 20APR2021 13:18

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table AESI.KM.S8.SAF: Time to First AESI (Months) (Safety Analysis Set)

Subgroup: Primary Site of Tumor, Level: Upper Tract

Adverse Event of Special Interest Type	Statistics	Enfortumab Vedotin (N=96)	Chemotherapy (N=102)
Ocular disorders	No. of Events (%)	23 ( 24.0)	7 ( 6.9)
	Median Survival Est. (95% CI)	NC (NC , NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]		3.712 ( 1.593, 8.651)
	Treatment P-value [b]		0.00123
	Interaction P-value [c]		0.89134
Skin reactions	No. of Events (%)	61 ( 63.5)	23 ( 22.5)
	Median Survival Est. (95% CI)	1.35 ( 0.59, 3.78)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]		3.791 ( 2.345, 6.130)
	Treatment P-value [b]		<.00001
	Interaction P-value [c]		0.52994

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_SI\_KM.SAS

Date/time of run: 20APR2021 13:18

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table AESI.KM.S8.SAF: Time to First AESI (Months) (Safety Analysis Set)

Subgroup: Primary Site of Tumor, Level: Other

Adverse Event of Special Interest Type	Statistics	Enfortumab Vedotin (N=200)	Chemotherapy (N=189)
Hyperglycemia	No. of Events (%)	23 ( 11.5)	3 ( 1.6)
	Median Survival Est. (95% CI)	NC (NC , NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]	7.539 ( 2.264, 25.109)	
	Treatment P-value [b]	0.00010	
	Interaction P-value [c]	0.19547	

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_SI\_KM.SAS

Date/time of run: 20APR2021 13:18

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table AESI.KM.S8.SAF: Time to First AESI (Months) (Safety Analysis Set)

Subgroup: Primary Site of Tumor, Level: Other

Adverse Event of Special Interest Type	Statistics	Enfortumab Vedotin (N=200)	Chemotherapy (N=189)
Infusion related reaction	No. of Events (%)	19 ( 9.5)	13 ( 6.9)
	Median Survival Est. (95% CI)	NC (NC , NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]		1.375 ( 0.679, 2.784)
	Treatment P-value [b]		0.37510
	Interaction P-value [c]		0.53564
Neuropathy	No. of Events (%)	97 ( 48.5)	63 ( 33.3)
	Median Survival Est. (95% CI)	6.93 ( 4.40, 11.99)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]		1.443 ( 1.051, 1.982)
	Treatment P-value [b]		0.02195
	Interaction P-value [c]		0.98165

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_SI\_KM.SAS

Date/time of run: 20APR2021 13:18

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table AESI.KM.S8.SAF: Time to First AESI (Months) (Safety Analysis Set)

Subgroup: Primary Site of Tumor, Level: Other

Adverse Event of Special Interest Type	Statistics	Enfortumab Vedotin (N=200)	Chemotherapy (N=189)
Ocular disorders	No. of Events (%)	60 ( 30.0)	16 ( 8.5)
	Median Survival Est. (95% CI)	NC (NC , NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]	3.983 ( 2.294, 6.914)	
	Treatment P-value [b]	<.00001	
	Interaction P-value [c]	0.89134	
Skin reactions	No. of Events (%)	102 ( 51.0)	39 ( 20.6)
	Median Survival Est. (95% CI)	5.98 ( 2.17, NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]	3.123 ( 2.158, 4.518)	
	Treatment P-value [b]	<.00001	
	Interaction P-value [c]	0.52994	

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_SI\_KM.SAS

Date/time of run: 20APR2021 13:18

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table AESI.KM.S9.SAF: Time to First AESI (Months) (Safety Analysis Set)

Subgroup: Prior Lines of Systemic Therapy, Level: 1-2 lines

Adverse Event of Special Interest Type	Statistics	Enfortumab Vedotin (N=259)	Chemotherapy (N=255)
Hyperglycemia	No. of Events (%)	32 ( 12.4)	8 ( 3.1)
	Median Survival Est. (95% CI)	NC (NC , NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]	4.085 ( 1.882, 8.865)	
	Treatment P-value [b]	0.00011	
	Interaction P-value [c]	0.98604	

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_SI\_KM.SAS

Date/time of run: 20APR2021 13:18

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table AESI.KM.S9.SAF: Time to First AESI (Months) (Safety Analysis Set)

Subgroup: Prior Lines of Systemic Therapy, Level: 1-2 lines

Adverse Event of Special Interest Type	Statistics	Enfortumab Vedotin (N=259)	Chemotherapy (N=255)
Infusion related reaction	No. of Events (%)	23 ( 8.9)	15 ( 5.9)
	Median Survival Est. (95% CI)	NC (NC , NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]	1.502 ( 0.783, 2.879)	
	Treatment P-value [b]	0.21310	
	Interaction P-value [c]	0.75867	
Neuropathy	No. of Events (%)	130 ( 50.2)	89 ( 34.9)
	Median Survival Est. (95% CI)	6.21 ( 4.63, 8.61)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]	1.399 ( 1.068, 1.832)	
	Treatment P-value [b]	0.01415	
	Interaction P-value [c]	0.52335	

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_SI\_KM.SAS

Date/time of run: 20APR2021 13:18

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table AESI.KM.S9.SAF: Time to First AESI (Months) (Safety Analysis Set)

Subgroup: Prior Lines of Systemic Therapy, Level: 1-2 lines

Adverse Event of Special Interest Type	Statistics	Enfortumab Vedotin (N=259)	Chemotherapy (N=255)
Ocular disorders	No. of Events (%)	76 ( 29.3)	20 ( 7.8)
	Median Survival Est. (95% CI)	NC (NC , NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]	4.188 ( 2.559, 6.855)	
	Treatment P-value [b]	<.00001	
	Interaction P-value [c]	0.41108	
Skin reactions	No. of Events (%)	143 ( 55.2)	49 ( 19.2)
	Median Survival Est. (95% CI)	3.35 ( 1.45, 7.49)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]	3.743 ( 2.704, 5.181)	
	Treatment P-value [b]	<.00001	
	Interaction P-value [c]	0.05138	

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_SI\_KM.SAS

Date/time of run: 20APR2021 13:18

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table AESI.KM.S9.SAF: Time to First AESI (Months) (Safety Analysis Set)

Subgroup: Prior Lines of Systemic Therapy, Level: &gt;=3 lines

Adverse Event of Special Interest Type	Statistics	Enfortumab Vedotin (N=37)	Chemotherapy (N=36)
Hyperglycemia	No. of Events (%)	3 ( 8.1)	0
	Median Survival Est. (95% CI)	NC (NC , NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]	NA (NA , NA)	
	Treatment P-value [b]	0.08167	
	Interaction P-value [c]	0.98604	

Subgroup analyses are conducted if there exist at least 2 levels with >= 10 patients across treatment arms and >=10 events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_SI\_KM.SAS

Date/time of run: 20APR2021 13:18

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table AESI.KM.S9.SAF: Time to First AESI (Months) (Safety Analysis Set)

Subgroup: Prior Lines of Systemic Therapy, Level: &gt;=3 lines

Adverse Event of Special Interest Type	Statistics	Enfortumab Vedotin (N=37)	Chemotherapy (N=36)
Infusion related reaction	No. of Events (%)	4 ( 10.8)	2 ( 5.6)
	Median Survival Est. (95% CI)	NC (NC , NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]		1.997 ( 0.366, 10.904)
	Treatment P-value [b]		0.43073
	Interaction P-value [c]		0.75867
Neuropathy	No. of Events (%)	19 ( 51.4)	11 ( 30.6)
	Median Survival Est. (95% CI)	4.83 ( 3.22, NC)	NC ( 4.44, NC)
	Hazard Ratio (95% CI) [a]		1.809 ( 0.861, 3.801)
	Treatment P-value [b]		0.13498
	Interaction P-value [c]		0.52335

Subgroup analyses are conducted if there exist at least 2 levels with >= 10 patients across treatment arms and >=10 events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_SI\_KM.SAS

Date/time of run: 20APR2021 13:18

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table AESI.KM.S9.SAF: Time to First AESI (Months) (Safety Analysis Set)

Subgroup: Prior Lines of Systemic Therapy, Level: &gt;=3 lines

Adverse Event of Special Interest Type	Statistics	Enfortumab Vedotin (N=37)	Chemotherapy (N=36)
Ocular disorders	No. of Events (%)	7 ( 18.9)	3 ( 8.3)
	Median Survival Est. (95% CI)	NC ( 9.66, NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]		2.290 ( 0.592, 8.856)
	Treatment P-value [b]		0.21265
	Interaction P-value [c]		0.41108
Skin reactions	No. of Events (%)	20 ( 54.1)	13 ( 36.1)
	Median Survival Est. (95% CI)	2.79 ( 0.59, NC)	NC ( 2.10, NC)
	Hazard Ratio (95% CI) [a]		1.741 ( 0.866, 3.501)
	Treatment P-value [b]		0.14112
	Interaction P-value [c]		0.05138

Subgroup analyses are conducted if there exist at least 2 levels with >= 10 patients across treatment arms and >=10 events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_SI\_KM.SAS

Date/time of run: 20APR2021 13:18

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table AESI.KM.S10.SAF: Time to First AESI (Months) (Safety Analysis Set)

Subgroup: Best Response to Prior CPI, Level: Responder

Adverse Event of Special Interest Type	Statistics	Enfortumab Vedotin (N=61)	Chemotherapy (N=49)
Hyperglycemia	No. of Events (%)	8 ( 13.1)	1 ( 2.0)
	Median Survival Est. (95% CI)	NC (NC , NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]	6.769 ( 0.847, 54.120)	
	Treatment P-value [b]	0.03712	
	Interaction P-value [c]	0.52158	

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_SI\_KM.SAS

Date/time of run: 20APR2021 13:18

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table AESI.KM.S10.SAF: Time to First AESI (Months) (Safety Analysis Set)

Subgroup: Best Response to Prior CPI, Level: Responder

Adverse Event of Special Interest Type	Statistics	Enfortumab Vedotin (N=61)	Chemotherapy (N=49)
Infusion related reaction	No. of Events (%)	9 ( 14.8)	4 ( 8.2)
	Median Survival Est. (95% CI)	NC (NC , NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]		1.870 ( 0.576, 6.072)
	Treatment P-value [b]		0.27531
	Interaction P-value [c]		0.88598
Neuropathy	No. of Events (%)	34 ( 55.7)	17 ( 34.7)
	Median Survival Est. (95% CI)	4.60 ( 2.99, NC)	NC ( 5.49, NC)
	Hazard Ratio (95% CI) [a]		1.636 ( 0.914, 2.930)
	Treatment P-value [b]		0.10048
	Interaction P-value [c]		0.65398

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_SI\_KM.SAS

Date/time of run: 20APR2021 13:18

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table AESI.KM.S10.SAF: Time to First AESI (Months) (Safety Analysis Set)

Subgroup: Best Response to Prior CPI, Level: Responder

Adverse Event of Special Interest Type	Statistics	Enfortumab Vedotin (N=61)	Chemotherapy (N=49)
Ocular disorders	No. of Events (%)	15 ( 24.6)	2 ( 4.1)
	Median Survival Est. (95% CI)	NC (NC , NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]	6.433 ( 1.471, 28.132)	
	Treatment P-value [b]	0.00437	
	Interaction P-value [c]	0.56459	
Skin reactions	No. of Events (%)	38 ( 62.3)	11 ( 22.4)
	Median Survival Est. (95% CI)	1.31 ( 0.49, 4.04)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]	4.074 ( 2.080, 7.977)	
	Treatment P-value [b]	0.00001	
	Interaction P-value [c]	0.57782	

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_SI\_KM.SAS

Date/time of run: 20APR2021 13:18

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table AESI.KM.S10.SAF: Time to First AESI (Months) (Safety Analysis Set)

Subgroup: Best Response to Prior CPI, Level: Non-responder

Adverse Event of Special Interest Type	Statistics	Enfortumab Vedotin (N=202)	Chemotherapy (N=202)
Hyperglycemia	No. of Events (%)	22 ( 10.9)	7 ( 3.5)
	Median Survival Est. (95% CI)	NC (NC , NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]	3.247 ( 1.387, 7.602)	
	Treatment P-value [b]	0.00421	
	Interaction P-value [c]	0.52158	

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_SI\_KM.SAS

Date/time of run: 20APR2021 13:18

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table AESI.KM.S10.SAF: Time to First AESI (Months) (Safety Analysis Set)

Subgroup: Best Response to Prior CPI, Level: Non-responder

Adverse Event of Special Interest Type	Statistics	Enfortumab Vedotin (N=202)	Chemotherapy (N=202)
Infusion related reaction	No. of Events (%)	17 ( 8.4)	10 ( 5.0)
	Median Survival Est. (95% CI)	NC (NC , NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]		1.686 ( 0.772, 3.683)
	Treatment P-value [b]		0.18737
	Interaction P-value [c]		0.88598
Neuropathy	No. of Events (%)	99 ( 49.0)	69 ( 34.2)
	Median Survival Est. (95% CI)	6.60 ( 4.63, 11.99)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]		1.407 ( 1.035, 1.914)
	Treatment P-value [b]		0.02811
	Interaction P-value [c]		0.65398

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_SI\_KM.SAS

Date/time of run: 20APR2021 13:18

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table AESI.KM.S10.SAF: Time to First AESI (Months) (Safety Analysis Set)

Subgroup: Best Response to Prior CPI, Level: Non-responder

Adverse Event of Special Interest Type	Statistics	Enfortumab Vedotin (N=202)	Chemotherapy (N=202)
Ocular disorders	No. of Events (%)	61 ( 30.2)	17 ( 8.4)
	Median Survival Est. (95% CI)	NC (NC , NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]	4.055 ( 2.368, 6.943)	
	Treatment P-value [b]	<.00001	
	Interaction P-value [c]	0.56459	
Skin reactions	No. of Events (%)	112 ( 55.4)	44 ( 21.8)
	Median Survival Est. (95% CI)	2.56 ( 1.35, 7.49)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]	3.286 ( 2.317, 4.661)	
	Treatment P-value [b]	<.00001	
	Interaction P-value [c]	0.57782	

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_SI\_KM.SAS

Date/time of run: 20APR2021 13:18

Analysis Plan: 15FEB2021

Confidential

#### 4.10.2 Nicht schwer

Astellas: 7465-CL-0301

Table AESINSV.KM.S1.SAF: Time to First Not Severe AESI (Months) (Safety Analysis Set)

Subgroup: Age Group 1, Level: <65 years

Adverse Event of Special Interest Type	Statistics	Enfortumab Vedotin (N=106)	Chemotherapy (N=103)
Hyperglycemia	No. of Events (%)	5 ( 4.7)	1 ( 1.0)
	Median Survival Est. (95% CI)	NC (NC , NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]		4.795 ( 0.560, 41.043)
	Treatment P-value [b]		0.11638
	Interaction P-value [c]		0.79161

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_SI\_KM.SAS

Date/time of run: 20APR2021 13:18

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table AESINSV.KM.S1.SAF: Time to First Not Severe AESI (Months) (Safety Analysis Set)

Subgroup: Age Group 1, Level: &lt;65 years

Adverse Event of Special Interest Type	Statistics	Enfortumab Vedotin (N=106)	Chemotherapy (N=103)
Infusion related reaction	No. of Events (%)	7 ( 6.6)	6 ( 5.8)
	Median Survival Est. (95% CI)	NC (NC , NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]	1.108 ( 0.372,	3.296)
	Treatment P-value [b]	0.83538	
	Interaction P-value [c]	0.61903	
Neuropathy	No. of Events (%)	52 ( 49.1)	36 ( 35.0)
	Median Survival Est. (95% CI)	6.93 ( 5.13, NC)	NC ( 9.07, NC)
	Hazard Ratio (95% CI) [a]	1.301 ( 0.850,	1.989)
	Treatment P-value [b]	0.20789	
	Interaction P-value [c]	0.47834	

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_SI\_KM.SAS

Date/time of run: 20APR2021 13:18

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table AESINSV.KM.S1.SAF: Time to First Not Severe AESI (Months) (Safety Analysis Set)

Subgroup: Age Group 1, Level: &lt;65 years

Adverse Event of Special Interest Type	Statistics	Enfortumab Vedotin (N=106)	Chemotherapy (N=103)
Ocular disorders	No. of Events (%)	20 ( 18.9)	7 ( 6.8)
	Median Survival Est. (95% CI)	NC (NC , NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]	2.839 ( 1.201, 6.715)	
	Treatment P-value [b]	0.01232	
	Interaction P-value [c]	0.41496	
Skin reactions	No. of Events (%)	52 ( 49.1)	21 ( 20.4)
	Median Survival Est. (95% CI)	8.15 ( 1.54, NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]	2.987 ( 1.799, 4.960)	
	Treatment P-value [b]	0.00001	
	Interaction P-value [c]	0.76770	

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_SI\_KM.SAS

Date/time of run: 20APR2021 13:18

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table AESINSV.KM.S1.SAF: Time to First Not Severe AESI (Months) (Safety Analysis Set)

Subgroup: Age Group 1, Level: &gt;=65 years

Adverse Event of Special Interest Type	Statistics	Enfortumab Vedotin (N=190)	Chemotherapy (N=188)
Hyperglycemia	No. of Events (%)	17 ( 8.9)	5 ( 2.7)
	Median Survival Est. (95% CI)	NC (NC , NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]	3.485 ( 1.286, 9.446)	
	Treatment P-value [b]	0.00907	
	Interaction P-value [c]	0.79161	

Subgroup analyses are conducted if there exist at least 2 levels with >= 10 patients across treatment arms and >=10 events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_SI\_KM.SAS

Date/time of run: 20APR2021 13:18

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table AESINSV.KM.S1.SAF: Time to First Not Severe AESI (Months) (Safety Analysis Set)

Subgroup: Age Group 1, Level: &gt;=65 years

Adverse Event of Special Interest Type	Statistics	Enfortumab Vedotin (N=190)	Chemotherapy (N=188)
Infusion related reaction	No. of Events (%)	17 ( 8.9)	11 ( 5.9)
	Median Survival Est. (95% CI)	NC (NC , NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]	1.552 ( 0.727, 3.313)	
	Treatment P-value [b]	0.25484	
	Interaction P-value [c]	0.61903	
Neuropathy	No. of Events (%)	97 ( 51.1)	63 ( 33.5)
	Median Survival Est. (95% CI)	4.86 ( 4.04, 7.92)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]	1.576 ( 1.147, 2.165)	
	Treatment P-value [b]	0.00528	
	Interaction P-value [c]	0.47834	

Subgroup analyses are conducted if there exist at least 2 levels with >= 10 patients across treatment arms and >=10 events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_SI\_KM.SAS

Date/time of run: 20APR2021 13:18

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table AESINSV.KM.S1.SAF: Time to First Not Severe AESI (Months) (Safety Analysis Set)

Subgroup: Age Group 1, Level: &gt;=65 years

Adverse Event of Special Interest Type	Statistics	Enfortumab Vedotin (N=190)	Chemotherapy (N=188)
Ocular disorders	No. of Events (%)	61 ( 32.1)	16 ( 8.5)
	Median Survival Est. (95% CI)	NC (NC , NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]	4.343 ( 2.504, 7.534)	
	Treatment P-value [b]	<.00001	
	Interaction P-value [c]	0.41496	
Skin reactions	No. of Events (%)	104 ( 54.7)	40 ( 21.3)
	Median Survival Est. (95% CI)	2.79 ( 1.45, 11.86)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]	3.282 ( 2.278, 4.730)	
	Treatment P-value [b]	<.00001	
	Interaction P-value [c]	0.76770	

Subgroup analyses are conducted if there exist at least 2 levels with >= 10 patients across treatment arms and >=10 events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_SI\_KM.SAS

Date/time of run: 20APR2021 13:18

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table AESINSV.KM.S2.SAF: Time to First Not Severe AESI (Months) (Safety Analysis Set)

Subgroup: Age Group 2, Level: &lt;75 years

Adverse Event of Special Interest Type	Statistics	Enfortumab Vedotin (N=245)	Chemotherapy (N=226)
Hyperglycemia	No. of Events (%)	15 ( 6.1)	4 ( 1.8)
	Median Survival Est. (95% CI)	NC (NC , NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]	3.444 ( 1.143, 10.377)	
	Treatment P-value [b]	0.01935	
	Interaction P-value [c]	0.70718	

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_SI\_KM.SAS

Date/time of run: 20APR2021 13:18

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table AESINSV.KM.S2.SAF: Time to First Not Severe AESI (Months) (Safety Analysis Set)

Subgroup: Age Group 2, Level: &lt;75 years

Adverse Event of Special Interest Type	Statistics	Enfortumab Vedotin (N=245)	Chemotherapy (N=226)
Infusion related reaction	No. of Events (%)	24 ( 9.8)	10 ( 4.4)
	Median Survival Est. (95% CI)	NC (NC , NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]	2.226 ( 1.064, 4.655)	
	Treatment P-value [b]	0.02890	
	Interaction P-value [c]	0.98697	
Neuropathy	No. of Events (%)	126 ( 51.4)	77 ( 34.1)
	Median Survival Est. (95% CI)	5.55 ( 4.60, 8.31)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]	1.483 ( 1.117, 1.970)	
	Treatment P-value [b]	0.00562	
	Interaction P-value [c]	0.78624	

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_SI\_KM.SAS

Date/time of run: 20APR2021 13:18

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table AESINSV.KM.S2.SAF: Time to First Not Severe AESI (Months) (Safety Analysis Set)

Subgroup: Age Group 2, Level: &lt;75 years

Adverse Event of Special Interest Type	Statistics	Enfortumab Vedotin (N=245)	Chemotherapy (N=226)
Ocular disorders	No. of Events (%)	62 ( 25.3)	16 ( 7.1)
	Median Survival Est. (95% CI)	NC (NC , NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]	3.831 ( 2.211, 6.638)	
	Treatment P-value [b]	<.00001	
	Interaction P-value [c]	0.81517	
Skin reactions	No. of Events (%)	131 ( 53.5)	48 ( 21.2)
	Median Survival Est. (95% CI)	4.04 ( 1.68, 11.86)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]	3.202 ( 2.300, 4.460)	
	Treatment P-value [b]	<.00001	
	Interaction P-value [c]	0.84496	

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_SI\_KM.SAS

Date/time of run: 20APR2021 13:18

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table AESINSV.KM.S2.SAF: Time to First Not Severe AESI (Months) (Safety Analysis Set)

Subgroup: Age Group 2, Level: &gt;=75 years

Adverse Event of Special Interest Type	Statistics	Enfortumab Vedotin (N=51)	Chemotherapy (N=65)
Hyperglycemia	No. of Events (%)	7 ( 13.7)	2 ( 3.1)
	Median Survival Est. (95% CI)	NC (NC , NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]	4.976 ( 1.034, 23.958)	
	Treatment P-value [b]	0.02728	
	Interaction P-value [c]	0.70718	

Subgroup analyses are conducted if there exist at least 2 levels with >= 10 patients across treatment arms and >=10 events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_SI\_KM.SAS

Date/time of run: 20APR2021 13:18

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table AESINSV.KM.S2.SAF: Time to First Not Severe AESI (Months) (Safety Analysis Set)

Subgroup: Age Group 2, Level: &gt;=75 years

Adverse Event of Special Interest Type	Statistics	Enfortumab Vedotin (N=51)		Chemotherapy (N=65)	
Infusion related reaction	No. of Events (%)	0		7 ( 10.8)	
	Median Survival Est. (95% CI)	NC (NC , NC)		NC (NC , NC)	
	Hazard Ratio (95% CI) [a]			NA (NA , NA)	
	Treatment P-value [b]			0.01927	
	Interaction P-value [c]			0.98697	
Neuropathy	No. of Events (%)	23 ( 45.1)		22 ( 33.8)	
	Median Survival Est. (95% CI)	7.92 ( 3.68, NC)		NC (NC , NC)	
	Hazard Ratio (95% CI) [a]			1.356 ( 0.756, 2.433)	
	Treatment P-value [b]			0.32018	
	Interaction P-value [c]			0.78624	

Subgroup analyses are conducted if there exist at least 2 levels with >= 10 patients across treatment arms and >=10 events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_SI\_KM.SAS

Date/time of run: 20APR2021 13:18

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table AESINSV.KM.S2.SAF: Time to First Not Severe AESI (Months) (Safety Analysis Set)

Subgroup: Age Group 2, Level: &gt;=75 years

Adverse Event of Special Interest Type	Statistics	Enfortumab Vedotin (N=51)	Chemotherapy (N=65)
Ocular disorders	No. of Events (%)	19 ( 37.3)	7 ( 10.8)
	Median Survival Est. (95% CI)	NC ( 3.94, NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]		4.330 ( 1.819, 10.306)
	Treatment P-value [b]		0.00040
	Interaction P-value [c]		0.81517
Skin reactions	No. of Events (%)	25 ( 49.0)	13 ( 20.0)
	Median Survival Est. (95% CI)	3.68 ( 1.25, NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]		2.972 ( 1.520, 5.813)
	Treatment P-value [b]		0.00081
	Interaction P-value [c]		0.84496

Subgroup analyses are conducted if there exist at least 2 levels with >= 10 patients across treatment arms and >=10 events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_SI\_KM.SAS

Date/time of run: 20APR2021 13:18

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table AESINSV.KM.S3.SAF: Time to First Not Severe AESI (Months) (Safety Analysis Set)

Subgroup: Gender, Level: Male

Adverse Event of Special Interest Type	Statistics	Enfortumab Vedotin (N=234)	Chemotherapy (N=219)
Hyperglycemia	No. of Events (%)	20 ( 8.5)	4 ( 1.8)
	Median Survival Est. (95% CI)	NC (NC , NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]	4.741 ( 1.620, 13.870)	
	Treatment P-value [b]	0.00170	
	Interaction P-value [c]	0.22665	

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_SI\_KM.SAS

Date/time of run: 20APR2021 13:18

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table AESINSV.KM.S3.SAF: Time to First Not Severe AESI (Months) (Safety Analysis Set)

Subgroup: Gender, Level: Male

Adverse Event of Special Interest Type	Statistics	Enfortumab Vedotin (N=234)	Chemotherapy (N=219)
Infusion related reaction	No. of Events (%)	17 ( 7.3)	13 ( 5.9)
	Median Survival Est. (95% CI)	NC (NC , NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]		1.207 ( 0.586, 2.486)
	Treatment P-value [b]		0.61912
	Interaction P-value [c]		0.43271
Neuropathy	No. of Events (%)	123 ( 52.6)	71 ( 32.4)
	Median Survival Est. (95% CI)	5.29 ( 4.21, 8.31)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]		1.652 ( 1.233, 2.212)
	Treatment P-value [b]		0.00062
	Interaction P-value [c]		0.09338

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_SI\_KM.SAS

Date/time of run: 20APR2021 13:18

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table AESINSV.KM.S3.SAF: Time to First Not Severe AESI (Months) (Safety Analysis Set)

Subgroup: Gender, Level: Male

Adverse Event of Special Interest Type	Statistics	Enfortumab Vedotin (N=234)	Chemotherapy (N=219)
Ocular disorders	No. of Events (%)	67 ( 28.6)	17 ( 7.8)
	Median Survival Est. (95% CI)	NC (NC , NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]		4.019 ( 2.360, 6.844)
	Treatment P-value [b]		<.00001
	Interaction P-value [c]		0.62942
Skin reactions	No. of Events (%)	124 ( 53.0)	42 ( 19.2)
	Median Survival Est. (95% CI)	4.04 ( 1.68, 12.68)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]		3.534 ( 2.490, 5.018)
	Treatment P-value [b]		<.00001
	Interaction P-value [c]		0.23873

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_SI\_KM.SAS

Date/time of run: 20APR2021 13:18

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table AESINSV.KM.S3.SAF: Time to First Not Severe AESI (Months) (Safety Analysis Set)

Subgroup: Gender, Level: Female

Adverse Event of Special Interest Type	Statistics	Enfortumab Vedotin (N=62)	Chemotherapy (N=72)
Any	No. of Events (%)	41 ( 66.1)	42 ( 58.3)
	Median Survival Est. (95% CI)	1.41 ( 0.66, 2.37)	2.73 ( 0.79, 6.51)
	Hazard Ratio (95% CI) [a]		1.254 ( 0.815, 1.928)
	Treatment P-value [b]		0.36626
	Interaction P-value [c]		0.02060
Hyperglycemia	No. of Events (%)	2 ( 3.2)	2 ( 2.8)
	Median Survival Est. (95% CI)	NC (NC , NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]		1.194 ( 0.168, 8.479)
	Treatment P-value [b]		0.84587
	Interaction P-value [c]		0.22665

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_SI\_KM.SAS

Date/time of run: 20APR2021 13:18

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table AESINSV.KM.S3.SAF: Time to First Not Severe AESI (Months) (Safety Analysis Set)

Subgroup: Gender, Level: Female

Adverse Event of Special Interest Type	Statistics	Enfortumab Vedotin (N=62)	Chemotherapy (N=72)
Infusion related reaction	No. of Events (%)	7 ( 11.3)	4 ( 5.6)
	Median Survival Est. (95% CI)	NC (NC , NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]	2.135 ( 0.625, 7.295)	
	Treatment P-value [b]	0.21873	
	Interaction P-value [c]	0.43271	
Neuropathy	No. of Events (%)	26 ( 41.9)	28 ( 38.9)
	Median Survival Est. (95% CI)	NC ( 4.63, NC)	NC ( 5.26, NC)
	Hazard Ratio (95% CI) [a]	0.981 ( 0.575, 1.673)	
	Treatment P-value [b]	0.97073	
	Interaction P-value [c]	0.09338	

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_SI\_KM.SAS

Date/time of run: 20APR2021 13:18

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table AESINSV.KM.S3.SAF: Time to First Not Severe AESI (Months) (Safety Analysis Set)

Subgroup: Gender, Level: Female

Adverse Event of Special Interest Type	Statistics	Enfortumab Vedotin (N=62)	Chemotherapy (N=72)
Ocular disorders	No. of Events (%)	14 ( 22.6)	6 ( 8.3)
	Median Survival Est. (95% CI)	NC (NC , NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]		3.069 ( 1.179, 7.988)
	Treatment P-value [b]		0.01470
	Interaction P-value [c]		0.62942
Skin reactions	No. of Events (%)	32 ( 51.6)	19 ( 26.4)
	Median Survival Est. (95% CI)	6.60 ( 1.31, NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]		2.367 ( 1.341, 4.177)
	Treatment P-value [b]		0.00223
	Interaction P-value [c]		0.23873

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_SI\_KM.SAS

Date/time of run: 20APR2021 13:18

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table AESINSV.KM.S4.SAF: Time to First Not Severe AESI (Months) (Safety Analysis Set)

Subgroup: Region, Level: Western Europe

Adverse Event of Special Interest Type	Statistics	Enfortumab Vedotin (N=122)	Chemotherapy (N=123)
Hyperglycemia	No. of Events (%)	11 ( 9.0)	4 ( 3.3)
	Median Survival Est. (95% CI)	NC (NC , NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]	2.736 ( 0.871, 8.594)	
	Treatment P-value [b]	0.07165	
	Interaction P-value [c]	0.99619	

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_SI\_KM.SAS

Date/time of run: 20APR2021 13:18

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table AESINSV.KM.S4.SAF: Time to First Not Severe AESI (Months) (Safety Analysis Set)

Subgroup: Region, Level: Western Europe

Adverse Event of Special Interest Type	Statistics	Enfortumab Vedotin (N=122)	Chemotherapy (N=123)
Infusion related reaction	No. of Events (%)	5 ( 4.1)	7 ( 5.7)
	Median Survival Est. (95% CI)	NC (NC , NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]		0.686 ( 0.218, 2.160)
	Treatment P-value [b]		0.52819
	Interaction P-value [c]		0.23782
Neuropathy	No. of Events (%)	61 ( 50.0)	30 ( 24.4)
	Median Survival Est. (95% CI)	6.21 ( 3.29, 11.99)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]		2.284 ( 1.474, 3.537)
	Treatment P-value [b]		0.00017
	Interaction P-value [c]		0.02968

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_SI\_KM.SAS

Date/time of run: 20APR2021 13:18

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table AESINSV.KM.S4.SAF: Time to First Not Severe AESI (Months) (Safety Analysis Set)

Subgroup: Region, Level: Western Europe

Adverse Event of Special Interest Type	Statistics	Enfortumab Vedotin (N=122)	Chemotherapy (N=123)
Ocular disorders	No. of Events (%)	48 ( 39.3)	5 ( 4.1)
	Median Survival Est. (95% CI)	NC ( 6.77, NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]		11.611 ( 4.620, 29.179)
	Treatment P-value [b]		<.00001
	Interaction P-value [c]		0.00185
Skin reactions	No. of Events (%)	52 ( 42.6)	16 ( 13.0)
	Median Survival Est. (95% CI)	12.68 ( 4.21, NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]		3.719 ( 2.124, 6.514)
	Treatment P-value [b]		<.00001
	Interaction P-value [c]		0.59083

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_SI\_KM.SAS

Date/time of run: 20APR2021 13:18

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table AESINSV.KM.S4.SAF: Time to First Not Severe AESI (Months) (Safety Analysis Set)

Subgroup: Region, Level: US

Adverse Event of Special Interest Type	Statistics	Enfortumab Vedotin (N=42)	Chemotherapy (N=39)
Hyperglycemia	No. of Events (%)	6 ( 14.3)	0
	Median Survival Est. (95% CI)	NC (NC , NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]	NA (NA , NA)	
	Treatment P-value [b]	0.01421	
	Interaction P-value [c]	0.99619	

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_SI\_KM.SAS

Date/time of run: 20APR2021 13:18

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table AESINSV.KM.S4.SAF: Time to First Not Severe AESI (Months) (Safety Analysis Set)

Subgroup: Region, Level: US

Adverse Event of Special Interest Type	Statistics	Enfortumab Vedotin (N=42)	Chemotherapy (N=39)
Infusion related reaction	No. of Events (%)	5 ( 11.9)	1 ( 2.6)
	Median Survival Est. (95% CI)	NC (NC , NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]		4.981 ( 0.582, 42.599)
	Treatment P-value [b]		0.10269
	Interaction P-value [c]		0.23782
Neuropathy	No. of Events (%)	23 ( 54.8)	16 ( 41.0)
	Median Survival Est. (95% CI)	4.63 ( 2.96, NC)	NC ( 3.94, NC)
	Hazard Ratio (95% CI) [a]		1.374 ( 0.726, 2.601)
	Treatment P-value [b]		0.32225
	Interaction P-value [c]		0.02968

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_SI\_KM.SAS

Date/time of run: 20APR2021 13:18

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table AESINSV.KM.S4.SAF: Time to First Not Severe AESI (Months) (Safety Analysis Set)

Subgroup: Region, Level: US

Adverse Event of Special Interest Type	Statistics	Enfortumab Vedotin (N=42)	Chemotherapy (N=39)
Ocular disorders	No. of Events (%)	11 ( 26.2)	9 ( 23.1)
	Median Survival Est. (95% CI)	NC (NC , NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]		1.208 ( 0.501, 2.915)
	Treatment P-value [b]		0.64397
	Interaction P-value [c]		0.00185
Skin reactions	No. of Events (%)	24 ( 57.1)	12 ( 30.8)
	Median Survival Est. (95% CI)	3.68 ( 0.59, NC)	NC ( 8.97, NC)
	Hazard Ratio (95% CI) [a]		2.363 ( 1.181, 4.728)
	Treatment P-value [b]		0.00939
	Interaction P-value [c]		0.59083

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_SI\_KM.SAS

Date/time of run: 20APR2021 13:18

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table AESINSV.KM.S4.SAF: Time to First Not Severe AESI (Months) (Safety Analysis Set)

Subgroup: Region, Level: Rest of the World

Adverse Event of Special Interest Type	Statistics	Enfortumab Vedotin (N=132)	Chemotherapy (N=129)
Hyperglycemia	No. of Events (%)	5 ( 3.8)	2 ( 1.6)
	Median Survival Est. (95% CI)	NC (NC , NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]	2.506 ( 0.486, 12.917)	
	Treatment P-value [b]	0.26562	
	Interaction P-value [c]	0.99619	

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_SI\_KM.SAS

Date/time of run: 20APR2021 13:18

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table AESINSV.KM.S4.SAF: Time to First Not Severe AESI (Months) (Safety Analysis Set)

Subgroup: Region, Level: Rest of the World

Adverse Event of Special Interest Type	Statistics	Enfortumab Vedotin (N=132)	Chemotherapy (N=129)
Infusion related reaction	No. of Events (%)	14 ( 10.6)	9 ( 7.0)
	Median Survival Est. (95% CI)	NC (NC , NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]		1.559 ( 0.675, 3.603)
	Treatment P-value [b]		0.29674
	Interaction P-value [c]		0.23782
Neuropathy	No. of Events (%)	65 ( 49.2)	53 ( 41.1)
	Median Survival Est. (95% CI)	6.34 ( 4.83, NC)	NC ( 3.94, NC)
	Hazard Ratio (95% CI) [a]		1.059 ( 0.737, 1.523)
	Treatment P-value [b]		0.74360
	Interaction P-value [c]		0.02968

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_SI\_KM.SAS

Date/time of run: 20APR2021 13:18

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table AESINSV.KM.S4.SAF: Time to First Not Severe AESI (Months) (Safety Analysis Set)

Subgroup: Region, Level: Rest of the World

Adverse Event of Special Interest Type	Statistics	Enfortumab Vedotin (N=132)	Chemotherapy (N=129)
Ocular disorders	No. of Events (%)	22 ( 16.7)	9 ( 7.0)
	Median Survival Est. (95% CI)	NC (NC , NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]	2.488 ( 1.146, 5.405)	
	Treatment P-value [b]	0.01726	
	Interaction P-value [c]	0.00185	
Skin reactions	No. of Events (%)	80 ( 60.6)	33 ( 25.6)
	Median Survival Est. (95% CI)	1.35 ( 0.62, 3.06)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]	3.345 ( 2.228, 5.023)	
	Treatment P-value [b]	<.00001	
	Interaction P-value [c]	0.59083	

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_SI\_KM.SAS

Date/time of run: 20APR2021 13:18

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table AESINSV.KM.S5.SAF: Time to First Not Severe AESI (Months) (Safety Analysis Set)

Subgroup: ECOG PS from IRT Strata, Level: 0

Adverse Event of Special Interest Type	Statistics	Enfortumab Vedotin (N=120)	Chemotherapy (N=119)
Hyperglycemia	No. of Events (%)	8 ( 6.7)	3 ( 2.5)
	Median Survival Est. (95% CI)	NC (NC , NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]	2.724 ( 0.723, 10.268)	
	Treatment P-value [b]	0.12239	
	Interaction P-value [c]	0.57310	

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_SI\_KM.SAS

Date/time of run: 20APR2021 13:18

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table AESINSV.KM.S5.SAF: Time to First Not Severe AESI (Months) (Safety Analysis Set)

Subgroup: ECOG PS from IRT Strata, Level: 0

Adverse Event of Special Interest Type	Statistics	Enfortumab Vedotin (N=120)	Chemotherapy (N=119)
Infusion related reaction	No. of Events (%)	15 ( 12.5)	7 ( 5.9)
	Median Survival Est. (95% CI)	NC (NC , NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]	2.187 ( 0.892, 5.364)	
	Treatment P-value [b]	0.08198	
	Interaction P-value [c]	0.15181	
Neuropathy	No. of Events (%)	67 ( 55.8)	46 ( 38.7)
	Median Survival Est. (95% CI)	5.13 ( 3.71, 10.58)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]	1.491 ( 1.024, 2.170)	
	Treatment P-value [b]	0.03739	
	Interaction P-value [c]	0.92748	

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_SI\_KM.SAS

Date/time of run: 20APR2021 13:18

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table AESINSV.KM.S5.SAF: Time to First Not Severe AESI (Months) (Safety Analysis Set)

Subgroup: ECOG PS from IRT Strata, Level: 0

Adverse Event of Special Interest Type	Statistics	Enfortumab Vedotin (N=120)	Chemotherapy (N=119)
Ocular disorders	No. of Events (%)	32 ( 26.7)	8 ( 6.7)
	Median Survival Est. (95% CI)	NC (NC , NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]	4.527 ( 2.086, 9.824)	
	Treatment P-value [b]	0.00003	
	Interaction P-value [c]	0.56593	
Skin reactions	No. of Events (%)	75 ( 62.5)	30 ( 25.2)
	Median Survival Est. (95% CI)	1.41 ( 0.53, 5.98)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]	3.560 ( 2.329, 5.442)	
	Treatment P-value [b]	<.00001	
	Interaction P-value [c]	0.54917	

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_SI\_KM.SAS

Date/time of run: 20APR2021 13:18

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table AESINSV.KM.S5.SAF: Time to First Not Severe AESI (Months) (Safety Analysis Set)

Subgroup: ECOG PS from IRT Strata, Level: 1

Adverse Event of Special Interest Type	Statistics	Enfortumab Vedotin (N=176)	Chemotherapy (N=172)
Hyperglycemia	No. of Events (%)	14 ( 8.0)	3 ( 1.7)
	Median Survival Est. (95% CI)	NC (NC , NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]	4.598 ( 1.321, 16.000)	
	Treatment P-value [b]	0.00826	
	Interaction P-value [c]	0.57310	

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_SI\_KM.SAS

Date/time of run: 20APR2021 13:18

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table AESINSV.KM.S5.SAF: Time to First Not Severe AESI (Months) (Safety Analysis Set)

Subgroup: ECOG PS from IRT Strata, Level: 1

Adverse Event of Special Interest Type	Statistics	Enfortumab Vedotin (N=176)	Chemotherapy (N=172)
Infusion related reaction	No. of Events (%)	9 ( 5.1)	10 ( 5.8)
	Median Survival Est. (95% CI)	NC (NC , NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]		0.863 ( 0.351, 2.125)
	Treatment P-value [b]		0.75411
	Interaction P-value [c]		0.15181
Neuropathy	No. of Events (%)	82 ( 46.6)	53 ( 30.8)
	Median Survival Est. (95% CI)	6.93 ( 4.60, NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]		1.456 ( 1.030, 2.056)
	Treatment P-value [b]		0.03239
	Interaction P-value [c]		0.92748

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_SI\_KM.SAS

Date/time of run: 20APR2021 13:18

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table AESINSV.KM.S5.SAF: Time to First Not Severe AESI (Months) (Safety Analysis Set)

Subgroup: ECOG PS from IRT Strata, Level: 1

Adverse Event of Special Interest Type	Statistics	Enfortumab Vedotin (N=176)	Chemotherapy (N=172)
Ocular disorders	No. of Events (%)	49 ( 27.8)	15 ( 8.7)
	Median Survival Est. (95% CI)	NC (NC , NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]	3.410 ( 1.912, 6.082)	
	Treatment P-value [b]	<.00001	
	Interaction P-value [c]	0.56593	
Skin reactions	No. of Events (%)	81 ( 46.0)	31 ( 18.0)
	Median Survival Est. (95% CI)	NC ( 2.56, NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]	2.970 ( 1.963, 4.495)	
	Treatment P-value [b]	<.00001	
	Interaction P-value [c]	0.54917	

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_SI\_KM.SAS

Date/time of run: 20APR2021 13:18

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table AESINSV.KM.S6.SAF: Time to First Not Severe AESI (Months) (Safety Analysis Set)

Subgroup: Liver Metastasis from IRT Strata, Level: Yes

Adverse Event of Special Interest Type	Statistics	Enfortumab Vedotin (N=92)	Chemotherapy (N=87)
Hyperglycemia	No. of Events (%)	6 ( 6.5)	1 ( 1.1)
	Median Survival Est. (95% CI)	NC (NC , NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]		5.853 ( 0.705, 48.617)
	Treatment P-value [b]		0.06457
	Interaction P-value [c]		0.62004

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_SI\_KM.SAS

Date/time of run: 20APR2021 13:18

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table AESINSV.KM.S6.SAF: Time to First Not Severe AESI (Months) (Safety Analysis Set)

Subgroup: Liver Metastasis from IRT Strata, Level: Yes

Adverse Event of Special Interest Type	Statistics	Enfortumab Vedotin (N=92)	Chemotherapy (N=87)
Infusion related reaction	No. of Events (%)	5 ( 5.4)	2 ( 2.3)
	Median Survival Est. (95% CI)	NC (NC , NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]		2.415 ( 0.469, 12.453)
	Treatment P-value [b]		0.26800
	Interaction P-value [c]		0.47019
Neuropathy	No. of Events (%)	40 ( 43.5)	30 ( 34.5)
	Median Survival Est. (95% CI)	5.29 ( 4.07, NC)	NC ( 5.26, NC)
	Hazard Ratio (95% CI) [a]		1.227 ( 0.764, 1.970)
	Treatment P-value [b]		0.37507
	Interaction P-value [c]		0.37974

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_SI\_KM.SAS

Date/time of run: 20APR2021 13:18

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table AESINSV.KM.S6.SAF: Time to First Not Severe AESI (Months) (Safety Analysis Set)

Subgroup: Liver Metastasis from IRT Strata, Level: Yes

Adverse Event of Special Interest Type	Statistics	Enfortumab Vedotin (N=92)	Chemotherapy (N=87)
Ocular disorders	No. of Events (%)	23 ( 25.0)	7 ( 8.0)
	Median Survival Est. (95% CI)	NC (NC , NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]	3.346 ( 1.435, 7.801)	
	Treatment P-value [b]	0.00292	
	Interaction P-value [c]	0.72333	
Skin reactions	No. of Events (%)	50 ( 54.3)	16 ( 18.4)
	Median Survival Est. (95% CI)	2.73 ( 0.95, NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]	3.690 ( 2.100, 6.482)	
	Treatment P-value [b]	<.00001	
	Interaction P-value [c]	0.53142	

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_SI\_KM.SAS

Date/time of run: 20APR2021 13:18

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table AESINSV.KM.S6.SAF: Time to First Not Severe AESI (Months) (Safety Analysis Set)

Subgroup: Liver Metastasis from IRT Strata, Level: No

Adverse Event of Special Interest Type	Statistics	Enfortumab Vedotin (N=204)	Chemotherapy (N=204)
Hyperglycemia	No. of Events (%)	16 ( 7.8)	5 ( 2.5)
	Median Survival Est. (95% CI)	NC (NC , NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]	3.236 ( 1.185, 8.832)	
	Treatment P-value [b]	0.01523	
	Interaction P-value [c]	0.62004	

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_SI\_KM.SAS

Date/time of run: 20APR2021 13:18

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table AESINSV.KM.S6.SAF: Time to First Not Severe AESI (Months) (Safety Analysis Set)

Subgroup: Liver Metastasis from IRT Strata, Level: No

Adverse Event of Special Interest Type	Statistics	Enfortumab Vedotin (N=204)	Chemotherapy (N=204)
Infusion related reaction	No. of Events (%)	19 ( 9.3)	15 ( 7.4)
	Median Survival Est. (95% CI)	NC (NC , NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]		1.256 ( 0.638, 2.472)
	Treatment P-value [b]		0.50342
	Interaction P-value [c]		0.47019
Neuropathy	No. of Events (%)	109 ( 53.4)	69 ( 33.8)
	Median Survival Est. (95% CI)	5.78 ( 4.60, 8.34)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]		1.579 ( 1.167, 2.135)
	Treatment P-value [b]		0.00250
	Interaction P-value [c]		0.37974

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_SI\_KM.SAS

Date/time of run: 20APR2021 13:18

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table AESINSV.KM.S6.SAF: Time to First Not Severe AESI (Months) (Safety Analysis Set)

Subgroup: Liver Metastasis from IRT Strata, Level: No

Adverse Event of Special Interest Type	Statistics	Enfortumab Vedotin (N=204)	Chemotherapy (N=204)
Ocular disorders	No. of Events (%)	58 ( 28.4)	16 ( 7.8)
	Median Survival Est. (95% CI)	NC (NC , NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]		4.017 ( 2.309, 6.987)
	Treatment P-value [b]		<.00001
	Interaction P-value [c]		0.72333
Skin reactions	No. of Events (%)	106 ( 52.0)	45 ( 22.1)
	Median Survival Est. (95% CI)	5.98 ( 1.68, NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]		2.986 ( 2.106, 4.234)
	Treatment P-value [b]		<.00001
	Interaction P-value [c]		0.53142

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_SI\_KM.SAS

Date/time of run: 20APR2021 13:18

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table AESINSV.KM.S7.SAF: Time to First Not Severe AESI (Months) (Safety Analysis Set)

Subgroup: Pre-selected Investigator's Choice of Paclitaxel/Docetaxel/Vinflunine, Level: Paclitaxel

Adverse Event of Special Interest Type	Statistics	Enfortumab Vedotin (N=140)	Chemotherapy (N=107)
Hyperglycemia	No. of Events (%)	6 ( 4.3)	2 ( 1.9)
	Median Survival Est. (95% CI)	NC (NC , NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]		2.283 ( 0.461, 11.313)
	Treatment P-value [b]		0.30076
	Interaction P-value [c]		0.31273

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_SI\_KM.SAS

Date/time of run: 20APR2021 13:18

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table AESINSV.KM.S7.SAF: Time to First Not Severe AESI (Months) (Safety Analysis Set)

Subgroup: Pre-selected Investigator's Choice of Paclitaxel/Docetaxel/Vinflunine, Level: Paclitaxel

Adverse Event of Special Interest Type	Statistics	Enfortumab Vedotin (N=140)	Chemotherapy (N=107)
Infusion related reaction	No. of Events (%)	11 ( 7.9)	5 ( 4.7)
	Median Survival Est. (95% CI)	NC (NC , NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]	1.665 ( 0.578, 4.792)	
	Treatment P-value [b]	0.34161	
	Interaction P-value [c]	0.42955	
Neuropathy	No. of Events (%)	73 ( 52.1)	57 ( 53.3)
	Median Survival Est. (95% CI)	5.29 ( 4.21, 7.62)	3.68 ( 1.54, NC)
	Hazard Ratio (95% CI) [a]	0.735 ( 0.520, 1.039)	
	Treatment P-value [b]	0.08517	
	Interaction P-value [c]	0.00001	

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_SI\_KM.SAS

Date/time of run: 20APR2021 13:18

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table AESINSV.KM.S7.SAF: Time to First Not Severe AESI (Months) (Safety Analysis Set)

Subgroup: Pre-selected Investigator's Choice of Paclitaxel/Docetaxel/Vinflunine, Level: Paclitaxel

Adverse Event of Special Interest Type	Statistics	Enfortumab Vedotin (N=140)	Chemotherapy (N=107)
Ocular disorders	No. of Events (%)	31 ( 22.1)	7 ( 6.5)
	Median Survival Est. (95% CI)	NC (NC , NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]	3.651 ( 1.608, 8.293)	
	Treatment P-value [b]	0.00086	
	Interaction P-value [c]	0.00996	
Skin reactions	No. of Events (%)	74 ( 52.9)	23 ( 21.5)
	Median Survival Est. (95% CI)	4.11 ( 1.45, NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]	3.064 ( 1.918, 4.893)	
	Treatment P-value [b]	<.00001	
	Interaction P-value [c]	0.63834	

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_SI\_KM.SAS

Date/time of run: 20APR2021 13:18

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table AESINSV.KM.S7.SAF: Time to First Not Severe AESI (Months) (Safety Analysis Set)

Subgroup: Pre-selected Investigator's Choice of Paclitaxel/Docetaxel/Vinflunine, Level: Docetaxel

Adverse Event of Special Interest Type	Statistics	Enfortumab Vedotin (N=85)	Chemotherapy (N=109)
Hyperglycemia	No. of Events (%)	10 ( 11.8)	1 ( 0.9)
	Median Survival Est. (95% CI)	NC (NC , NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]		13.353 ( 1.709, 104.313)
	Treatment P-value [b]		0.00134
	Interaction P-value [c]		0.31273

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_SI\_KM.SAS

Date/time of run: 20APR2021 13:18

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table AESINSV.KM.S7.SAF: Time to First Not Severe AESI (Months) (Safety Analysis Set)

Subgroup: Pre-selected Investigator's Choice of Paclitaxel/Docetaxel/Vinflunine, Level: Docetaxel

Adverse Event of Special Interest Type	Statistics	Enfortumab Vedotin (N=85)	Chemotherapy (N=109)
Infusion related reaction	No. of Events (%)	10 ( 11.8)	7 ( 6.4)
	Median Survival Est. (95% CI)	NC (NC , NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]		1.889 ( 0.719, 4.964)
	Treatment P-value [b]		0.18296
	Interaction P-value [c]		0.42955
Neuropathy	No. of Events (%)	41 ( 48.2)	29 ( 26.6)
	Median Survival Est. (95% CI)	8.31 ( 4.21, NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]		1.866 ( 1.160, 3.002)
	Treatment P-value [b]		0.00855
	Interaction P-value [c]		0.00001

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_SI\_KM.SAS

Date/time of run: 20APR2021 13:18

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table AESINSV.KM.S7.SAF: Time to First Not Severe AESI (Months) (Safety Analysis Set)

Subgroup: Pre-selected Investigator's Choice of Paclitaxel/Docetaxel/Vinflunine, Level: Docetaxel

Adverse Event of Special Interest Type	Statistics	Enfortumab Vedotin (N=85)	Chemotherapy (N=109)
Ocular disorders	No. of Events (%)	20 ( 23.5)	14 ( 12.8)
	Median Survival Est. (95% CI)	NC (NC , NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]		1.842 ( 0.930, 3.647)
	Treatment P-value [b]		0.07409
	Interaction P-value [c]		0.00996
Skin reactions	No. of Events (%)	50 ( 58.8)	29 ( 26.6)
	Median Survival Est. (95% CI)	1.51 ( 0.56, 7.95)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]		3.012 ( 1.905, 4.762)
	Treatment P-value [b]		<.00001
	Interaction P-value [c]		0.63834

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_SI\_KM.SAS

Date/time of run: 20APR2021 13:18

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table AESINSV.KM.S7.SAF: Time to First Not Severe AESI (Months) (Safety Analysis Set)

Subgroup: Pre-selected Investigator's Choice of Paclitaxel/Docetaxel/Vinflunine, Level: Vinflunine

Adverse Event of Special Interest Type	Statistics	Enfortumab Vedotin (N=71)	Chemotherapy (N=75)
Hyperglycemia	No. of Events (%)	6 ( 8.5)	3 ( 4.0)
	Median Survival Est. (95% CI)	NC (NC , NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]	2.174 ( 0.544, 8.694)	
	Treatment P-value [b]	0.25401	
	Interaction P-value [c]	0.31273	

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_SI\_KM.SAS

Date/time of run: 20APR2021 13:18

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table AESINSV.KM.S7.SAF: Time to First Not Severe AESI (Months) (Safety Analysis Set)

Subgroup: Pre-selected Investigator's Choice of Paclitaxel/Docetaxel/Vinflunine, Level: Vinflunine

Adverse Event of Special Interest Type	Statistics	Enfortumab Vedotin (N=71)	Chemotherapy (N=75)
Infusion related reaction	No. of Events (%)	3 ( 4.2)	5 ( 6.7)
	Median Survival Est. (95% CI)	NC (NC , NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]		0.623 ( 0.149, 2.608)
	Treatment P-value [b]		0.50599
	Interaction P-value [c]		0.42955
Neuropathy	No. of Events (%)	35 ( 49.3)	13 ( 17.3)
	Median Survival Est. (95% CI)	5.78 ( 2.89, 11.99)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]		3.664 ( 1.938, 6.929)
	Treatment P-value [b]		0.00002
	Interaction P-value [c]		0.00001

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_SI\_KM.SAS

Date/time of run: 20APR2021 13:18

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table AESINSV.KM.S7.SAF: Time to First Not Severe AESI (Months) (Safety Analysis Set)

Subgroup: Pre-selected Investigator's Choice of Paclitaxel/Docetaxel/Vinflunine, Level: Vinflunine

Adverse Event of Special Interest Type	Statistics	Enfortumab Vedotin (N=71)	Chemotherapy (N=75)
Ocular disorders	No. of Events (%)	30 ( 42.3)	2 ( 2.7)
	Median Survival Est. (95% CI)	9.95 ( 3.94, NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]	20.943 ( 5.003,	87.668)
	Treatment P-value [b]	<.00001	
	Interaction P-value [c]	0.00996	
Skin reactions	No. of Events (%)	32 ( 45.1)	9 ( 12.0)
	Median Survival Est. (95% CI)	12.68 ( 2.30, NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]	4.487 ( 2.141,	9.403)
	Treatment P-value [b]	0.00001	
	Interaction P-value [c]	0.63834	

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_SI\_KM.SAS

Date/time of run: 20APR2021 13:18

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table AESINSV.KM.S8.SAF: Time to First Not Severe AESI (Months) (Safety Analysis Set)

Subgroup: Primary Site of Tumor, Level: Upper Tract

Adverse Event of Special Interest Type	Statistics	Enfortumab Vedotin (N=96)	Chemotherapy (N=102)
Hyperglycemia	No. of Events (%)	9 ( 9.4)	4 ( 3.9)
	Median Survival Est. (95% CI)	NC (NC , NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]	2.444 ( 0.752, 7.935)	
	Treatment P-value [b]	0.12919	
	Interaction P-value [c]	0.33282	

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_SI\_KM.SAS

Date/time of run: 20APR2021 13:18

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table AESINSV.KM.S8.SAF: Time to First Not Severe AESI (Months) (Safety Analysis Set)

Subgroup: Primary Site of Tumor, Level: Upper Tract

Adverse Event of Special Interest Type	Statistics	Enfortumab Vedotin (N=96)	Chemotherapy (N=102)
Infusion related reaction	No. of Events (%)	6 ( 6.3)	4 ( 3.9)
	Median Survival Est. (95% CI)	NC (NC , NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]		1.594 ( 0.450, 5.647)
	Treatment P-value [b]		0.45952
	Interaction P-value [c]		0.79084
Neuropathy	No. of Events (%)	52 ( 54.2)	36 ( 35.3)
	Median Survival Est. (95% CI)	5.13 ( 3.75, 8.31)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]		1.516 ( 0.991, 2.320)
	Treatment P-value [b]		0.05195
	Interaction P-value [c]		0.86486

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_SI\_KM.SAS

Date/time of run: 20APR2021 13:18

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table AESINSV.KM.S8.SAF: Time to First Not Severe AESI (Months) (Safety Analysis Set)

Subgroup: Primary Site of Tumor, Level: Upper Tract

Adverse Event of Special Interest Type	Statistics	Enfortumab Vedotin (N=96)	Chemotherapy (N=102)
Ocular disorders	No. of Events (%)	22 ( 22.9)	7 ( 6.9)
	Median Survival Est. (95% CI)	NC (NC , NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]	3.539 ( 1.512, 8.284)	
	Treatment P-value [b]	0.00202	
	Interaction P-value [c]	0.84829	
Skin reactions	No. of Events (%)	58 ( 60.4)	22 ( 21.6)
	Median Survival Est. (95% CI)	1.68 ( 0.92, 6.60)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]	3.621 ( 2.215, 5.920)	
	Treatment P-value [b]	<.00001	
	Interaction P-value [c]	0.52969	

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_SI\_KM.SAS

Date/time of run: 20APR2021 13:18

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table AESINSV.KM.S8.SAF: Time to First Not Severe AESI (Months) (Safety Analysis Set)

Subgroup: Primary Site of Tumor, Level: Other

Adverse Event of Special Interest Type	Statistics	Enfortumab Vedotin (N=200)	Chemotherapy (N=189)
Hyperglycemia	No. of Events (%)	13 ( 6.5)	2 ( 1.1)
	Median Survival Est. (95% CI)	NC (NC , NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]	6.243 ( 1.409, 27.665)	
	Treatment P-value [b]	0.00554	
	Interaction P-value [c]	0.33282	

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_SI\_KM.SAS

Date/time of run: 20APR2021 13:18

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table AESINSV.KM.S8.SAF: Time to First Not Severe AESI (Months) (Safety Analysis Set)

Subgroup: Primary Site of Tumor, Level: Other

Adverse Event of Special Interest Type	Statistics	Enfortumab Vedotin (N=200)	Chemotherapy (N=189)
Infusion related reaction	No. of Events (%)	18 ( 9.0)	13 ( 6.9)
	Median Survival Est. (95% CI)	NC (NC , NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]		1.309 ( 0.641, 2.672)
	Treatment P-value [b]		0.46426
	Interaction P-value [c]		0.79084
Neuropathy	No. of Events (%)	97 ( 48.5)	63 ( 33.3)
	Median Survival Est. (95% CI)	6.93 ( 4.40, 11.99)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]		1.448 ( 1.054, 1.989)
	Treatment P-value [b]		0.02058
	Interaction P-value [c]		0.86486

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_SI\_KM.SAS

Date/time of run: 20APR2021 13:18

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table AESINSV.KM.S8.SAF: Time to First Not Severe AESI (Months) (Safety Analysis Set)

Subgroup: Primary Site of Tumor, Level: Other

Adverse Event of Special Interest Type	Statistics	Enfortumab Vedotin (N=200)	Chemotherapy (N=189)
Ocular disorders	No. of Events (%)	59 ( 29.5)	16 ( 8.5)
	Median Survival Est. (95% CI)	NC (NC , NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]	3.907 ( 2.248, 6.789)	
	Treatment P-value [b]	<.00001	
	Interaction P-value [c]	0.84829	
Skin reactions	No. of Events (%)	98 ( 49.0)	39 ( 20.6)
	Median Survival Est. (95% CI)	7.49 ( 2.33, NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]	2.973 ( 2.050, 4.310)	
	Treatment P-value [b]	<.00001	
	Interaction P-value [c]	0.52969	

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_SI\_KM.SAS

Date/time of run: 20APR2021 13:18

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table AESINSV.KM.S9.SAF: Time to First Not Severe AESI (Months) (Safety Analysis Set)

Subgroup: Prior Lines of Systemic Therapy, Level: 1-2 lines

Adverse Event of Special Interest Type	Statistics	Enfortumab Vedotin (N=259)	Chemotherapy (N=255)
Hyperglycemia	No. of Events (%)	20 ( 7.7)	6 ( 2.4)
	Median Survival Est. (95% CI)	NC (NC , NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]	3.340 ( 1.341, 8.318)	
	Treatment P-value [b]	0.00598	
	Interaction P-value [c]	0.98843	

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_SI\_KM.SAS

Date/time of run: 20APR2021 13:18

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table AESINSV.KM.S9.SAF: Time to First Not Severe AESI (Months) (Safety Analysis Set)

Subgroup: Prior Lines of Systemic Therapy, Level: 1-2 lines

Adverse Event of Special Interest Type	Statistics	Enfortumab Vedotin (N=259)	Chemotherapy (N=255)
Infusion related reaction	No. of Events (%)	21 ( 8.1)	15 ( 5.9)
	Median Survival Est. (95% CI)	NC (NC , NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]	1.374 ( 0.708, 2.665)	
	Treatment P-value [b]	0.34419	
	Interaction P-value [c]	0.92546	
Neuropathy	No. of Events (%)	130 ( 50.2)	88 ( 34.5)
	Median Survival Est. (95% CI)	6.21 ( 4.63, 8.61)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]	1.427 ( 1.088, 1.870)	
	Treatment P-value [b]	0.00955	
	Interaction P-value [c]	0.55378	

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_SI\_KM.SAS

Date/time of run: 20APR2021 13:18

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table AESINSV.KM.S9.SAF: Time to First Not Severe AESI (Months) (Safety Analysis Set)

Subgroup: Prior Lines of Systemic Therapy, Level: 1-2 lines

Adverse Event of Special Interest Type	Statistics	Enfortumab Vedotin (N=259)	Chemotherapy (N=255)
Ocular disorders	No. of Events (%)	74 ( 28.6)	20 ( 7.8)
	Median Survival Est. (95% CI)	NC (NC , NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]	4.065 ( 2.480, 6.663)	
	Treatment P-value [b]	<.00001	
	Interaction P-value [c]	0.43516	
Skin reactions	No. of Events (%)	137 ( 52.9)	49 ( 19.2)
	Median Survival Est. (95% CI)	4.04 ( 1.91, 12.68)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]	3.507 ( 2.529, 4.863)	
	Treatment P-value [b]	<.00001	
	Interaction P-value [c]	0.10493	

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_SI\_KM.SAS

Date/time of run: 20APR2021 13:18

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table AESINSV.KM.S9.SAF: Time to First Not Severe AESI (Months) (Safety Analysis Set)

Subgroup: Prior Lines of Systemic Therapy, Level: &gt;=3 lines

Adverse Event of Special Interest Type	Statistics	Enfortumab Vedotin (N=37)	Chemotherapy (N=36)
Hyperglycemia	No. of Events (%)	2 ( 5.4)	0
	Median Survival Est. (95% CI)	NC (NC , NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]	NA (NA , NA)	
	Treatment P-value [b]	0.16014	
	Interaction P-value [c]	0.98843	

Subgroup analyses are conducted if there exist at least 2 levels with >= 10 patients across treatment arms and >=10 events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_SI\_KM.SAS

Date/time of run: 20APR2021 13:18

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table AESINSV.KM.S9.SAF: Time to First Not Severe AESI (Months) (Safety Analysis Set)

Subgroup: Prior Lines of Systemic Therapy, Level: &gt;=3 lines

Adverse Event of Special Interest Type	Statistics	Enfortumab Vedotin (N=37)	Chemotherapy (N=36)
Infusion related reaction	No. of Events (%)	3 ( 8.1)	2 ( 5.6)
	Median Survival Est. (95% CI)	NC (NC , NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]		1.505 ( 0.251, 9.004)
	Treatment P-value [b]		0.64963
	Interaction P-value [c]		0.92546
Neuropathy	No. of Events (%)	19 ( 51.4)	11 ( 30.6)
	Median Survival Est. (95% CI)	4.83 ( 3.22, NC)	NC ( 4.44, NC)
	Hazard Ratio (95% CI) [a]		1.812 ( 0.862, 3.807)
	Treatment P-value [b]		0.13498
	Interaction P-value [c]		0.55378

Subgroup analyses are conducted if there exist at least 2 levels with >= 10 patients across treatment arms and >=10 events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_SI\_KM.SAS

Date/time of run: 20APR2021 13:18

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table AESINSV.KM.S9.SAF: Time to First Not Severe AESI (Months) (Safety Analysis Set)

Subgroup: Prior Lines of Systemic Therapy, Level: &gt;=3 lines

Adverse Event of Special Interest Type	Statistics	Enfortumab Vedotin (N=37)	Chemotherapy (N=36)
Ocular disorders	No. of Events (%)	7 ( 18.9)	3 ( 8.3)
	Median Survival Est. (95% CI)	NC ( 9.66, NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]		2.291 ( 0.592, 8.860)
	Treatment P-value [b]		0.21265
	Interaction P-value [c]		0.43516
Skin reactions	No. of Events (%)	19 ( 51.4)	12 ( 33.3)
	Median Survival Est. (95% CI)	5.98 ( 0.59, NC)	NC ( 3.71, NC)
	Hazard Ratio (95% CI) [a]		1.820 ( 0.883, 3.750)
	Treatment P-value [b]		0.12445
	Interaction P-value [c]		0.10493

Subgroup analyses are conducted if there exist at least 2 levels with >= 10 patients across treatment arms and >=10 events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_SI\_KM.SAS

Date/time of run: 20APR2021 13:18

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table AESINSV.KM.S10.SAF: Time to First Not Severe AESI (Months) (Safety Analysis Set)

Subgroup: Best Response to Prior CPI, Level: Responder

Adverse Event of Special Interest Type	Statistics	Enfortumab Vedotin (N=61)	Chemotherapy (N=49)
Hyperglycemia	No. of Events (%)	5 ( 8.2)	0
	Median Survival Est. (95% CI)	NC (NC , NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]	NA (NA , NA)	
	Treatment P-value [b]	0.04306	
	Interaction P-value [c]	0.99051	

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_SI\_KM.SAS

Date/time of run: 20APR2021 13:18

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table AESINSV.KM.S10.SAF: Time to First Not Severe AESI (Months) (Safety Analysis Set)

Subgroup: Best Response to Prior CPI, Level: Responder

Adverse Event of Special Interest Type	Statistics	Enfortumab Vedotin (N=61)	Chemotherapy (N=49)
Infusion related reaction	No. of Events (%)	8 ( 13.1)	4 ( 8.2)
	Median Survival Est. (95% CI)	NC (NC , NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]	1.645 ( 0.495, 5.464)	
	Treatment P-value [b]	0.38926	
	Interaction P-value [c]	0.89627	
Neuropathy	No. of Events (%)	34 ( 55.7)	17 ( 34.7)
	Median Survival Est. (95% CI)	4.60 ( 2.99, NC)	NC ( 5.49, NC)
	Hazard Ratio (95% CI) [a]	1.636 ( 0.914, 2.930)	
	Treatment P-value [b]	0.10048	
	Interaction P-value [c]	0.71137	

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_SI\_KM.SAS

Date/time of run: 20APR2021 13:18

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table AESINSV.KM.S10.SAF: Time to First Not Severe AESI (Months) (Safety Analysis Set)

Subgroup: Best Response to Prior CPI, Level: Responder

Adverse Event of Special Interest Type	Statistics	Enfortumab Vedotin (N=61)	Chemotherapy (N=49)
Ocular disorders	No. of Events (%)	15 ( 24.6)	2 ( 4.1)
	Median Survival Est. (95% CI)	NC (NC , NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]	6.435 ( 1.472, 28.139)	
	Treatment P-value [b]	0.00437	
	Interaction P-value [c]	0.53335	
Skin reactions	No. of Events (%)	37 ( 60.7)	11 ( 22.4)
	Median Survival Est. (95% CI)	1.41 ( 0.59, 11.86)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]	3.828 ( 1.951, 7.509)	
	Treatment P-value [b]	0.00003	
	Interaction P-value [c]	0.63213	

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_SI\_KM.SAS

Date/time of run: 20APR2021 13:18

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table AESINSV.KM.S10.SAF: Time to First Not Severe AESI (Months) (Safety Analysis Set)

Subgroup: Best Response to Prior CPI, Level: Non-responder

Adverse Event of Special Interest Type	Statistics	Enfortumab Vedotin (N=202)	Chemotherapy (N=202)
Hyperglycemia	No. of Events (%)	14 ( 6.9)	6 ( 3.0)
	Median Survival Est. (95% CI)	NC (NC , NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]	2.367 ( 0.909, 6.159)	
	Treatment P-value [b]	0.06898	
	Interaction P-value [c]	0.99051	

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_SI\_KM.SAS

Date/time of run: 20APR2021 13:18

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table AESINSV.KM.S10.SAF: Time to First Not Severe AESI (Months) (Safety Analysis Set)

Subgroup: Best Response to Prior CPI, Level: Non-responder

Adverse Event of Special Interest Type	Statistics	Enfortumab Vedotin (N=202)	Chemotherapy (N=202)
Infusion related reaction	No. of Events (%)	15 ( 7.4)	10 ( 5.0)
	Median Survival Est. (95% CI)	NC (NC , NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]		1.495 ( 0.671, 3.327)
	Treatment P-value [b]		0.32493
	Interaction P-value [c]		0.89627
Neuropathy	No. of Events (%)	99 ( 49.0)	68 ( 33.7)
	Median Survival Est. (95% CI)	6.60 ( 4.63, 11.99)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]		1.445 ( 1.061, 1.967)
	Treatment P-value [b]		0.01854
	Interaction P-value [c]		0.71137

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_SI\_KM.SAS

Date/time of run: 20APR2021 13:18

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table AESINSV.KM.S10.SAF: Time to First Not Severe AESI (Months) (Safety Analysis Set)

Subgroup: Best Response to Prior CPI, Level: Non-responder

Adverse Event of Special Interest Type	Statistics	Enfortumab Vedotin (N=202)	Chemotherapy (N=202)
Ocular disorders	No. of Events (%)	59 ( 29.2)	17 ( 8.4)
	Median Survival Est. (95% CI)	NC (NC , NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]	3.906 ( 2.277,	6.700)
	Treatment P-value [b]	<.00001	
	Interaction P-value [c]	0.53335	
Skin reactions	No. of Events (%)	107 ( 53.0)	43 ( 21.3)
	Median Survival Est. (95% CI)	3.68 ( 1.54, NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]	3.179 ( 2.230,	4.532)
	Treatment P-value [b]	<.00001	
	Interaction P-value [c]	0.63213	

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_SI\_KM.SAS

Date/time of run: 20APR2021 13:18

Analysis Plan: 15FEB2021

Confidential

#### 4.10.3 Schwer

Astellas: 7465-CL-0301

Table AESISV.KM.S1.SAF: Time to First Severe AESI (Months) (Safety Analysis Set)

Subgroup: Age Group 1, Level: <65 years

Adverse Event of Special Interest Type	Statistics	Enfortumab Vedotin (N=106)	Chemotherapy (N=103)
Hyperglycemia	No. of Events (%)	3 ( 2.8)	1 ( 1.0)
	Median Survival Est. (95% CI)	NC (NC , NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]		2.867 ( 0.298, 27.566)
	Treatment P-value [b]		0.34012
	Interaction P-value [c]		0.39335

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_SI\_KM.SAS

Date/time of run: 20APR2021 13:18

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table AESISV.KM.S1.SAF: Time to First Severe AESI (Months) (Safety Analysis Set)

Subgroup: Age Group 1, Level: &lt;65 years

Adverse Event of Special Interest Type	Statistics	Enfortumab Vedotin (N=106)	Chemotherapy (N=103)
Neuropathy	No. of Events (%)	8 ( 7.5)	1 ( 1.0)
	Median Survival Est. (95% CI)	NC (NC , NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]	6.921 ( 0.866, 55.344)	
	Treatment P-value [b]	0.03483	
	Interaction P-value [c]	0.08292	
Skin reactions	No. of Events (%)	13 ( 12.3)	0
	Median Survival Est. (95% CI)	NC (NC , NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]	NA (NA , NA)	
	Treatment P-value [b]	0.00031	
	Interaction P-value [c]	0.98678	

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_SI\_KM.SAS

Date/time of run: 20APR2021 13:18

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table AESISV.KM.S1.SAF: Time to First Severe AESI (Months) (Safety Analysis Set)

Subgroup: Age Group 1, Level: &gt;=65 years

Adverse Event of Special Interest Type	Statistics	Enfortumab Vedotin (N=190)	Chemotherapy (N=188)
Hyperglycemia	No. of Events (%)	18 ( 9.5)	2 ( 1.1)
	Median Survival Est. (95% CI)	NC (NC , NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]	9.268 ( 2.150, 39.944)	
	Treatment P-value [b]	0.00028	
	Interaction P-value [c]	0.39335	

Subgroup analyses are conducted if there exist at least 2 levels with >= 10 patients across treatment arms and >=10 events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_SI\_KM.SAS

Date/time of run: 20APR2021 13:18

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table AESISV.KM.S1.SAF: Time to First Severe AESI (Months) (Safety Analysis Set)

Subgroup: Age Group 1, Level: &gt;=65 years

Adverse Event of Special Interest Type	Statistics	Enfortumab Vedotin (N=190)	Chemotherapy (N=188)
Neuropathy	No. of Events (%)	8 ( 4.2)	8 ( 4.3)
	Median Survival Est. (95% CI)	NC (NC , NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]		0.906 ( 0.340, 2.415)
	Treatment P-value [b]		0.88976
	Interaction P-value [c]		0.08292
Skin reactions	No. of Events (%)	32 ( 16.8)	2 ( 1.1)
	Median Survival Est. (95% CI)	NC (NC , NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]		17.010 ( 4.076, 70.985)
	Treatment P-value [b]		<.00001
	Interaction P-value [c]		0.98678

Subgroup analyses are conducted if there exist at least 2 levels with >= 10 patients across treatment arms and >=10 events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_SI\_KM.SAS

Date/time of run: 20APR2021 13:18

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table AESISV.KM.S2.SAF: Time to First Severe AESI (Months) (Safety Analysis Set)

Subgroup: Age Group 2, Level: &lt;75 years

Adverse Event of Special Interest Type	Statistics	Enfortumab Vedotin (N=245)	Chemotherapy (N=226)
Hyperglycemia	No. of Events (%)	15 ( 6.1)	2 ( 0.9)
	Median Survival Est. (95% CI)	NC (NC , NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]	6.991 ( 1.599, 30.572)	
	Treatment P-value [b]	0.00263	
	Interaction P-value [c]	0.91383	

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_SI\_KM.SAS

Date/time of run: 20APR2021 13:18

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table AESISV.KM.S2.SAF: Time to First Severe AESI (Months) (Safety Analysis Set)

Subgroup: Age Group 2, Level: &lt;75 years

Adverse Event of Special Interest Type	Statistics	Enfortumab Vedotin (N=245)	Chemotherapy (N=226)
Neuropathy	No. of Events (%)	11 ( 4.5)	5 ( 2.2)
	Median Survival Est. (95% CI)	NC (NC , NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]	1.804 ( 0.627, 5.194)	
	Treatment P-value [b]	0.27726	
	Interaction P-value [c]	0.86067	
Skin reactions	No. of Events (%)	37 ( 15.1)	2 ( 0.9)
	Median Survival Est. (95% CI)	NC (NC , NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]	17.745 ( 4.277, 73.628)	
	Treatment P-value [b]	<.00001	
	Interaction P-value [c]	0.98885	

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_SI\_KM.SAS

Date/time of run: 20APR2021 13:18

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table AESISV.KM.S2.SAF: Time to First Severe AESI (Months) (Safety Analysis Set)

Subgroup: Age Group 2, Level: &gt;=75 years

Adverse Event of Special Interest Type	Statistics	Enfortumab Vedotin (N=51)	Chemotherapy (N=65)
Hyperglycemia	No. of Events (%)	6 ( 11.8)	1 ( 1.5)
	Median Survival Est. (95% CI)	NC (NC , NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]	8.062 ( 0.970, 66.971)	
	Treatment P-value [b]	0.02332	
	Interaction P-value [c]	0.91383	

Subgroup analyses are conducted if there exist at least 2 levels with >= 10 patients across treatment arms and >=10 events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_SI\_KM.SAS

Date/time of run: 20APR2021 13:18

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table AESISV.KM.S2.SAF: Time to First Severe AESI (Months) (Safety Analysis Set)

Subgroup: Age Group 2, Level: &gt;=75 years

Adverse Event of Special Interest Type	Statistics	Enfortumab Vedotin (N=51)	Chemotherapy (N=65)
Neuropathy	No. of Events (%)	5 ( 9.8)	4 ( 6.2)
	Median Survival Est. (95% CI)	NC (NC , NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]		1.551 ( 0.416, 5.782)
	Treatment P-value [b]		0.45421
	Interaction P-value [c]		0.86067
Skin reactions	No. of Events (%)	8 ( 15.7)	0
	Median Survival Est. (95% CI)	NC (NC , NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]		NA (NA , NA)
	Treatment P-value [b]		0.00089
	Interaction P-value [c]		0.98885

Subgroup analyses are conducted if there exist at least 2 levels with >= 10 patients across treatment arms and >=10 events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_SI\_KM.SAS

Date/time of run: 20APR2021 13:18

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table AESISV.KM.S3.SAF: Time to First Severe AESI (Months) (Safety Analysis Set)

Subgroup: Gender, Level: Male

Adverse Event of Special Interest Type	Statistics	Enfortumab Vedotin (N=234)	Chemotherapy (N=219)
Hyperglycemia	No. of Events (%)	19 ( 8.1)	3 ( 1.4)
	Median Survival Est. (95% CI)	NC (NC , NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]	6.018 ( 1.781, 20.338)	
	Treatment P-value [b]	0.00099	
	Interaction P-value [c]	0.99146	

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_SI\_KM.SAS

Date/time of run: 20APR2021 13:18

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table AESISV.KM.S3.SAF: Time to First Severe AESI (Months) (Safety Analysis Set)

Subgroup: Gender, Level: Male

Adverse Event of Special Interest Type	Statistics	Enfortumab Vedotin (N=234)	Chemotherapy (N=219)
Neuropathy	No. of Events (%)	16 ( 6.8)	7 ( 3.2)
	Median Survival Est. (95% CI)	NC (NC , NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]		1.860 ( 0.765, 4.525)
	Treatment P-value [b]		0.16920
	Interaction P-value [c]		0.98980
Skin reactions	No. of Events (%)	38 ( 16.2)	1 ( 0.5)
	Median Survival Est. (95% CI)	NC (NC , NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]		37.650 ( 5.170, 274.196)
	Treatment P-value [b]		<.00001
	Interaction P-value [c]		0.31225

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_SI\_KM.SAS

Date/time of run: 20APR2021 13:18

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table AESISV.KM.S3.SAF: Time to First Severe AESI (Months) (Safety Analysis Set)

Subgroup: Gender, Level: Female

Adverse Event of Special Interest Type	Statistics	Enfortumab Vedotin (N=62)	Chemotherapy (N=72)
Hyperglycemia	No. of Events (%)	2 ( 3.2)	0
	Median Survival Est. (95% CI)	NC (NC , NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]	NA (NA , NA)	
	Treatment P-value [b]	0.12596	
	Interaction P-value [c]	0.99146	

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_SI\_KM.SAS

Date/time of run: 20APR2021 13:18

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table AESISV.KM.S3.SAF: Time to First Severe AESI (Months) (Safety Analysis Set)

Subgroup: Gender, Level: Female

Adverse Event of Special Interest Type	Statistics	Enfortumab Vedotin (N=62)		Chemotherapy (N=72)	
Neuropathy	No. of Events (%)	0		2 ( 2.8)	
	Median Survival Est. (95% CI)	NC (NC , NC)		NC (NC , NC)	
	Hazard Ratio (95% CI) [a]			NA (NA , NA)	
	Treatment P-value [b]			0.19294	
	Interaction P-value [c]			0.98980	
Skin reactions	No. of Events (%)	7 ( 11.3)		1 ( 1.4)	
	Median Survival Est. (95% CI)	NC (NC , NC)		NC (NC , NC)	
	Hazard Ratio (95% CI) [a]			8.500 ( 1.046, 69.092)	
	Treatment P-value [b]			0.01671	
	Interaction P-value [c]			0.31225	

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_SI\_KM.SAS

Date/time of run: 20APR2021 13:18

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table AESISV.KM.S4.SAF: Time to First Severe AESI (Months) (Safety Analysis Set)

Subgroup: Region, Level: Western Europe

Adverse Event of Special Interest Type	Statistics	Enfortumab Vedotin (N=122)	Chemotherapy (N=123)
Hyperglycemia	No. of Events (%)	10 ( 8.2)	1 ( 0.8)
	Median Survival Est. (95% CI)	NC (NC , NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]	9.986 ( 1.278,	78.010)
	Treatment P-value [b]	0.00655	
	Interaction P-value [c]	0.66439	

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_SI\_KM.SAS

Date/time of run: 20APR2021 13:18

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table AESISV.KM.S4.SAF: Time to First Severe AESI (Months) (Safety Analysis Set)

Subgroup: Region, Level: Western Europe

Adverse Event of Special Interest Type	Statistics	Enfortumab Vedotin (N=122)	Chemotherapy (N=123)
Neuropathy	No. of Events (%)	12 ( 9.8)	2 ( 1.6)
	Median Survival Est. (95% CI)	NC (NC , NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]		5.697 ( 1.275, 25.455)
	Treatment P-value [b]		0.00981
	Interaction P-value [c]		0.01695
Skin reactions	No. of Events (%)	14 ( 11.5)	0
	Median Survival Est. (95% CI)	NC (NC , NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]		NA (NA , NA)
	Treatment P-value [b]		0.00016
	Interaction P-value [c]		0.99986

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_SI\_KM.SAS

Date/time of run: 20APR2021 13:18

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table AESISV.KM.S4.SAF: Time to First Severe AESI (Months) (Safety Analysis Set)

Subgroup: Region, Level: US

Adverse Event of Special Interest Type	Statistics	Enfortumab Vedotin (N=42)	Chemotherapy (N=39)
Hyperglycemia	No. of Events (%)	5 ( 11.9)	0
	Median Survival Est. (95% CI)	NC (NC , NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]	NA (NA , NA)	
	Treatment P-value [b]	0.02718	
	Interaction P-value [c]	0.66439	

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_SI\_KM.SAS

Date/time of run: 20APR2021 13:18

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table AESISV.KM.S4.SAF: Time to First Severe AESI (Months) (Safety Analysis Set)

Subgroup: Region, Level: US

Adverse Event of Special Interest Type	Statistics	Enfortumab Vedotin (N=42)	Chemotherapy (N=39)
Neuropathy	No. of Events (%)	2 ( 4.8)	0
	Median Survival Est. (95% CI)	NC (NC , NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]	NA (NA	, NA)
	Treatment P-value [b]	0.19972	
	Interaction P-value [c]	0.01695	
Skin reactions	No. of Events (%)	12 ( 28.6)	0
	Median Survival Est. (95% CI)	NC (NC , NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]	NA (NA	, NA)
	Treatment P-value [b]	0.00035	
	Interaction P-value [c]	0.99986	

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_SI\_KM.SAS

Date/time of run: 20APR2021 13:18

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table AESISV.KM.S4.SAF: Time to First Severe AESI (Months) (Safety Analysis Set)

Subgroup: Region, Level: Rest of the World

Adverse Event of Special Interest Type	Statistics	Enfortumab Vedotin (N=132)	Chemotherapy (N=129)
Hyperglycemia	No. of Events (%)	6 ( 4.5)	2 ( 1.6)
	Median Survival Est. (95% CI)	NC (NC , NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]		3.002 ( 0.606, 14.875)
	Treatment P-value [b]		0.15627
	Interaction P-value [c]		0.66439

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_SI\_KM.SAS

Date/time of run: 20APR2021 13:18

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table AESISV.KM.S4.SAF: Time to First Severe AESI (Months) (Safety Analysis Set)

Subgroup: Region, Level: Rest of the World

Adverse Event of Special Interest Type	Statistics	Enfortumab Vedotin (N=132)	Chemotherapy (N=129)
Neuropathy	No. of Events (%)	2 ( 1.5)	7 ( 5.4)
	Median Survival Est. (95% CI)	NC (NC , NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]		0.241 ( 0.050, 1.161)
	Treatment P-value [b]		0.05499
	Interaction P-value [c]		0.01695
Skin reactions	No. of Events (%)	19 ( 14.4)	2 ( 1.6)
	Median Survival Est. (95% CI)	NC (NC , NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]		9.966 ( 2.321, 42.790)
	Treatment P-value [b]		0.00015
	Interaction P-value [c]		0.99986

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_SI\_KM.SAS

Date/time of run: 20APR2021 13:18

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table AESISV.KM.S5.SAF: Time to First Severe AESI (Months) (Safety Analysis Set)

Subgroup: ECOG PS from IRT Strata, Level: 0

Adverse Event of Special Interest Type	Statistics	Enfortumab Vedotin (N=120)	Chemotherapy (N=119)
Hyperglycemia	No. of Events (%)	8 ( 6.7)	0
	Median Survival Est. (95% CI)	NC (NC , NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]	NA (NA , NA)	
	Treatment P-value [b]	0.00420	
	Interaction P-value [c]	0.98776	

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_SI\_KM.SAS

Date/time of run: 20APR2021 13:18

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table AESISV.KM.S5.SAF: Time to First Severe AESI (Months) (Safety Analysis Set)

Subgroup: ECOG PS from IRT Strata, Level: 0

Adverse Event of Special Interest Type	Statistics	Enfortumab Vedotin (N=120)	Chemotherapy (N=119)
Neuropathy	No. of Events (%)	5 ( 4.2)	6 ( 5.0)
	Median Survival Est. (95% CI)	NC (NC , NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]		0.802 ( 0.245, 2.630)
	Treatment P-value [b]		0.72805
	Interaction P-value [c]		0.13265
Skin reactions	No. of Events (%)	24 ( 20.0)	2 ( 1.7)
	Median Survival Est. (95% CI)	NC (NC , NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]		13.254 ( 3.132, 56.090)
	Treatment P-value [b]		<.00001
	Interaction P-value [c]		0.98372

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_SI\_KM.SAS

Date/time of run: 20APR2021 13:18

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table AESISV.KM.S5.SAF: Time to First Severe AESI (Months) (Safety Analysis Set)

Subgroup: ECOG PS from IRT Strata, Level: 1

Adverse Event of Special Interest Type	Statistics	Enfortumab Vedotin (N=176)	Chemotherapy (N=172)
Hyperglycemia	No. of Events (%)	13 ( 7.4)	3 ( 1.7)
	Median Survival Est. (95% CI)	NC (NC , NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]	4.268 ( 1.216, 14.979)	
	Treatment P-value [b]	0.01380	
	Interaction P-value [c]	0.98776	

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_SI\_KM.SAS

Date/time of run: 20APR2021 13:18

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table AESISV.KM.S5.SAF: Time to First Severe AESI (Months) (Safety Analysis Set)

Subgroup: ECOG PS from IRT Strata, Level: 1

Adverse Event of Special Interest Type	Statistics	Enfortumab Vedotin (N=176)	Chemotherapy (N=172)
Neuropathy	No. of Events (%)	11 ( 6.3)	3 ( 1.7)
	Median Survival Est. (95% CI)	NC (NC , NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]		3.057 ( 0.852, 10.963)
	Treatment P-value [b]		0.07142
	Interaction P-value [c]		0.13265
Skin reactions	No. of Events (%)	21 ( 11.9)	0
	Median Survival Est. (95% CI)	NC (NC , NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]		NA (NA , NA)
	Treatment P-value [b]		<.00001
	Interaction P-value [c]		0.98372

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_SI\_KM.SAS

Date/time of run: 20APR2021 13:18

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table AESISV.KM.S6.SAF: Time to First Severe AESI (Months) (Safety Analysis Set)

Subgroup: Liver Metastasis from IRT Strata, Level: Yes

Adverse Event of Special Interest Type	Statistics	Enfortumab Vedotin (N=92)	Chemotherapy (N=87)
Hyperglycemia	No. of Events (%)	6 ( 6.5)	0
	Median Survival Est. (95% CI)	NC (NC , NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]	NA (NA , NA)	
	Treatment P-value [b]	0.01521	
	Interaction P-value [c]	0.98979	

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_SI\_KM.SAS

Date/time of run: 20APR2021 13:18

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table AESISV.KM.S6.SAF: Time to First Severe AESI (Months) (Safety Analysis Set)

Subgroup: Liver Metastasis from IRT Strata, Level: Yes

Adverse Event of Special Interest Type	Statistics	Enfortumab Vedotin (N=92)	Chemotherapy (N=87)
Neuropathy	No. of Events (%)	3 ( 3.3)	4 ( 4.6)
	Median Survival Est. (95% CI)	NC (NC , NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]		0.548 ( 0.122, 2.457)
	Treatment P-value [b]		0.50855
	Interaction P-value [c]		0.10438
Skin reactions	No. of Events (%)	14 ( 15.2)	0
	Median Survival Est. (95% CI)	NC (NC , NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]		NA (NA , NA)
	Treatment P-value [b]		0.00017
	Interaction P-value [c]		0.98751

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_SI\_KM.SAS

Date/time of run: 20APR2021 13:18

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table AESISV.KM.S6.SAF: Time to First Severe AESI (Months) (Safety Analysis Set)

Subgroup: Liver Metastasis from IRT Strata, Level: No

Adverse Event of Special Interest Type	Statistics	Enfortumab Vedotin (N=204)	Chemotherapy (N=204)
Hyperglycemia	No. of Events (%)	15 ( 7.4)	3 ( 1.5)
	Median Survival Est. (95% CI)	NC (NC , NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]	5.049 ( 1.462, 17.440)	
	Treatment P-value [b]	0.00437	
	Interaction P-value [c]	0.98979	

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_SI\_KM.SAS

Date/time of run: 20APR2021 13:18

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table AESISV.KM.S6.SAF: Time to First Severe AESI (Months) (Safety Analysis Set)

Subgroup: Liver Metastasis from IRT Strata, Level: No

Adverse Event of Special Interest Type	Statistics	Enfortumab Vedotin (N=204)	Chemotherapy (N=204)
Neuropathy	No. of Events (%)	13 ( 6.4)	5 ( 2.5)
	Median Survival Est. (95% CI)	NC (NC , NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]	2.477 ( 0.883, 6.948)	
	Treatment P-value [b]	0.07436	
	Interaction P-value [c]	0.10438	
Skin reactions	No. of Events (%)	31 ( 15.2)	2 ( 1.0)
	Median Survival Est. (95% CI)	NC (NC , NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]	16.333 ( 3.909, 68.248)	
	Treatment P-value [b]	<.00001	
	Interaction P-value [c]	0.98751	

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_SI\_KM.SAS

Date/time of run: 20APR2021 13:18

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table AESISV.KM.S7.SAF: Time to First Severe AESI (Months) (Safety Analysis Set)

Subgroup: Pre-selected Investigator's Choice of Paclitaxel/Docetaxel/Vinflunine, Level: Paclitaxel

Adverse Event of Special Interest Type	Statistics	Enfortumab Vedotin (N=140)	Chemotherapy (N=107)
Hyperglycemia	No. of Events (%)	10 ( 7.1)	1 ( 0.9)
	Median Survival Est. (95% CI)	NC (NC , NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]		7.745 ( 0.991, 60.504)
	Treatment P-value [b]		0.02104
	Interaction P-value [c]		0.99110

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_SI\_KM.SAS

Date/time of run: 20APR2021 13:18

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table AESISV.KM.S7.SAF: Time to First Severe AESI (Months) (Safety Analysis Set)

Subgroup: Pre-selected Investigator's Choice of Paclitaxel/Docetaxel/Vinflunine, Level: Paclitaxel

Adverse Event of Special Interest Type	Statistics	Enfortumab Vedotin (N=140)	Chemotherapy (N=107)
Neuropathy	No. of Events (%)	9 ( 6.4)	9 ( 8.4)
	Median Survival Est. (95% CI)	NC (NC , NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]		0.655 ( 0.260, 1.650)
	Treatment P-value [b]		0.36239
	Interaction P-value [c]		0.99993
Skin reactions	No. of Events (%)	24 ( 17.1)	1 ( 0.9)
	Median Survival Est. (95% CI)	NC (NC , NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]		19.342 ( 2.617, 142.985)
	Treatment P-value [b]		0.00004
	Interaction P-value [c]		0.99991

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_SI\_KM.SAS

Date/time of run: 20APR2021 13:18

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table AESISV.KM.S7.SAF: Time to First Severe AESI (Months) (Safety Analysis Set)

Subgroup: Pre-selected Investigator's Choice of Paclitaxel/Docetaxel/Vinflunine, Level: Docetaxel

Adverse Event of Special Interest Type	Statistics	Enfortumab Vedotin (N=85)	Chemotherapy (N=109)
Any	No. of Events (%)	18 ( 21.2)	3 ( 2.8)
	Median Survival Est. (95% CI)	NC (NC , NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]	8.514 ( 2.508, 28.907)	
	Treatment P-value [b]	0.00004	
	Interaction P-value [c]	0.08108	
Hyperglycemia	No. of Events (%)	5 ( 5.9)	1 ( 0.9)
	Median Survival Est. (95% CI)	NC (NC , NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]	6.587 ( 0.770, 56.381)	
	Treatment P-value [b]	0.04640	
	Interaction P-value [c]	0.99110	

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_SI\_KM.SAS

Date/time of run: 20APR2021 13:18

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table AESISV.KM.S7.SAF: Time to First Severe AESI (Months) (Safety Analysis Set)

Subgroup: Pre-selected Investigator's Choice of Paclitaxel/Docetaxel/Vinflunine, Level: Docetaxel

Adverse Event of Special Interest Type	Statistics	Enfortumab Vedotin (N=85)	Chemotherapy (N=109)
Neuropathy	No. of Events (%)	1 ( 1.2)	0
	Median Survival Est. (95% CI)	NC (NC , NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]	NA (NA	NA)
	Treatment P-value [b]	0.27699	
	Interaction P-value [c]	0.99993	
Skin reactions	No. of Events (%)	14 ( 16.5)	1 ( 0.9)
	Median Survival Est. (95% CI)	NC (NC , NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]	19.403 ( 2.551, 147.555)	
	Treatment P-value [b]	0.00007	
	Interaction P-value [c]	0.99991	

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_SI\_KM.SAS

Date/time of run: 20APR2021 13:18

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table AESISV.KM.S7.SAF: Time to First Severe AESI (Months) (Safety Analysis Set)

Subgroup: Pre-selected Investigator's Choice of Paclitaxel/Docetaxel/Vinflunine, Level: Vinflunine

Adverse Event of Special Interest Type	Statistics	Enfortumab Vedotin (N=71)	Chemotherapy (N=75)
Hyperglycemia	No. of Events (%)	6 ( 8.5)	1 ( 1.3)
	Median Survival Est. (95% CI)	NC (NC , NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]	6.446 ( 0.776, 53.543)	
	Treatment P-value [b]	0.04603	
	Interaction P-value [c]	0.99110	

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_SI\_KM.SAS

Date/time of run: 20APR2021 13:18

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table AESISV.KM.S7.SAF: Time to First Severe AESI (Months) (Safety Analysis Set)

Subgroup: Pre-selected Investigator's Choice of Paclitaxel/Docetaxel/Vinflunine, Level: Vinflunine

Adverse Event of Special Interest Type	Statistics	Enfortumab Vedotin (N=71)	Chemotherapy (N=75)
Neuropathy	No. of Events (%)	6 ( 8.5)	0
	Median Survival Est. (95% CI)	NC (NC , NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]	NA (NA	, NA)
	Treatment P-value [b]	0.01143	
	Interaction P-value [c]	0.99993	
Skin reactions	No. of Events (%)	7 ( 9.9)	0
	Median Survival Est. (95% CI)	NC (NC , NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]	NA (NA	, NA)
	Treatment P-value [b]	0.00527	
	Interaction P-value [c]	0.99991	

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_SI\_KM.SAS

Date/time of run: 20APR2021 13:18

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table AESISV.KM.S8.SAF: Time to First Severe AESI (Months) (Safety Analysis Set)

Subgroup: Primary Site of Tumor, Level: Upper Tract

Adverse Event of Special Interest Type	Statistics	Enfortumab Vedotin (N=96)	Chemotherapy (N=102)
Hyperglycemia	No. of Events (%)	6 ( 6.3)	2 ( 2.0)
	Median Survival Est. (95% CI)	NC (NC , NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]		3.190 ( 0.644, 15.807)
	Treatment P-value [b]		0.13593
	Interaction P-value [c]		0.24838

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_SI\_KM.SAS

Date/time of run: 20APR2021 13:18

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table AESISV.KM.S8.SAF: Time to First Severe AESI (Months) (Safety Analysis Set)

Subgroup: Primary Site of Tumor, Level: Upper Tract

Adverse Event of Special Interest Type	Statistics	Enfortumab Vedotin (N=96)	Chemotherapy (N=102)
Neuropathy	No. of Events (%)	3 ( 3.1)	4 ( 3.9)
	Median Survival Est. (95% CI)	NC (NC , NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]		0.734 ( 0.164, 3.280)
	Treatment P-value [b]		0.68447
	Interaction P-value [c]		0.23572
Skin reactions	No. of Events (%)	17 ( 17.7)	1 ( 1.0)
	Median Survival Est. (95% CI)	NC (NC , NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]		19.381 ( 2.579, 145.650)
	Treatment P-value [b]		0.00006
	Interaction P-value [c]		0.80367

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_SI\_KM.SAS

Date/time of run: 20APR2021 13:18

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table AESISV.KM.S8.SAF: Time to First Severe AESI (Months) (Safety Analysis Set)

Subgroup: Primary Site of Tumor, Level: Other

Adverse Event of Special Interest Type	Statistics	Enfortumab Vedotin (N=200)	Chemotherapy (N=189)
Hyperglycemia	No. of Events (%)	15 ( 7.5)	1 ( 0.5)
	Median Survival Est. (95% CI)	NC (NC , NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]	14.577 ( 1.927, 110.286)	
	Treatment P-value [b]	0.00057	
	Interaction P-value [c]	0.24838	

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_SI\_KM.SAS

Date/time of run: 20APR2021 13:18

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table AESISV.KM.S8.SAF: Time to First Severe AESI (Months) (Safety Analysis Set)

Subgroup: Primary Site of Tumor, Level: Other

Adverse Event of Special Interest Type	Statistics	Enfortumab Vedotin (N=200)	Chemotherapy (N=189)
Neuropathy	No. of Events (%)	13 ( 6.5)	5 ( 2.6)
	Median Survival Est. (95% CI)	NC (NC , NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]		2.205 ( 0.786, 6.187)
	Treatment P-value [b]		0.12606
	Interaction P-value [c]		0.23572
Skin reactions	No. of Events (%)	28 ( 14.0)	1 ( 0.5)
	Median Survival Est. (95% CI)	NC (NC , NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]		27.774 ( 3.779, 204.128)
	Treatment P-value [b]		<.00001
	Interaction P-value [c]		0.80367

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_SI\_KM.SAS

Date/time of run: 20APR2021 13:18

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table AESISV.KM.S9.SAF: Time to First Severe AESI (Months) (Safety Analysis Set)

Subgroup: Prior Lines of Systemic Therapy, Level: 1-2 lines

Adverse Event of Special Interest Type	Statistics	Enfortumab Vedotin (N=259)	Chemotherapy (N=255)
Hyperglycemia	No. of Events (%)	20 ( 7.7)	3 ( 1.2)
	Median Survival Est. (95% CI)	NC (NC , NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]	6.687 ( 1.987, 22.504)	
	Treatment P-value [b]	0.00038	
	Interaction P-value [c]	0.99086	

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_SI\_KM.SAS

Date/time of run: 20APR2021 13:18

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table AESISV.KM.S9.SAF: Time to First Severe AESI (Months) (Safety Analysis Set)

Subgroup: Prior Lines of Systemic Therapy, Level: 1-2 lines

Adverse Event of Special Interest Type	Statistics	Enfortumab Vedotin (N=259)	Chemotherapy (N=255)
Neuropathy	No. of Events (%)	15 ( 5.8)	8 ( 3.1)
	Median Survival Est. (95% CI)	NC (NC , NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]	1.678 ( 0.711, 3.958)	
	Treatment P-value [b]	0.23255	
	Interaction P-value [c]	0.65698	
Skin reactions	No. of Events (%)	41 ( 15.8)	1 ( 0.4)
	Median Survival Est. (95% CI)	NC (NC , NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]	42.998 ( 5.917, 312.470)	
	Treatment P-value [b]	<.00001	
	Interaction P-value [c]	0.11082	

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_SI\_KM.SAS

Date/time of run: 20APR2021 13:18

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table AESISV.KM.S9.SAF: Time to First Severe AESI (Months) (Safety Analysis Set)

Subgroup: Prior Lines of Systemic Therapy, Level: &gt;=3 lines

Adverse Event of Special Interest Type	Statistics	Enfortumab Vedotin (N=37)	Chemotherapy (N=36)
Hyperglycemia	No. of Events (%)	1 ( 2.7)	0
	Median Survival Est. (95% CI)	NC (NC , NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]	NA (NA , NA)	
	Treatment P-value [b]	0.31731	
	Interaction P-value [c]	0.99086	

Subgroup analyses are conducted if there exist at least 2 levels with >= 10 patients across treatment arms and >=10 events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_SI\_KM.SAS

Date/time of run: 20APR2021 13:18

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table AESISV.KM.S9.SAF: Time to First Severe AESI (Months) (Safety Analysis Set)

Subgroup: Prior Lines of Systemic Therapy, Level: &gt;=3 lines

Adverse Event of Special Interest Type	Statistics	Enfortumab Vedotin (N=37)	Chemotherapy (N=36)
Neuropathy	No. of Events (%)	1 ( 2.7)	1 ( 2.8)
	Median Survival Est. (95% CI)	NC (NC , NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]		0.869 ( 0.054, 13.901)
	Treatment P-value [b]		0.91762
	Interaction P-value [c]		0.65698
Skin reactions	No. of Events (%)	4 ( 10.8)	1 ( 2.8)
	Median Survival Est. (95% CI)	NC (NC , NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]		3.883 ( 0.434, 34.744)
	Treatment P-value [b]		0.19089
	Interaction P-value [c]		0.11082

Subgroup analyses are conducted if there exist at least 2 levels with >= 10 patients across treatment arms and >=10 events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_SI\_KM.SAS

Date/time of run: 20APR2021 13:18

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table AESISV.KM.S10.SAF: Time to First Severe AESI (Months) (Safety Analysis Set)

Subgroup: Best Response to Prior CPI, Level: Responder

Adverse Event of Special Interest Type	Statistics	Enfortumab Vedotin (N=61)	Chemotherapy (N=49)
Hyperglycemia	No. of Events (%)	6 ( 9.8)	1 ( 2.0)
	Median Survival Est. (95% CI)	NC (NC , NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]		4.926 ( 0.593, 40.915)
	Treatment P-value [b]		0.09804
	Interaction P-value [c]		0.82434

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_SI\_KM.SAS

Date/time of run: 20APR2021 13:18

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table AESISV.KM.S10.SAF: Time to First Severe AESI (Months) (Safety Analysis Set)

Subgroup: Best Response to Prior CPI, Level: Responder

Adverse Event of Special Interest Type	Statistics	Enfortumab Vedotin (N=61)	Chemotherapy (N=49)
Neuropathy	No. of Events (%)	4 ( 6.6)	1 ( 2.0)
	Median Survival Est. (95% CI)	NC (NC , NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]		3.062 ( 0.342, 27.401)
	Treatment P-value [b]		0.30047
	Interaction P-value [c]		0.51282
Skin reactions	No. of Events (%)	9 ( 14.8)	0
	Median Survival Est. (95% CI)	NC (NC , NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]		NA (NA , NA)
	Treatment P-value [b]		0.00562
	Interaction P-value [c]		0.98499

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_SI\_KM.SAS

Date/time of run: 20APR2021 13:18

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table AESISV.KM.S10.SAF: Time to First Severe AESI (Months) (Safety Analysis Set)

Subgroup: Best Response to Prior CPI, Level: Non-responder

Adverse Event of Special Interest Type	Statistics	Enfortumab Vedotin (N=202)	Chemotherapy (N=202)
Hyperglycemia	No. of Events (%)	13 ( 6.4)	2 ( 1.0)
	Median Survival Est. (95% CI)	NC (NC , NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]	6.603 ( 1.490, 29.261)	
	Treatment P-value [b]	0.00424	
	Interaction P-value [c]	0.82434	

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_SI\_KM.SAS

Date/time of run: 20APR2021 13:18

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table AESISV.KM.S10.SAF: Time to First Severe AESI (Months) (Safety Analysis Set)

Subgroup: Best Response to Prior CPI, Level: Non-responder

Adverse Event of Special Interest Type	Statistics	Enfortumab Vedotin (N=202)	Chemotherapy (N=202)
Neuropathy	No. of Events (%)	9 ( 4.5)	6 ( 3.0)
	Median Survival Est. (95% CI)	NC (NC , NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]		1.364 ( 0.485, 3.833)
	Treatment P-value [b]		0.56651
	Interaction P-value [c]		0.51282
Skin reactions	No. of Events (%)	33 ( 16.3)	2 ( 1.0)
	Median Survival Est. (95% CI)	NC (NC , NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]		17.539 ( 4.208, 73.098)
	Treatment P-value [b]		<.00001
	Interaction P-value [c]		0.98499

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_SI\_KM.SAS

Date/time of run: 20APR2021 13:18

Analysis Plan: 15FEB2021

Confidential

#### 4.10.4 Schwerwiegend

Astellas: 7465-CL-0301

Table SAESI.KM.S1.SAF: Time to First Serious AESI (Months) (Safety Analysis Set)

Subgroup: Age Group 1, Level: <65 years

Adverse Event of Special Interest Type	Statistics	Enfortumab Vedotin (N=106)	Chemotherapy (N=103)
Skin reactions	No. of Events (%)	4 ( 3.8)	0
	Median Survival Est. (95% CI)	NC (NC , NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]	NA (NA , NA)	
	Treatment P-value [b]	0.04914	
	Interaction P-value [c]	0.99991	

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_SI\_KM.SAS

Date/time of run: 20APR2021 13:18

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table SAESI.KM.S1.SAF: Time to First Serious AESI (Months) (Safety Analysis Set)

Subgroup: Age Group 1, Level: &gt;=65 years

Adverse Event of Special Interest Type	Statistics	Enfortumab Vedotin (N=190)	Chemotherapy (N=188)
Skin reactions	No. of Events (%)	10 ( 5.3)	0
	Median Survival Est. (95% CI)	NC (NC , NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]	NA (NA , NA)	
	Treatment P-value [b]	0.00149	
	Interaction P-value [c]	0.99991	

Subgroup analyses are conducted if there exist at least 2 levels with >= 10 patients across treatment arms and >=10 events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_SI\_KM.SAS

Date/time of run: 20APR2021 13:18

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table SAESI.KM.S2.SAF: Time to First Serious AESI (Months) (Safety Analysis Set)

Subgroup: Age Group 2, Level: &lt;75 years

Adverse Event of Special Interest Type	Statistics	Enfortumab Vedotin (N=245)	Chemotherapy (N=226)
Skin reactions	No. of Events (%)	11 ( 4.5)	0
	Median Survival Est. (95% CI)	NC (NC , NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]	NA (NA , NA)	
	Treatment P-value [b]	0.00150	
	Interaction P-value [c]	0.99993	

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of  $< 1$  favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_SI\_KM.SAS

Date/time of run: 20APR2021 13:18

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table SAESI.KM.S2.SAF: Time to First Serious AESI (Months) (Safety Analysis Set)

Subgroup: Age Group 2, Level: &gt;=75 years

Adverse Event of Special Interest Type	Statistics	Enfortumab Vedotin (N=51)	Chemotherapy (N=65)
Skin reactions	No. of Events (%)	3 ( 5.9)	0
	Median Survival Est. (95% CI)	NC (NC , NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]	NA (NA , NA)	
	Treatment P-value [b]	0.04648	
	Interaction P-value [c]	0.99993	

Subgroup analyses are conducted if there exist at least 2 levels with >= 10 patients across treatment arms and >=10 events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_SI\_KM.SAS

Date/time of run: 20APR2021 13:18

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table SAESI.KM.S3.SAF: Time to First Serious AESI (Months) (Safety Analysis Set)

Subgroup: Gender, Level: Male

Adverse Event of Special Interest Type	Statistics	Enfortumab Vedotin (N=234)	Chemotherapy (N=219)
Skin reactions	No. of Events (%)	12 ( 5.1)	0
	Median Survival Est. (95% CI)	NC (NC , NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]	NA (NA , NA)	
	Treatment P-value [b]	0.00076	
	Interaction P-value [c]	0.99989	

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_SI\_KM.SAS

Date/time of run: 20APR2021 13:18

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table SAESI.KM.S3.SAF: Time to First Serious AESI (Months) (Safety Analysis Set)

Subgroup: Gender, Level: Female

Adverse Event of Special Interest Type	Statistics	Enfortumab Vedotin (N=62)	Chemotherapy (N=72)
Skin reactions	No. of Events (%)	2 ( 3.2)	0
	Median Survival Est. (95% CI)	NC (NC , NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]	NA (NA , NA)	
	Treatment P-value [b]	0.12316	
	Interaction P-value [c]	0.99989	

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_SI\_KM.SAS

Date/time of run: 20APR2021 13:18

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table SAESI.KM.S8.SAF: Time to First Serious AESI (Months) (Safety Analysis Set)

Subgroup: Primary Site of Tumor, Level: Upper Tract

Adverse Event of Special Interest Type	Statistics	Enfortumab Vedotin (N=96)	Chemotherapy (N=102)
Skin reactions	No. of Events (%)	4 ( 4.2)	0
	Median Survival Est. (95% CI)	NC (NC , NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]	NA (NA , NA)	
	Treatment P-value [b]	0.03907	
	Interaction P-value [c]	0.99995	

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_SI\_KM.SAS

Date/time of run: 20APR2021 13:18

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table SAESI.KM.S8.SAF: Time to First Serious AESI (Months) (Safety Analysis Set)

Subgroup: Primary Site of Tumor, Level: Other

Adverse Event of Special Interest Type	Statistics	Enfortumab Vedotin (N=200)	Chemotherapy (N=189)
Skin reactions	No. of Events (%)	10 ( 5.0)	0
	Median Survival Est. (95% CI)	NC (NC , NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]	NA (NA , NA)	
	Treatment P-value [b]	0.00204	
	Interaction P-value [c]	0.99995	

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_SI\_KM.SAS

Date/time of run: 20APR2021 13:18

Analysis Plan: 15FEB2021

Confidential

Astellas: 7465-CL-0301

Table SAESI.KM.S9.SAF: Time to First Serious AESI (Months) (Safety Analysis Set)

Subgroup: Prior Lines of Systemic Therapy, Level: 1-2 lines

Adverse Event of Special Interest Type	Statistics	Enfortumab Vedotin (N=259)	Chemotherapy (N=255)
Skin reactions	No. of Events (%)	11 ( 4.2)	0
	Median Survival Est. (95% CI)	NC (NC , NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]	NA (NA , NA)	
	Treatment P-value [b]	0.00097	
	Interaction P-value [c]	0.99990	

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable. Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_SI\_KM.SAS

Date/time of run: 20APR2021 13:18

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table SAESI.KM.S9.SAF: Time to First Serious AESI (Months) (Safety Analysis Set)

Subgroup: Prior Lines of Systemic Therapy, Level: &gt;=3 lines

Adverse Event of Special Interest Type	Statistics	Enfortumab Vedotin (N=37)	Chemotherapy (N=36)
Skin reactions	No. of Events (%)	3 ( 8.1)	0
	Median Survival Est. (95% CI)	NC (NC , NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]	NA (NA , NA)	
	Treatment P-value [b]	0.08515	
	Interaction P-value [c]	0.99990	

Subgroup analyses are conducted if there exist at least 2 levels with >= 10 patients across treatment arms and >=10 events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_SI\_KM.SAS

Date/time of run: 20APR2021 13:18

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table SAESI.KM.S10.SAF: Time to First Serious AESI (Months) (Safety Analysis Set)

Subgroup: Best Response to Prior CPI, Level: Responder

Adverse Event of Special Interest Type	Statistics	Enfortumab Vedotin (N=61)	Chemotherapy (N=49)
Skin reactions	No. of Events (%)	2 ( 3.3)	0
	Median Survival Est. (95% CI)	NC (NC , NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]	NA (NA , NA)	
	Treatment P-value [b]	0.20389	
	Interaction P-value [c]	0.99987	

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_SI\_KM.SAS

Date/time of run: 20APR2021 13:18

Analysis Plan: 15FEB2021

Confidential

## Medizinischer Nutzen, medizinischer Zusatznutzen, Patientengruppen mit therap. bedeutsamem Zusatznutzen

Astellas: 7465-CL-0301

Table SAESI.KM.S10.SAF: Time to First Serious AESI (Months) (Safety Analysis Set)

Subgroup: Best Response to Prior CPI, Level: Non-responder

Adverse Event of Special Interest Type	Statistics	Enfortumab Vedotin (N=202)	Chemotherapy (N=202)
Skin reactions	No. of Events (%)	12 ( 5.9)	0
	Median Survival Est. (95% CI)	NC (NC , NC)	NC (NC , NC)
	Hazard Ratio (95% CI) [a]	NA (NA , NA)	
	Treatment P-value [b]	0.00048	
	Interaction P-value [c]	0.99987	

Subgroup analyses are conducted if there exist at least 2 levels with  $\geq 10$  patients across treatment arms and  $\geq 10$  events in total across treatment arms in at least 1 level.

The median is based on Kaplan-Meier estimation. HR and 95% CI are based on a Cox PH model adjusting for treatment. A HR of < 1 favours Enfortumab Vedotin. The Efron method is used to handle tied event times. NA: Not Available. NC: Not Calculable.

Stratification factors are as follows; Region, Liver Metastasis and ECOG PS all as defined by the investigator at randomisation.

[a] Based on a stratified Cox proportional hazards model, unstratified for subgroup analyses.

[b] Based on a 2-sided stratified log-rank test, unstratified for subgroup analyses.

[c] Subgroup analyses include an adjustment for subgroup and treatment\*subgroup interaction. Homogeneity test of treatment effects between Pre-selected Investigator's Choice of Chemotherapy.

SOURCE: X:\Numerus\Studies\AST\AST104\Analysis\Prod\Progs\Tab\_SI\_KM.SAS

Date/time of run: 20APR2021 13:18

Analysis Plan: 15FEB2021

Confidential