**Supplementary Table S1: Preferred Terms included in Grouped Terms**

| **Grouped term** | **Preferred Terms**  |
| --- | --- |
| Abdominal pain | Abdominal pain, Abdominal pain upper, and Abdominal pain lower |
| Atrial arrhythmia | Atrial fibrillation, Bradycardia, Sinus tachycardia, and Tachycardia |
| Chest pain | Chest pain and Non-cardiac chest pain |
| Cough | Cough and Productive cough |
| Diarrhea | Diarrhea, Colitis, and Gastroenteritis |
| Dysgeusia | Dysgeusia and Ageusia |
| Dyspnea | Dyspnea, Hypoxia, Bronchospasm, and Respiratory failure |
| Edema | Edema peripheral, Edema, Fluid overload, Fluid retention, and Swelling face |
| Fatigue | Asthenia and Fatigue |
| Hemorrhage | Petechiae, Epistaxis, Hematoma, Contusion, Rectal hemorrhage, Anal hemorrhage, Ecchymosis, Gingival bleeding, Hematuria, Mouth hemorrhage, Purpura, Cerebral hemorrhage, Eye contusion, Eye hemorrhage, Gastric hemorrhage, Gastrointestinal hemorrhage, Hematemesis, Hemoptysis, Hemorrhage, Implant site hematoma, Injection site bruising, Retroperitoneal hematoma, Thrombotic thrombocytopenic purpura, Tracheal hemorrhage, Conjunctival hemorrhage, Disseminated intravascular coagulation, Eyelid hematoma, Hematochezia, Hemorrhage intracranial, Hemorrhoidal hemorrhage, Lower gastrointestinal hemorrhage, Retinal hemorrhage, and Subdural hematoma |
| Mucositis | Mucosal inflammation, Oropharyngeal pain, Stomatitis, Anal ulcer, Gingival pain, Laryngeal inflammation, Esophagitis, Oral pain, Aphthous ulcer, Mouth ulceration, and Pharyngeal inflammation |
| Muscle spasms | Muscle spasms and Muscle tightness |
| Musculoskeletal pain | Pain in extremity, Arthralgia, Back pain, Myalgia, Musculoskeletal pain, Musculoskeletal chest pain, Neck pain, and Bone pain |
| Pneumonia | Pneumonia, Pneumonia aspiration, and Lung infection |
| Rash | Rash, Pruritus, Erythema, Skin ulcer, Rash maculo-papular, and Rash pruritic |
| Renal insufficiency | Acute kidney injury, Blood creatinine increased, Oliguria, and Renal failure |

NOTE: In the assessment of safety, adverse reactions are always evaluated at the level of standardized terminology, such as the Preferred Terms (PTs) coded according to the Medical Dictionary for Regulatory Activities (MedDRA). However, coding adverse events by MedDRA frequently provides categorizations that are too granular to allow recognition of a safety issue or to portray the true incidence of an adverse reaction as recognized by a healthcare provider. In such circumstances, grouping of MedDRA terms that describe the same general adverse reaction may provide a more meaningful summary of the safety events. For grouped terms used in Table 3, the actual Preferred Terms are provided here.