1.1. Schedule of visits and assessments

Visits	**Screening** Before randomization ([a] ≤ 28 d / [b] ≤ 14 d)	**Therapy visit** (Every 3 weeks)	**Week 6**	**Study visit** (Every 9 weeks) Week 9, 18, 27, 36, …	**EOT visit** 28 days after date of last study medication or latest after max. 12-month treatment period	**FU** Every 3 months for max.2 years (or until disease progression)
Written informed consent	X[a]					
Inclusion-/Exclusion criteria	X[a]					
HER2-status[1]	X[a]					
Hormone receptor status[2]	X[a]					
Anamnesis	X[a]					
Size[3], weight	X[a]	X				
Vital parameter[4]	X[a]	X			X	
Physical examinations	X[a]	X			X	
Previous and concomitant medication	X[a]	X			X	
ECOG/ Karnofsky-Index	X[a]	X			X	X
Differential blood count[5]	X[b]	X			X	
Biochemistry[6]	X[b]	X[12]			X	
Coagulation	X[b]					
Urine stick	X[b]					
Pregnancy test (for pre-menopausal females)[7]	X[b]			X	X	X
Tumor assessment (CT thorax / abdomen)[8]	X[a]			X[8]	X[8]	X[13]
12-channel-ECG[9]	X[a]	X[12]				
ECHO / LVEF	X[a]			X		
Administration of Kisqali® (Ribociclib)		X				
Administration of Herceptin® (trastuzumab)		X				
Administration of Perjeta® (pertuzumab)		X				
Administration of chemotherapy / hormones		X				
Adverse events[10]		X	X		X	X

Quality of life (EORTC-QLQ C 30 + BR23)	X[a]			X	X	X
Blood sampling for CTC determination analysis[11]	X[a]		X		X[11]	
Survival						X

[1)] Of primary tumor or metastasis; HER2-positivity is defined as immunohistochemistry (IHC) score 3+ or fluorescent in situ hybridization (FISH) positive, whichever was performed.

[2)] Hormone receptor status is defined as positive in case of ≥ 1 % stained cells for estrogen and/or progesterone (IHC)

[3)] Only at screening

[4)] Puls, blood pressure, body temperature

[5)] Prior to randomization / administration of study medication: Hemoglobin, absolute neutrophil count, leucocytes, platelets

[6)] Bilirubin, Creatinine, AST, ALT

For all patients that are treated with Ribociclib: sodium, potassium, calcium, phosphorous, GGT, AP, and LDH; at baseline and if clinically indicated: total cholesterol, LDL-cholesterol, HDL-cholesterol and triglycerides. Monitor electrolytes at the beginning of each cycle for 6 cycles, and as clinically indicated.

[7)] For women of childbearing potential, a serum β-HCG test must be performed within 7 days prior to randomization. During treatment period and within 7 months after last dose of pertuzumab, a urine pregnancy test must be performed every 9 weeks during targeted therapy (approximately every 3 cycles) and as clinically indicated. Any positive urine pregnancy test must be confirmed via a serum β-HCG test. Treatment period pregnancy test results must be available prior to drug infusion.

[8)] Please use for every assessment the same method; assessment according RECIST version 1.1

[9)] In case of anomalies more ECGs during therapy

[10)] The investigator should follow each adverse event until the event has resolved to baseline grade or better, the event is assessed as stable by the investigator, the patient is lost to follow-up, or the patient withdraws consent. Every effort should be made to follow all serious adverse events considered to be related to study drug or trial-related procedures until a final outcome can be reported.

[11)] Only in patients who consent to participate in translational research. If a patient disagrees to blood sampling for this purpose, she may nevertheless participate in the study. Blood samples for CTC analyses will be collected at baseline (i.e. before the start of treatment), 6 weeks after randomization, and after the 12-month study treatment period or at the time of progression, whatever comes first.

[12)] Ribociclib treatment:
- ECG must be performed on d15 of cycle 1, d1 cycle 2, and as clinically indicated
- Liver Function Test (LFT) must be monitored every 2 weeks for the first 2 cycles, at the beginning of each subsequent 4 cycles, and as clinically indicated.

[13)] Tumor assessment in the follow-up period is not mandatory. However, for patients without disease progression at or before the time of the EOT visit, tumor assessment in the follow-up period should be performed using RECIST criteria whenever possible and clinically indicated. Disease progression must be documented..