**Supplementary table 1. Criteria for defining dose-limiting toxicities**

<table>
<thead>
<tr>
<th>Toxicity</th>
<th>Criteria for dose-limiting toxicity*</th>
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| **Hematologic**†                           | ≥CTCAE G3 neutropenia for >7 consecutive days  
|                                            | CTCAE G3 thrombocytopenia for >7 consecutive days  
|                                            | CTCAE G4 thrombocytopenia  
|                                            | Febrile neutropenia (ANC <1.0 x 10⁹/l, fever ≥38.5°C)  
| **Renal**                                  | Serum creatinine ≥2.0 x ULN to ≤3.0 x ULN for >7 consecutive days  
|                                            | ≥CTCAE G3 serum creatinine  
| **Hepatic**‡                               | Total bilirubin ≥2.0 x ULN to ≤3.0 x ULN for >7 consecutive days  
|                                            | ≥CTCAE G3 total bilirubin  
|                                            | CTCAE G3 AST or ALT for >7 consecutive days  
|                                            | CTCAE G4 AST or ALT  
| **Endocrine**                              | G2 hyperglycemia (confirmed with a repeat FPG within 24 hours and that does not resolve to normal within 14 consecutive days after initiation of glibenclamide, glimepiride, or metformin)  
|                                            | ≥G3 hyperglycemia (confirmed with a repeat FPG within 24 hours)  
| **Metabolic/laboratory**                   | CTCAE G3 asymptomatic amylase and/or lipase that does not reverse to ≤CTCAE G2 for >7 consecutive days  
|                                            | CTCAE G4 asymptomatic amylase and/or lipase  
| **Pancreatitis**                           | ≥CTCAE G2  
| **Cardiac**                                | Cardiac toxicity ≥CTCAE G3 or cardiac event that is symptomatic or requires medical intervention  
|                                            | Clinical signs of cardiac disease, such as unstable angina, myocardial infarction, or troponin ≥CTCAE G3  
| **Neurotoxicity (other than mood alterations)** | ≥1 CTCAE grade level increase  
| **Mood alteration**                        | CTCAE G2 mood alteration that does not resolve to ≤G1 within 14 days despite medical treatment (for anxiety, only if worsened from baseline)  
|                                            | ≥CTCAE G3 mood alteration  
| **Dermatologic**                           | ≥CTCAE G2 photosensitivity  
|                                            | CTCAE G3 rash for >7 consecutive days despite skin toxicity treatment  
|                                            | CTCAE G4 rash  
| **Other adverse events**                   | ≥CTCAE G3 adverse events (excluding ≥CTCAE G3 elevations in alkaline phosphatase)  
|                                            | ≥CTCAE G3 vomiting or CTCAE G3 nausea despite the use of standard antiemetics  
|                                            | ≥CTCAE G3 diarrhea despite the use of optimal antidiarrheals  
|                                            | CTCAE G3 fatigue (asthenia) for >7 consecutive days  
|                                            | CTCAE G4 fatigue (asthenia)  

ALT, alanine aminotransferase; ANC, absolute neutrophil count; AST, aspartate aminotransferase; CTCAE, common terminology criteria for adverse events; DLT, dose-limiting toxicity; FPG, fasting plasma glucose; G, Grade; ULN, upper limit of normal.
*If a lower grade adverse event led to interruption of >7 doses of buparlisib, this adverse event was considered a DLT. If a second occurrence of an initially non-dose-limiting adverse event led to a dose reduction within 28 days of the first dose of buparlisib, this was considered a DLT.

≥CTCAE G3 anemia was considered a DLT unless judged to be a hemolytic process secondary to study drug. ≥CTCAE G3 lymphopenia was considered a DLT unless clinically significant.

‡For any G3 or G4 hepatic toxicity that did not resolve within 7 days to ≤G1 (or ≤G2 if liver infiltration with tumor present), an abdominal computed tomography scan was performed to assess if it was related to disease progression.