Supplementary Online Content

Tachihara M, Tsujino K, Ishihara T, et al. Durvalumab plus concurrent radiotherapy for treatment of locally advanced non–small cell lung cancer: the DOLPHIN phase 2 nonrandomized controlled trial. Published online September 7, 2023. *JAMA Onocol*. doi:10.1001/jamaoncol.2023.3309

eTable 1. Inclusion and Key Exclusion Criteria eTable 2. Antitumor Efficacy eTable 3. Adverse Events of Any Cause in ≥10% of Patients eFigure 1. Study Schema eFigure 2. Progression-Free Survival Subgroup Analyses by Characteristics

This supplementary material has been provided by the authors to give readers additional information about their work.

eTable 1. Inclusion and Key Exclusion Criteria

	le 1. Inclusion and Key Exclusion Criteria usion criteria
	e primary inclusion criteria>
	≥20 years old
-	DG performance status of 0 or 1
	ologic evidence of NSCLC
	pected locally advanced NSCLC (stage IIIA, B, C) or postoperative recurrence
	n measurable lesions
Ava	ilability of tumor tissue for IHC
	quate organ and bone marrow function
	D₂≥93%
· ·	history of thoracic radiation therapy and chemotherapy
	veeks have passed since adjuvant chemotherapy
	expectancy of ≥12 weeks
	y weight ≥30kg
	ten informed consent
<th< td=""><td>e secondary inclusion criteria></td></th<>	e secondary inclusion criteria>
	firmed unresectable locally advanced NSCLC is curable by the radiation protocol
	diation is possible (60 Gy in 30 fractions prescribed to D95% of PTV to involved fields)
	L1 positive of tumor cells (SP263)
Key	P Exclusion criteria
	ve double cancer
Acti	ve infection, including tuberculosis, hepatitis B and C
	rstitial lung disease detected by chest-CT
	nplication of active autoimmune disease
	scription of more than 10mg PSL continuously
	ations: NSCLC, non-small cell lung cancer; ECOG, Eastern Cooperative Oncology Group; PS, performance status;

Abbreviations: NSCLC, non–small cell lung cancer; ECOG, Eastern Cooperative Oncology Group; PS, performance status; IHC, Immunohistochemistry; SpO₂, arterial oxygen saturation of pulse oximetry; PD-L1, programmed cell death ligand-1; CT, computed tomography; PSL, prednisolone.

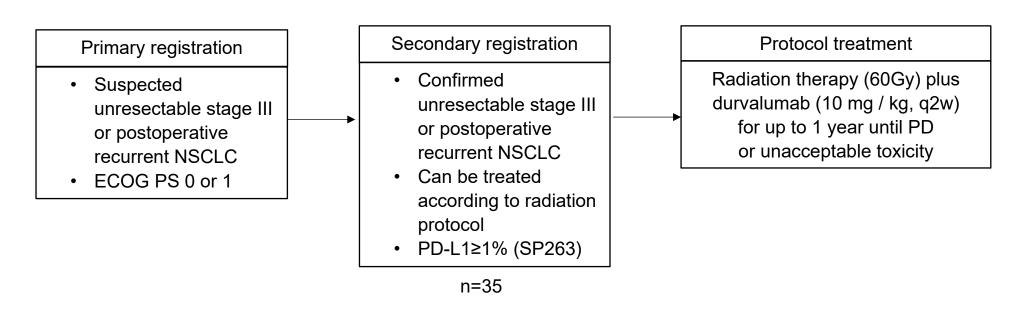
eTable 2. Anti-Tumor Efficac	y
------------------------------	---

Anti-tumor efficacy	n=33				
Confirmed ORR, No. %(95% CI)	30, 90.9% (75.7-98.1)				
DCR, No. (%, 95% CI)	33, 100% (89.4-100.0)				
Best overall response by ICR, No. (%)					
CR	11 (33.3)				
PR	19 (57.6)				
SD	3 (9.1)				
PD	0 (0.0)				
Median DOR, months (95% CI)	NR (14.9-NE)				

Abbreviations: ORR, overall response rate; ICR, independent central review; CR, complete response; PR, partial response; SD, stable disease; PD, progressive disease; DCR, disease control rate; DOR, duration of response.

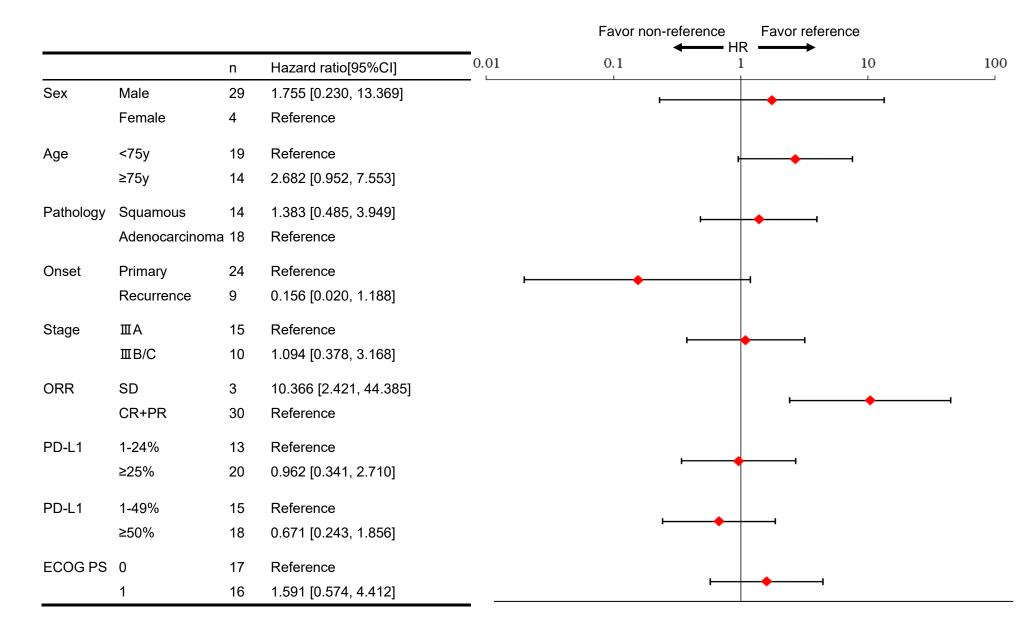
Event	Any grade	Grade 3 or 4	Grade 5
	No. (%)		
Any events	34 (100)	18 (52.9)	2 (5.9)
Radiation dermatitis	15 (44.1)	0	0
Pneumonitis	14 (41.2)	4 (11.8)	0
Constipation	11 (32.4)	0	0
Radiation pneumonitis	9 (26.5)	0	0
Esophagitis	9 (26.5)	0	0
Lung infection	8 (23.5)	3 (8.8)	1 (2.9)
Dermatitis	8 (23.5)	0	0
Diarrhea	7 (20.6)	0	0
Hypothyroidism	7 (20.6)	0	0
Hyperthyroidism	6 (17.6)	0	0
Pyrexia	6 (17.6)	0	0
Pruritus	6 (17.6)	0	0
Rash	8 (17.6)	0	0
Anemia	6 (17.6)	0	0
Thrombocytopenia	6 (17.6)	1 (2.9)	0
Cough	5 (14.7)	0	0
Fatigue	5 (14.7)	0	0
Amylase increased	5 (14.7)	1 (2.9)	0
Lipase increased	5 (14.7)	1 (2.9)	0
Lymphocyte count decreased	5 (14.7)	5 (14.7)	0
Nausea	4 (11.8)	0	0
Decreased appetite	4 (11.8)	0	0
Musculoskeletal pain	4 (11.8)	0	0
Hyperglycemia	4 (11.8)	3 (8.8)	0
AST increased	4 (11.8)	2 (5.9)	0
Leukopenia	4 (11.8)	0	0

eTable 3. Adverse Events of Any Cause in ≥10% of Patients



Primary endpoint: 12-month PFS rate from 2nd registration (assessed by independent central review)

Secondary endpoints: PFS, OS, objective response rate, disease control rate, time to death or distant metastasis, treatment completion rate, and safety



eFigure 2. Progression-Free Survival Subgroup Analyses by Characteristics

© 2023 American Medical Association. All rights reserved.