

Supplementary Table S5. Summary of adverse events of any cause by PD-L1 subgroup (PD-L1 safety population)

n (%)	Durvalumab + EP (N = 152)		Durvalumab + tremelimumab + EP (N = 157)		EP (N = 127)	
	TC and IC <1% (n = 114)	TC or IC ≥1% (n = 38)	TC and IC <1% (n = 103)	TC or IC ≥1% (n = 54)	TC and IC <1% (n = 95)	TC or IC ≥1% (n = 32)
Any event	113 (99.1)	37 (97.4)	103 (100)	53 (98.1)	91 (95.8)	31 (96.9)
Any grade 3/4 event	74 (64.9)	23 (60.5)	72 (69.9)	36 (66.7)	50 (52.6)	21 (65.6)
Any serious event	38 (33.3)	12 (31.6)	52 (50.5)	23 (42.6)	32 (33.7)	8 (25.0)
Any event leading to discontinuation*	9 (7.9)	5 (13.2)	22 (21.4)	9 (16.7)	16 (16.8)	2 (6.3)
Any event leading to death	5 (4.4)	1 (2.6)	12 (11.7)	4 (7.4)	8 (8.4)	1 (3.1)
Any immune-mediated event [†]	28 (24.6)	7 (18.4)	41 (39.8)	13 (24.1)	4 (4.2)	1 (3.1)

Includes adverse events that occurred during the treatment period and up to 90 days after the last dose of study treatment or up to the start of any subsequent therapy (whichever occurred first). *Includes patients who permanently discontinued at least one study drug. [†]An immune-mediated adverse event is defined as an event that is associated with drug exposure and consistent with an immune-mediated mechanism of action, where there is no clear alternate etiology and the event required treatment with systemic corticosteroids or other immunosuppressants and/or, for specific endocrine events, endocrine therapy.

EP, platinum-etoposide; IC, immune cell; PD-L1, programmed cell death ligand-1; TC, tumor cell.