Differential prognostic effect of systemic inflammation in patients with NSCLC treated with immunotherapy or chemotherapy: a post hoc analysis of the phase III OAK trial

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Supplementary Table 1. Pooled population multivariable models for the risk of disease progression/death (Progression Free Survival) and the risk of death (Overall Survival). Backward stepwise selection with enter p<0.05, remove p>0.1 applied.

	Progression Free Survival	Overall Survival
VARIABLE	HR (95% CI); <i>p</i> - value	HR (95% CI); <i>p - value</i>
Age ≥ 65 years vs < 65 years	-	-
Sex Male vs Female	-	-
ECOG PS $\geq 2 \text{ vs } 0-1$	1.29 (1.14-1.46); p = 0.0001	1.72 (1.48-1.98); p < 0.0001
Smoking status Current/former vs never smokers	0.81 (0.69-0.95); p = 0.0118	-
Histology type Squamous vs Non-squamous.	1.16 (1.01-1.34); p = 0.0288	1.51 (1.31-1.75); p < 0.0001
Number of metastatic sites $> 2 vs \le 2$	1.38 (1.22-1.56); p < 0.0001	1.63 (1.42-1.88); p < 0.0001
Number of prior therapies 1 vs 2	0.82 (0.72-0.95); p < 0.0001	-

Supplementary Figure 1: Kaplan-Meier survival estimates for Overal Survival according to increasing percetiles of the NLR as cut-offs. A) Top 20th percetile Atezolizumab cohort: NLR-low: 15.4 months (95%CI: 13.8-16.6; 315 events) vs NLR-high: 7.8 months (95%CI: 4.8-7.6; 100 events). Docetaxel cohort: NLR-low: 10.9 months (95%CI: 9.4-12.0; 336 events) vs NLR-high: 6.8 months (95%CI: 5.1-8.6; 95 events). B) Top 40th percetile Atezolizumab cohort: NLR-low: 16.4 months (95%CI: 15.0-19.2; 228 events) vs NLR-high: 6.9 months (95%CI: 5.8-8.2; 187 events). Docetaxel cohort: NLR-low: 12.0 months (95%CI: 10.7-13.8; 244 events) vs NLR-high: 7.1 months (95%CI: 5.9-8.2; 187 events). C) Top 60th percetile Atezolizumab cohort: NLR-low: 18.5 months (95%CI: 15.8-21.9; 148 events) vs NLR-high: 9.3 months (95%CI: 7.6-11.2; 267 events). Docetaxel cohort: NLR-low: 13.3 months (95%CI: 10.9-14.6; 158 events) vs NLR-high: 7.9 months (95%CI: 7.1-9.1; 273 events). D) Top 80th percetile Atezolizumab cohort: NLR-low: 22.9 months (95%CI: 18.7-30.2; 66 events) vs NLR-high: 10.5 months (95%CI: 9.3-12.8; 349 events). Docetaxel cohort: NLR-low: 13.8 months (95%CI: 11.4-16.6; 77 events) vs NLR-high: 9.1 months (95%CI: 7.9-10.1; 354 events).



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Supplementary Figure 2: Kaplan-Meier survival estimates for Overall Survival according to the NLR/PD-L1 complementation. A) Atezolizumab cohort including oncogene addicted patients. 0 factors: 18.6 months (95%CI: 16.1-22.1; 104 events) vs 1 factor: 14.0 months (95%CI: 11.6-15.1; 217 events) vs 2 factors: 6.2 months (95%CI: 4.2-8.4; 94 events). B) Docetaxel cohort including oncogene addicted patients: 0 factors: 13.6 months (95%CI: 10.9-15.9; 102 events) vs 1 factor: 8.8 months (95%CI: 8.0-11.1; 214 events) vs 2 factors: 7.6 months (95%CI: 6.3-9.2; 115 events). C) Atezolizumab cohort excluding EGFR/ALK positive patients: 0 factors: 18.1 months (95%CI: 14.9-22.1; 97 events) vs 1 factor: 13.9 months (95%CI: 10.4-15.1; 196 events) vs 2 factors: 6.2 months (95%CI: 4.0-8.8; 84 events). D) Docetaxel cohort excluding EGFR/ALK positive patients: 0 factors: 13.3 months (95%CI: 10.8-15.6; 97 events) vs 1 factor: 8.3 months (95%CI: 7.5-9.6; 203 events) vs 2 factors: 7.6 months (95%CI: 6.2-9.2; 105 events).



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Supplementary Figure 3: Kaplan-Meier survival estimates for Progression Free Survival according to the NLR. A) Atezolizumab cohort: NLR-low: 3.7 months (95%CI: 2.7-4.1; 279 events) vs NLR-high: 1.6 months (95%CI: 1.4-2.4; 263 events). B) Docetaxel cohort: NLR-low: 4.1 months (95%CI: 3.9-4.7; 252 events) vs NLR-high: 2.8 months (95%CI: 2.7-3.7; 284 events). Kaplan-Meier survival estimates for Progression Free Survival according to the NLR/PD-L1 complementation. C) Atezolizumab cohort: 0 factors: 3.9 months (95%CI: 2.7-4.1; 153 events) vs 1 factor: 2.7 months (95%CI: 2.3-2.9; 276 events) vs 2 factors: 1.5 months (95%CI: 1.4-1.9; 113 events). D) Docetaxel cohort: 0 factors: 4.2 months (95%CI: 3.9-5.4; 139 events) vs 1 factor: 3.2 months (95%CI: 2.7-3.9; 268 events) vs 2 factors: 3.5 months (95%CI: 2.7-4.1; 129 events).



Supplementary Figure 4: Forest plot graph reporting the adjusted HR for the risk of disease progression/death across the two cohorts (including EGFR/ALK positive patients), according to the NLR, PD-L1 expression and NLR/PD-L1 complementation. Adjusting factors were ECOG-PS (1 vs 0), histology (squamous vs non-squamous), number of metastatic sites (≤ 2 vs > 2), smoking status (former/current vs never smoker), and number of prior therapies (1 vs 2). The interaction terms through the same multivariable model including the pooled population. MVA: multivariable.



Supplementary Figure 5: Violin plot reporting the median baseline NLR (Log10) according to the mutational status of the selected genes of interest. A) TP53, B) KRAS, C) KEAP1, D) STK11, E) EGFR, F) SMARCA4, G) ARID1A, H) DDR genes (BRCA1/2, RAD51, RAD51C, CHEK2, ATM, ATR).

