

Supplementary appendix

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Appendix A1: Description of trials – operable patients

Data on disease-free survival was available for 64% of the patients in the trials comparing CT vs. no CT and 84 % of the patients in the trials comparing RT + CT vs. RT (CT: chemotherapy, RT: radiotherapy).

Trial	Period of recruitment	Number of patients (in surrogate analysis)	Drugs used and dose per cycle (mg/m ²)	Radiotherapy dose (Gy) / fractions
Operable NSCLC without post-operative RT				
WJSG 3 ^{A1-1}	1988-89	225 (224)	Cisplatin 80 + Vindesine (2-3; once or twice), Mitomycin 8; 2 cycles Tegafur + Uracil (400 total) Daily treatment for 1 year	None
Mineo ^{A1-2}	1988-94	66 (66)	Cisplatin 100 + Etoposide 120 6 cycles	None
Xu ^{A1-3}	1989-92	70 (70)	Cisplatin 100 + Cyclophosphamide 300 + Vincristine 1.4 + Doxorubicin 50 + Lomustine 50 4 cycles oral Tegafur (600–900 total) Daily treatment for 1 year	None
Park1 ^{A1-4}	1989-98	118 (118)	Cisplatin 100 + Mitomycin C 10 + Vinblastine 6 3-4 cycles	None
Park2 ^{A1-5}	1989-98	108 (107)	Cisplatin 100 + Mitomycin C 10 + Vinblastine 6 3-4 cycles	None
ACTLC4A ^{A1-6}	1992-95	208 (155)	Cisplatin 80 1 cycles Vindesine 3 (twice) 2 cycles Tegafur + Uracil 400 Daily treatment for 2 years	None
JLCRG ^{A1-7}	1994-97	999 (999)	Tegafur + Uracil 250 mg/m ² Daily treatment for 2 years	None
ALPII ^{A1-8}	1994-99	618 (618)	Cisplatin 100 + Vindesine 3 + Mitomycin C 8 3 cycles	None
JCOG 9304 ^{A1-9}	1994-99	119 (119)	Cisplatin 80 + Vindesine 3 3 cycles	None
ANITA1 ^{A1-10}	1994-00	463 (463)	Cisplatin 100 + Vinorelbine 30 4 cycles	None
JBR10 ^{A1-11}	1994-01	482 (482)	Cisplatin 50 + Vinorelbine 25 4 cycles	None
IALT1 ^{A1-12}	1995-01	1001 (1001)	Cisplatin (80, 100, or 120) + Vindesine (3; weekly then twice weekly); 3-4 cycles	None
IALT2 ^{A1-12}	1995-01	294 (294)	Cisplatin (80, 100, or 120), + Vinorelbine (30; weekly) 3-4 cycles	None
BLTI ^{A1-13}	1995-01	136 (136)	Cisplatin 50 + Mitomycin 6 + vinblastine 6 or Cisplatin 80 + Vindesine 6 3 cycles	None

BLT2 ^{A1-13}	1995-01	65 (65)	Cisplatin 50 + Mitomycin 6 + Ifosphamide 3 3 cycles	None
BLT3 ^{A1-13}	1995-01	118 (118)	Cisplatin 50 + Mitomycin C 6 + Ifosphamide 3 3 cycles	None
CALGB 9633 ^{A1-14}	1996–2003	344 (344)	Carboplatin (6 mg/mL over 45–60 min) + Paclitaxel 200 4 cycles	None
Operable NSCLC with post-operative RT				
GETCB 01CB82 ^{A1-15}	1982-86	267 (267)	Cisplatin 75 + Doxorubicin 40 + Vincristine 1.2 + Lomustine 80* alternating with Cyclophosphamide 600 3 cycles	60-65 / 30-33 After chemotherapy
EORTC 08861 ^{unpublished}	1986-90	24 (24)	Cisplatin 100 + Vindesine 6 4 cycles	56 / 28 After 2 cycles Concurrent for 2 cycles
Int 0115 ^{A1-16}	1991-97	488 (488)	Cisplatin 60 + Etoposide 120*3 4 cycles	50.4 / 28 Concurrent
ALPI3 ^{A1-8}	1994-99	470 (470)	Cisplatin 100 + Vindesine 3*2 + Mitomycin 8 3 cycles	50-54 / 25-27 After chemotherapy
ANITA3 ^{A1-10}	1994-00	377 (377)	Cisplatin 100 + Vinorelbine 30*4 4 cycles	45-60 / 23-30 After chemotherapy
BLT4 ^{A1-13}	1995-01	49 (49)	MIC: Cisplatin 50, Mitomycin 6, Ifosfamide 3 MVP: Cisplatin 50, Mitomycin 6, Vinblastine 6 CV: Cisplatin 80, Vindesine 3*2 NP: Cisplatin 80, Vinorelbine 30*2 3 cycles	40-60 / 15-30 After chemotherapy
IALT3-4 ^{A1-12}	1995-01	572 (572)	Cisplatin 80, 100 or 120 + Vindesine 3*2 N=16 or Vinblastine 4*2 N=119 or Vinorelbine 30 weekly N=206 or Etoposid 30*3 N=231 3 or 4 cycles	≤60 After chemotherapy

* Total dose

ACTLC: Study Group of Adjuvant Chemotherapy for Lung Cancer. ALPI: Adjuvant Lung Cancer Project Italy. ANITA: Adjuvant Navelbine International Trialist Association. BLT: Big Lung Trial. CALGB: Cancer and Leukemia Group B. EORTC: European Organization for Research and Treatment of Cancer. GETCB : Groupe d'Etude et de Traitement des Cancers Bronchiques. IALT: International Adjuvant Lung Trial. Int = US intergroup trial. JBR10: National Cancer Institute of Canada Clinical Trial Group trial JBR10. JCOG: Japan Clinical Oncology Group. JLCRG: Japan Lung Cancer Research Group. WJSG: West Japan Study Group for Lung Cancer Surgery.

Gy: Grays; NSCLC: non-small cell lung cancer; RT: radiotherapy

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Appendix A2: Description of trials – locally advanced patients, sequential CT

Data on progression-free survival was available for 37% of the patients in the trials comparing RT + Sequential CT vs. RT.

Trial	Period of recruitment	Number of patients (in surrogate analysis)	Drugs used and dose per cycle (mg/m ²)	Radiotherapy dose (Gy) / fractions
CALGB 8433 ^{A2-1}	1984-87	180 (180)	Cisplatin 100 + Vinblastine 5 2 cycles ; neo-adjuvant	60 Gy, 2 Gy/f, 6-7 W
EORTC 08842 ^{A2-2}	1984-89	75 (73)	Cisplatin 100 + Vindesine 3 2 cycles ; neo-adjuvant + alternated	55 Gy, 20 f
CEBI 138 ^{A2-3}	1983-89	353 (353)	Cisplatin 100 + Cyclophosphamide 200 + Vindesine 1.5 + Lomustine 50 3 cycles (+ 3 cycles if no progression) ; neo- adjuvant + adjuvant	65 Gy, 26 f, 45 D
RTOG 8808 – ECOG 4588 ^{A2-4}	1989-92	326 (326)	Cisplatin 100 + Vinblastine neo-adjuvant	60 Gy, 2 Gy/f, 6W
BLT adjuvant ^{A2-5}	1995-01	119 adjuvant (119)	Cisplatin 50 + Mitomycin C 6 + Ifosfamide 3 or Cisplatin 50 + Mitomycin C 6 + Vinblastine 6	not standardized, followed local practice
BLT neoadjuvant ^{A2-5}		169 neoadjuvant (169)	or Cisplatin 80 + Vindesine 3 or Cisplatin 80 + Vinorelbine 30 3 cycles ; adjuvant or neo-adjuvant	
GMMA Ankara 1995 ^{A2-6}	1995-96	30 (30)	Cisplatin 40 + Etoposide 200 + Ifosfamide 200 2 cycles ; neo-adjuvant	36 Gy 12 f, split course 7 D free, 12.5 Gy 5 f
Taxane Only Tax SI009 ^{A2-7}	1995-99	208 (208)	Docetaxel 100 maximum of 3 cycles ; neo-adjuvant	Local treatment (surgery or radiotherapy) decided at baseline by the clinician

BLT: Big Lung Trial. CALGB: Cancer and Leukemia Group B. CEBI: Carcinome épidermoïde bronchique inopérable. ECOG: Eastern Cooperative Oncology Group. EORTC: European Organisation for Research and Treatment of Cancer. GMMA: Gülhane Military Medicine Academy. RTOG: Radiotherapy Oncology Group. Tax: Taxotere. D: days. f: fractions. Gy: Grays. W: weeks.

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Appendix A3: Description of trials – locally advanced patients, concurrent CT

Data on progression-free survival was available for 85% of the patients in the trials comparing RT + Concurrent CT vs. RT.

Trial	Period of recruitment	Number of patients (in surrogate analysis)	Drugs used and dose per cycle (mg/m ²)	Radiotherapy dose (Gy) / fractions
EORTC 08844 ^{A3-1}	1984-89	331 (331)	Arm 2 : Cisplatin 30 – 4 cycles Arm 3: Cisplatin 6 daily x 20	55 Gy, 20 f, 7 W
PMCI 88 C091 ^{A3-2}	1989-95	208 (208)	Arm 3: Carboplatin 70 Arm 4: Carboplatin 70	60 Gy, 30 f, 3 (tid) or 6 W
CALGB-ECOG ^{A3-3}	1991-94	282 (282)	Carboplatin 100 – 6 cycles	60 Gy, 30 f, 6 W
NKB-CKVO 9411 ^{A3-4}	1994-98	160 (159)	Carboplatin 840 ci during 6 weeks	60 Gy, 30 f, 6 W
NPC IIIB 96-01 ^{A3-5}	1996-2003	584 (580)	Carboplatin 15 daily x 33 Induction CT in both arms	66 Gy, 33 f, 6 W
GMMA Ankara 1995 ^{A2-6}	1995-96	30 (30)	Cisplatin 6 daily	48.5 Gy, 17 f, sc
JCOG 9812 ^{A3-6}	1999-01	46 (46)	Carboplatin 30 daily x 20	60 Gy, 30 f, 6 W
Kragujevac 88 ^{A3-7}	1988-89	169 (169)	Carboplatin 100 + Etoposide 100 Arm II : Weekly Arm III : 3 cycles	64.8 Gy, 54 f bid, 5.4 W
Kragujevac 90 ^{A3-8}	1990-91	131 (131)	Carboplatin 50 + Etoposide 50	69.6 Gy, 58 f bid, 5.8 W
NCCTG 90 24 51 ^{A3-9}	1992-93	74 (74)	Cisplatin 30 + Etoposide 100	60 Gy, 40 f bid, 4 W sc
LAMP ACR 427 ^{A3-10}	1998-2001	177 (174)	Carboplatin AUC2 + Paclitaxel 45 mg/m ² weekly Induction CT in both arms	63 Gy, 34 f, 7 W
Uludag ^{A3-11}	1996-2001	45 (45)	Paclitaxel 30-60	RT: 59.4 Gy, 1.8 Gy/f RT-CT: 63 Gy, 1.8 Gy/f
GMMA Ankara 97 ^{A3-12}	1995-96	51 (51)	Paclitaxel 60	48.5 Gy, 17 f, sc
Brocat Study Group CT/RT 99/97	1997-2002	212 (212)	Paclitaxel 60	60-66 Gy, 30-33 fr
TAX 206 trial	1999-2001	89 (60)	Docetaxel 20	60 Gy, 30 fr

CALGB: Cancer and Leukemia Group B. ECOG: Eastern Cooperative Oncology Group. EORTC: European Organisation for Research and Treatment of Cancer. GMMA: Gülhane Military Medicine Academy. JCOG: Japan Clinical Oncology Group. LAMP ACR: Locally Advanced Multi-Modality Protocol American College of Radiology. NCCTG: North Central Cancer Treatment Group. NKB-CKVO: Nederlandse Kanker Bestrijding – Commissie voor Klinisch Vergelijkend Onderzoek. NPC IIIB: Non Petites Cellules stage IIIB. PMCI: Peter MacCallum Cancer Institute. TAX: Taxotere. AUC: area under the curve. bid: two fractions per day. ci: continuous infusion. CT: chemotherapy. f: fractions. Gy: Grays. sc: split course. tid: three fractions per day. W: weeks.

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Appendix A4: Description of trials – locally advanced patients, sequential versus concurrent CT

Data on progression-free survival was available for 100% of the patients in the trials comparing RT + Sequential CT vs. RT + Concurrent CT.

Trial	Period of recruitment	Number of patients (in surrogate analysis)	Comments	Randomised chemotherapy	Radiotherapy
WJLCG ^{A4-1}	1992-94	314 (313)	Unresectable stage III neoadjuvant vs concurrent	Cisplatin 80 + Vindesine 3 + Mitomycin C 8	56 Gy, 28 f
RTOG 9410 ^{A4-2}	1994-98	407 (407)	neoadjuvant vs concurrent	Cisplatin 100 + Vinblastine 5 5 cycles	60 Gy
GLOT-GFPC NPC 95-01 ^{A4-3}	1996-2000	205 (202)	IIIA N2, IIIB neoadjuvant vs concurrent+ adjuvant	Cisplatin 120 + Vinorelbine 30 versus Cisplatin 20 + Etoposide 50 then Cisplatin 80+ Vinorelbine 30	66 Gy, 33 f, 6.5 W
EORTC 08972 ^{A4-4}	1999-2003	158 (158)	Inoperable stage I, II, III neoadjuvant vs concurrent	2 cycles : Cisplatin 75 + Gemcitabine 1250 – 2 cycles versus Cisplatin 6 daily	66 Gy, 24 f, 32 D
CALGB 8831 ^{A4-5}	1988-1989	91 (91)	Adjuvant vs concurrent	Cisplatin 100 + Vinblastine 5 4 cycles versus Carboplatin 100 – 6 cycles	60 Gy, 2 Gy/f, 6 W
GMMA Ankara 1995 ^{A2-6}	1995-96	30 (30)	arm 2 vs 3 neoadjuvant vs concurrent	Cisplatin 40 + Etoposide 200 + Ifosfamide 200 – 2 cycles vs Cisplatin 6 daily	48.5 Gy, 17 f, sc

CALGB: Cancer and Leukemia Group B. EORTC: European Organisation for Research and Treatment of Cancer. GMMA: GÜlhane Military Medicine Academy. GLOT-GFPC NPC: Groupe Lyon-Saint-Etienne d'Oncologie Thoracique–Groupe Français Non Petites Cellules. RTOG: Radiotherapy Oncology Group. WJLCG: West Japan Lung Cancer Group.
D: days. f: fractions. Gy: Grays. sc: split course. W: weeks.

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5. Clamon G, Herndon J, Eaton W et al. A feasibility study of extended chemotherapy for locally advanced non-small cell lung cancer: a phase II trial of Cancer and Leukemia Group B. *Cancer Invest* 1994; 12:273-282.

Appendix A5: Description of trials – radiotherapy trials

Data on progression-free survival was available for 100% of the patients the trials in the MAR-LC meta-analysis.

Trial	Period of recruitment	Number of patients (in surrogate analysis)	Chemotherapy	Randomised radiotherapy
ECOG 3588 ^{A5-1,*}	1989-1992	417 (417)	Cisplatin 60 mg/m ² d1 Etoposide 120 mg/m ² d1,2,3 4 cycles (3 w)	Standard: 45 Gy / 25 f / 5 w Experimental: 45 Gy / 30 f / 3 w bid
NCCTG 892052 ^{A5-2,*}	1990-1996	268 (268)	Cisplatin 30 mg/m ² d1,2,3 Etoposide 130 mg/m ² d1,2,3 6 cycles† (4 w)	Standard: 50.4 Gy / 28 f / 5.5 w Experimental: 48 Gy / 32 f / 5.5 w sc* bid
RTOG 8808- ECOG 4588 ^{A2-4}	1989-1992	326 (326)	None	Standard: 60 Gy / 30 f / 6 w Experimental: 69.6 Gy / 58 f / 6 w bid
PMCI 88C091 ^{A3-2}	1989-1995	101 (101)	None	Standard: 60 Gy / 30 f / 6 w Experimental: 60 Gy / 30 f / 3 w bid
PMCI 88C091 CT ^{A3-2}	1989-1995	107 (107)	Carboplatin 70 mg/m ² d1-5 + Carboplatin 70 mg/m ² d29-33 in standard arm	Standard: 60 Gy / 30 f / 6 w Experimental: 60 Gy / 30 f / 3 w bid
CHART ^{A5-3}	1990-1995	563 (563)	None	Standard: 60 Gy / 30 f / 6 w Experimental: 54 Gy / 36 f / 1.5 tid
NCCTG 902451 ^{A3-9}	1992-1993	74 (74)	None	Standard: 60 Gy / 30 f / 6 w Experimental: 60 Gy / 40 f / 6 w sc bid
NCCTG 942452 ^{A5-4}	1994-1999	246 (246)	Cisplatin 30 mg/m ² d1-3;28-30 Etoposide 100 mg/m ² d1-3;28-30	Standard: 60 Gy / 30 f / 6 w Experimental: 60 Gy / 40 f / 6 w sc bid
ECOG 2597 ^{A5-5}	1998-2001	119 (119)	Carboplatin AUC 6 d1 Paclitaxel 225 mg/m ² d1 2 cycles‡ (3 w)	Standard: 64 Gy / 32 f / 6.5 w Experimental: 57.6 Gy / 36 f / 2.5 w tid
Gliwice 2001 ^{A5-6}	2001-2006	58 (58)	None	Standard: 72 Gy / 40 f / 8 w Experimental: 72 Gy / 40 f / 5.5 w
CHARTWEL ^{A5-7}	1997-2005	300 (300)	None	Standard: 66 Gy / 33 f / 6.5 w Experimental: 60 Gy / 40 f / 2.5 w tid
CHARTWEL CT ^{A5-7}	1997-2005	106 (106)	Neoadjuvant CT - depends on centres	Standard: 66 Gy / 33 f / 6.5 w Experimental: 60 Gy / 40 f / 2.5 w tid

*: small-cell lung cancer trials.

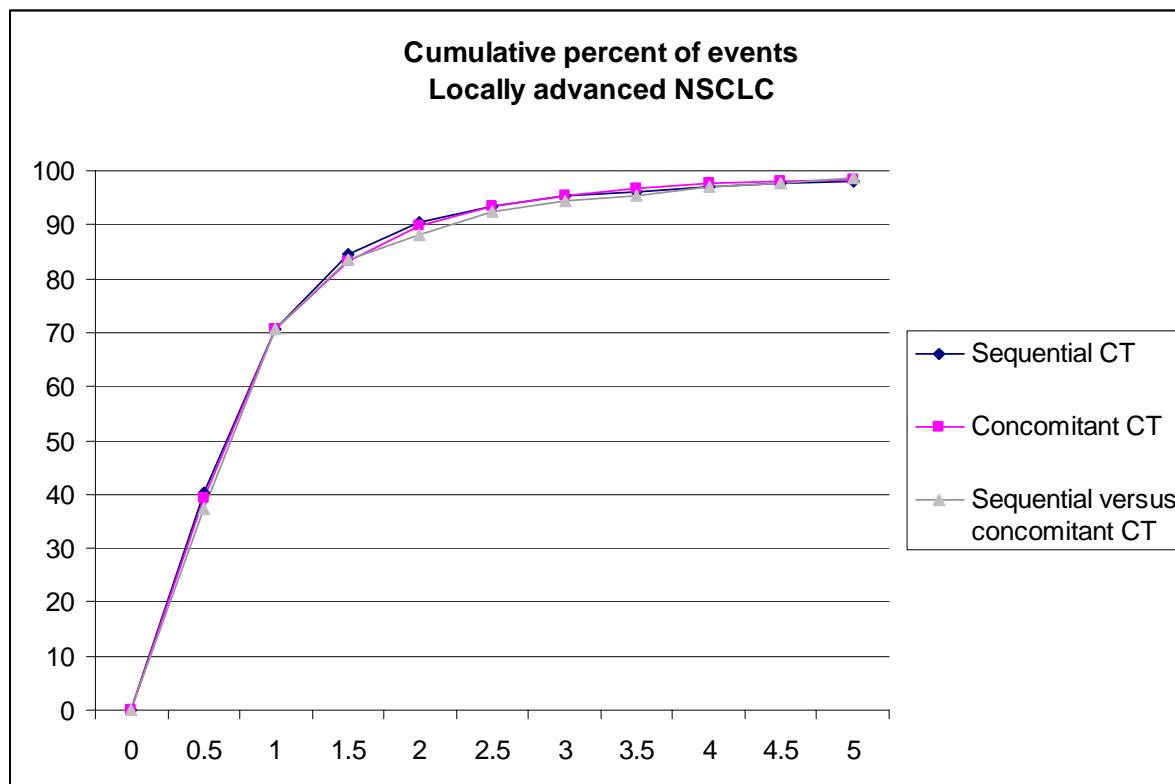
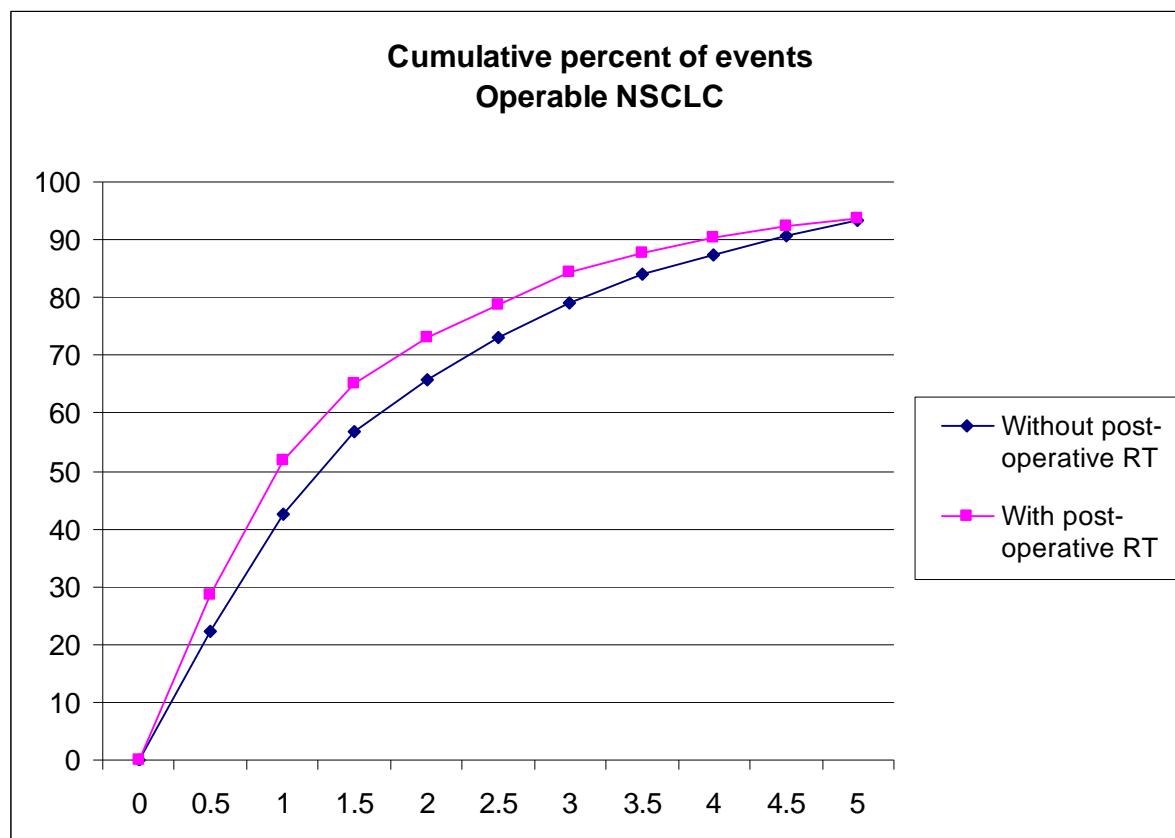
CHART, Continuous Hyperfractionated Accelerated Radiation Therapy; CHARTWEL, CHART Week-End Less; ECOG, Eastern Cooperative Oncology Group; EORTC: European Organisation for Research and Treatment of Cancer. NCCTG, North Central Cancer Treatment Group; PCMI, Peter MacCallum Institute; RTOG, Radiation Therapy Oncology Group.

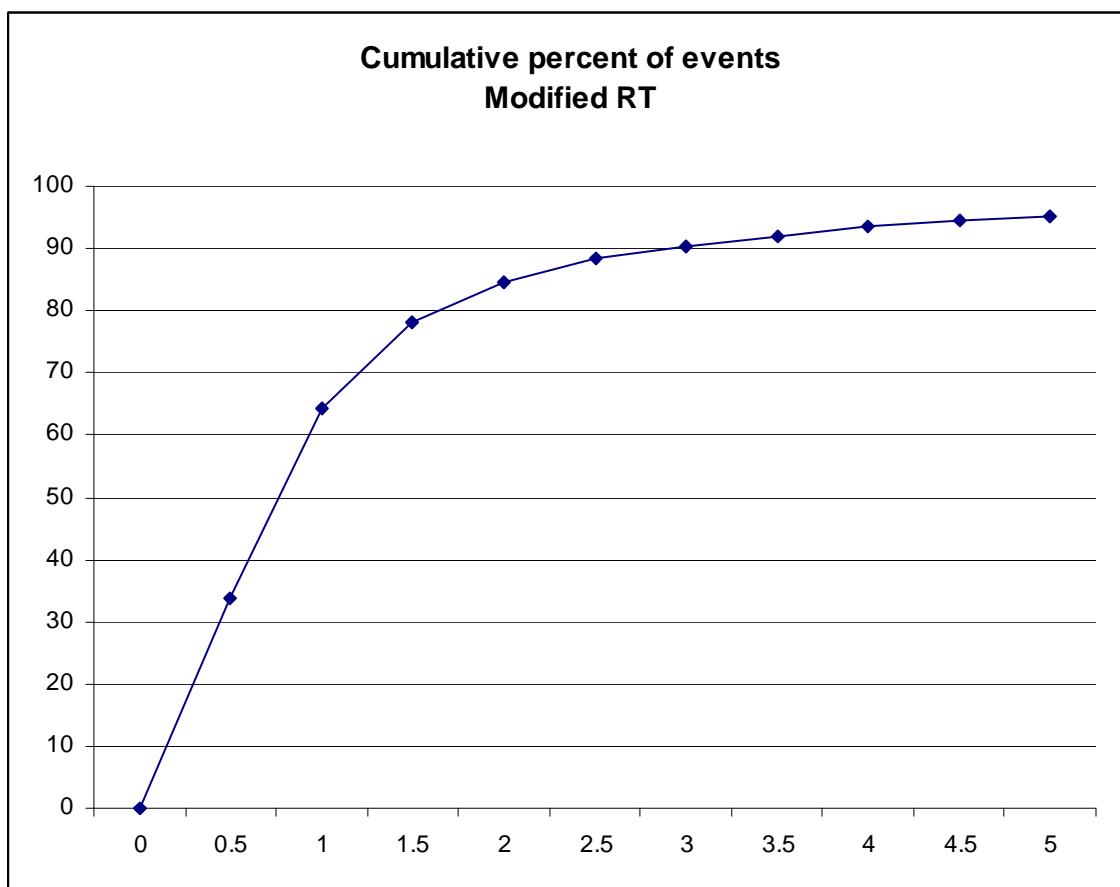
AUC: area under the curve. bid: two fractions per day. d: day. f: fractions. Gy: Grays. tid: three fractions per day. w: weeks. sc: split course. NSCLC: non-small-cell lung cancer.

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2. Schild SE, Bonner JA, Shanahan TG, Brooks BJ, Marks RS, Geyer SM, Hillman SL, Farr GH, Tazelaar HD, Krook JE, Geoffroy FJ, Salim M, Arusell RM, Mailliard JA, Schaefer PL, Jett JR. Long-term results of a phase III trial comparing once-daily radiotherapy with twice-daily radiotherapy in limited-stage small-cell lung cancer. *Int J Radiat Oncol Biol Phys* 2004; 59:943-951.

- 3.
5. Saunders M, Dische S, Barrett A, Harvey A, Griffiths G, Parmar M. Continuous, hyperfractionated, accelerated radiotherapy (CHART) versus conventional radiotherapy in non-small cell lung cancer: Mature data from the randomised multicentre trial. *Radiother Oncol* 1999; 52:137-148.
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5. Belani CP, Wang W, Johnson DH, Wagner H, Schiller J, Veeder M, Mehta M. Phase III study of the Eastern Cooperative Oncology Group (ECOG 2597): induction chemotherapy followed by either standard thoracic radiotherapy or hyperfractionated accelerated radiotherapy for patients with unresectable stage IIIA and B non-small-cell lung cancer. *J Clin Oncol* 2005; 23:3760-3767.
6. Zajusz A, Behrendt K, Nowicka E, Plewicki G, Gawkowska-Suwinska M, Giglok M, Smolska B. Early results of continuous accelerated radiotherapy (CAIR) for LA-NSCLC patients. *Radiother Oncol* 2006; 81(Suppl 1):S386. [Poster]
7. Baumann M, Herrmann T, Koch R, et al, on behalf of the CHARTWEL-bronchus group. Final results of the randomized phase III CHARTWEL-trial (ARO 97-1) comparing hyperfractionated-accelerated vs conventionally fractionated radiotherapy in non-small cell lung cancer (NSCLC). *Eur J Cancer* 2009; Supplements 7(3): 4.

Appendix A6: Cumulative percentage of DFS/PFS events





Appendix A7: Summary of data

Table 1: Description of analyzed data in operable NSCLC

	Patients (trials)	Any events			Deaths	
		N	N	% deaths in events* (near [°])	N	% in first 5 years
				% in first 3 years		
Operable non-small cell lung cancer						
Without radiotherapy	5 379 (17)	2 525	79%	25% (26%)	2 163	91%
With radiotherapy	2 247 (7)	1 673	84%	29% (30%)	1 566	92%

*day of event=day of death

[°]near: day of death-day of event <= 7 days.

Table 2: Description of analyzed data in locally advanced lung cancer

	Patients (trials)	Locoregional events		Any events			Deaths	
		N	% in first 2 years	N	% in first 2 years	% deaths in events	N	% in first 5 years
				N				
Locally advanced non-small cell lung cancer								
Sequential chemotherapy	1 458 (8)	-	-	1 375	90%	30%* (33% [°])	1 333	97%
Concurrent chemotherapy	2 552 (15)	744	90%	2 391	90%	25% (27%)	2 305	98%
Sequential versus concurrent chemotherapy	1 201 (6)	-	-	1 094	88%	23% (26%)	1 065	97%
Locally advanced lung cancer								
Radiotherapy	2 685 (12)	894	86%	2 562	85%	27% (33%)	2 471	94%

*day of event=day of death

[°]near: day of death - day of event <= 7 days.

Table 3: Follow-up and survival times

Meta-analysis	Median of follow-up (range)	Median of overall survival (range)	Median of disease-free / progression-free survival (range)	Median of duration of loco-regional control (range)
Operable NSCLC				
Without radiotherapy	5.7 y (0-16.7 y)	8.2 y (4 d -16.7 y)	6.4 y (0-16.7 y)	
With radiotherapy	6.4 y (1 d – 22.2 y)	2.5 y (1 d – 22.2 y)	1.6 y (1 d – 22.2 y)	
Locally advanced NSCLC				
Sequential chemotherapy	6.8 y (0-17.8 y)	11.7 m (3 d -17.8 y)	7.9 m (0 -17.8 y)	
Concurrent chemotherapy	5.2 y (0-15.8 y)	14.1 m (0-15.8 y)	8.1 m (0-15.8 y)	21.0 m* (3 d -15.8 y)
Sequential versus concurrent chemotherapy	6.1 y (0-11.2 y)	14.6 m (4 d – 11.2 y)	8.3 m (1 d – 11.2 y)	
Locally advanced lung cancer				
Radiotherapy	8.6 y (0 – 14.3 y)	15.0 m (0 – 14.3 y)	9.1 m (0 – 14.3 y)	21.3 m* (1 d – 14.3 y)

d=days; m=months; y=years;

* Median durations of loco-regional control were longer than median overall survival because all events other than loco-regional were censored.

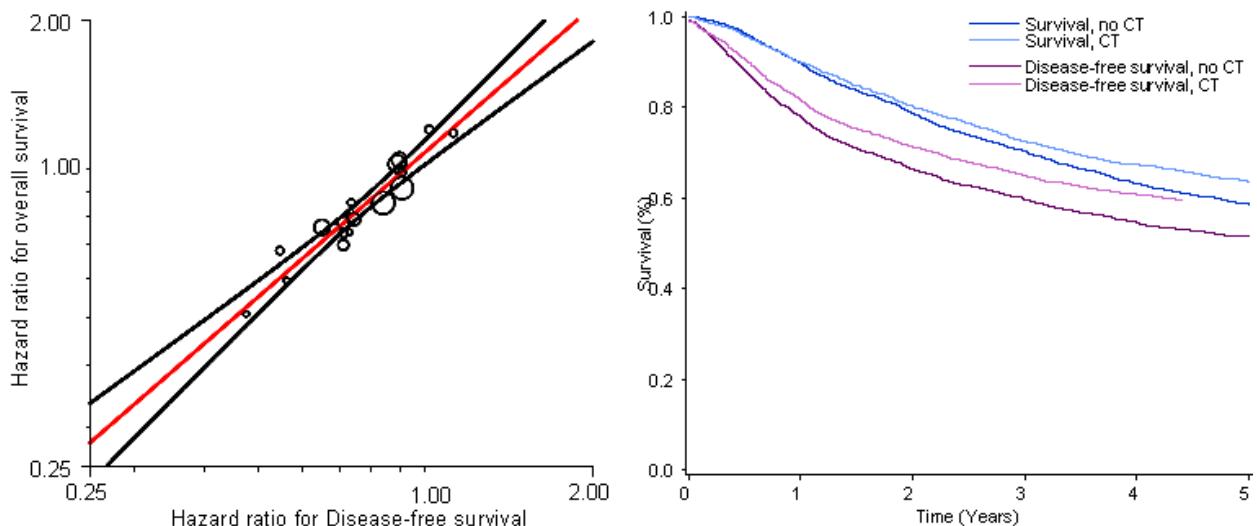
Appendix A8: Surrogacy analyses results

Each time, two models based on Hougaard and on Clayton copulas were fitted, while the optimal model according to the Akaike's criterion was retained and presented.

Abbreviations: CI= confidence interval, DFS=disease-free survival, HR=hazard ratio, LRC=loco-regional control, OS=overall survival, PFS=progression-free survival, STE=surrogate threshold effect

Evaluating effect of adjuvant chemotherapy in operable NSCLC – without post-operative radiotherapy

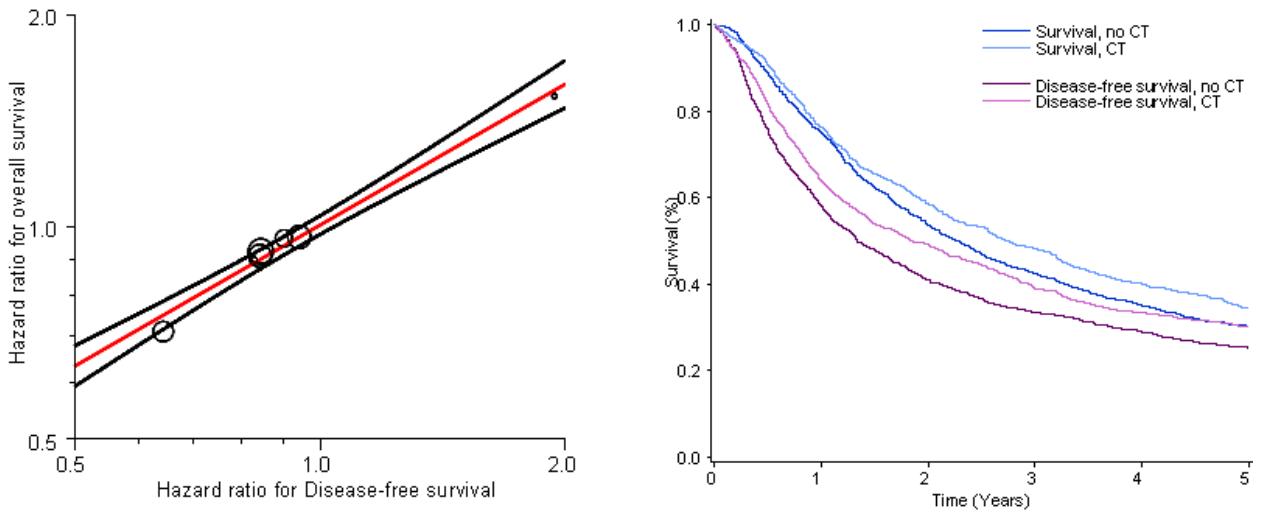
Hougaard copula	Disease-free survival over the entire time range
Number of trials (number of patients)	17 (5 379)
N events OS	2 163
N events DFS	2 525
Individual level	
ρ^2	0.83 [0.83-0.83]
Trial level, unweighted	
R^2	0.92 [0.88-0.95]
Regression equation, unweighted	$\log(\text{HR OS}) = 0.08 + 0.98 \cdot \log(\text{HR PFS})$
STE	0.88



R^2 – weighted regression	Intercept [95% CI] – weighted regression	Slope [95% CI] – weighted regression
0.83	0.05 [-0.01 – 0.11]	0.91 [0.68 – 1.14]

Evaluating effect of adjuvant chemotherapy in operable NSCLC – with post-operative radiotherapy

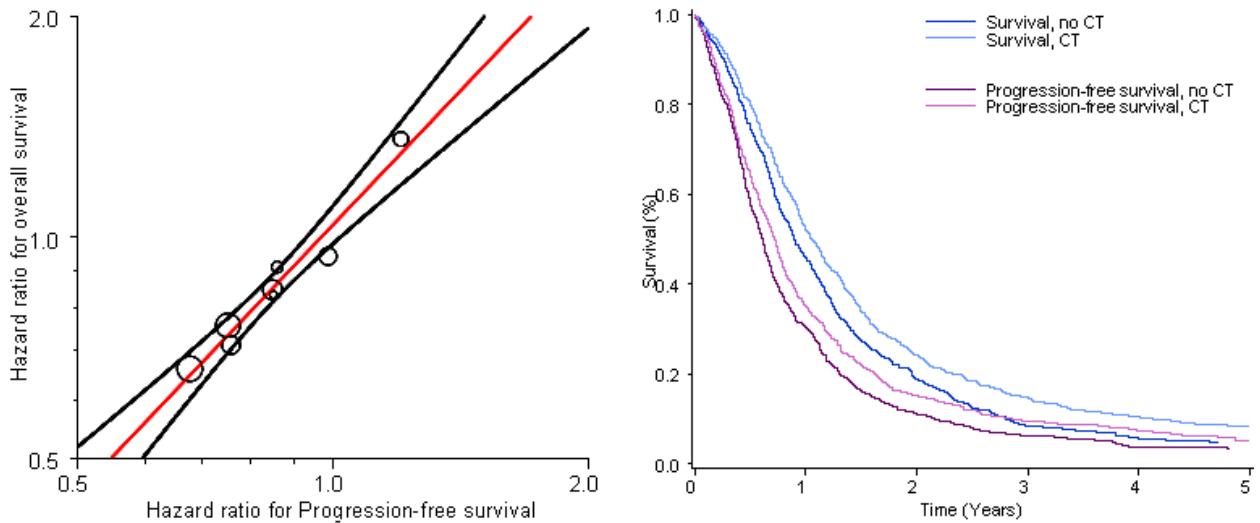
Hougaard copula	Disease-free survival over the entire time range
Number of trials (number of patients)	7 (2 247)
N events OS	1 566
N events DFS	1 673
Individual level	
ρ^2	0.87 [0.87-0.87]
Trial level, unweighted	
R^2	0.99 [0.98-1.00]
Regression equation, unweighted	$\log(\text{HR OS})=0.01+0.66.\log(\text{HR PFS})$
STE	0.95



R^2 – weighted regression	Intercept [95% CI] – weighted regression	Slope [95% CI] – weighted regression
0.96	0.03 [-0.01 – 0.07]	0.77 [0.61 – 0.94]

Evaluating effect of sequential chemotherapy in locally advanced NSCLC

Clayton copula	Progression-free survival over the entire time range
Number of trials (number of patients)	8 (1 458)
N events OS	1 333
N events PFS	1 375
Individual level	
ρ^2	0.77 [0.77-0.77]
Trial level, unweighted	
R^2	0.96 [0.93-0.99]
Regression equation, unweighted	$\log(\text{HR OS}) = 0.04 + 1.22 \cdot \log(\text{HR PFS})$
STE	0.93

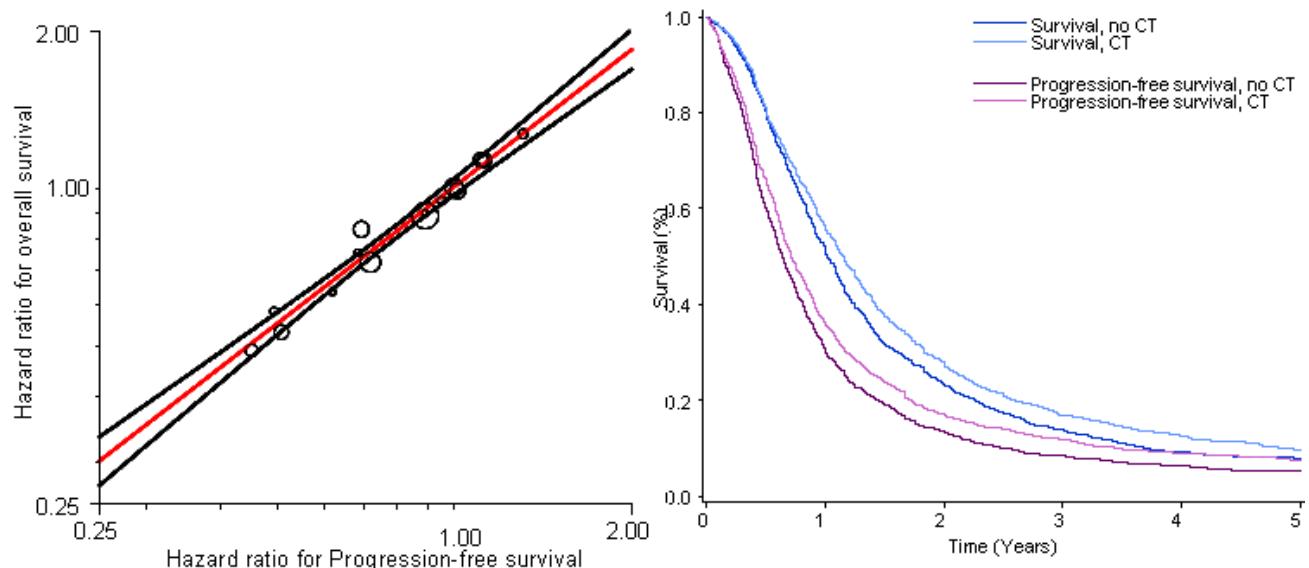


R^2 – weighted regression	Intercept [95% CI] – weighted regression	Slope [95% CI] – weighted regression
0.96	0.03 [-0.03 – 0.10]	1.16 [0.93 – 1.40]

Evaluating effect of concurrent chemotherapy in locally advanced NSCLC

Progression-free survival

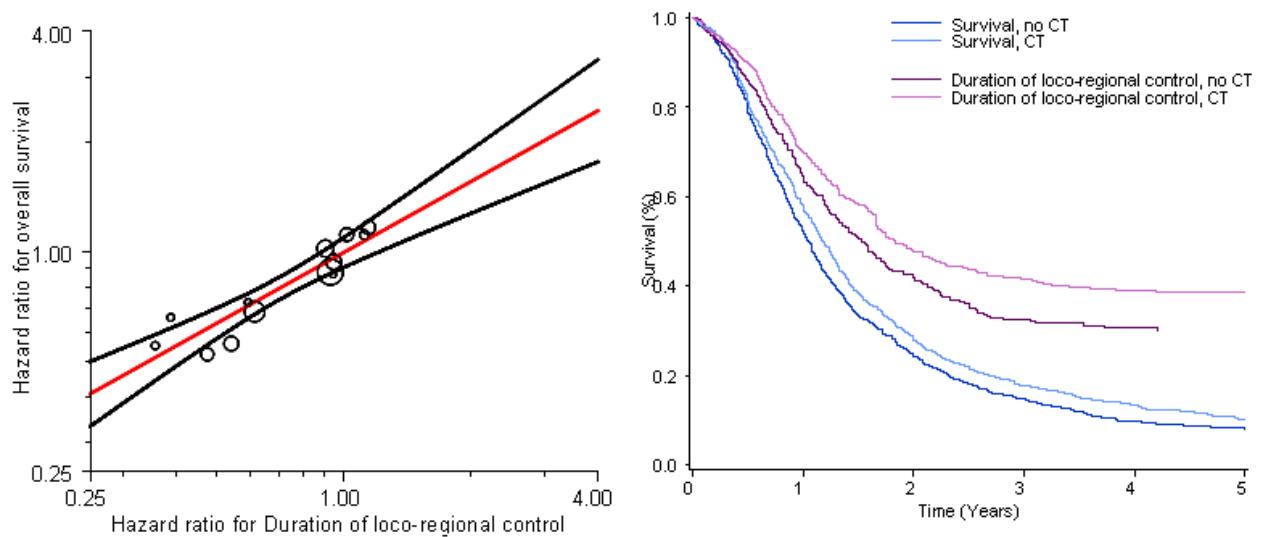
Hougaard copula		Progression-free survival over the entire time range
Number of trials	(number of patients)	15 (2 552)
N events OS		2 305
N events PFS		2 391
Individual level		
ρ^2		0.85 [0.85-0.85]
Trial level, unweighted		
R^2		0.97 [0.96-0.99]
Regression equation, unweighted		$\log(\text{HR OS}) = 0.01 + 0.87 \cdot \log(\text{HR PFS})$
STE		0.95



R^2 – weighted regression	Intercept [95% CI] – weighted regression	Slope [95% CI] – weighted regression
0.96	0.01 [-0.03 – 0.04]	0.88 [0.78 – 0.99]

Loco-regional control

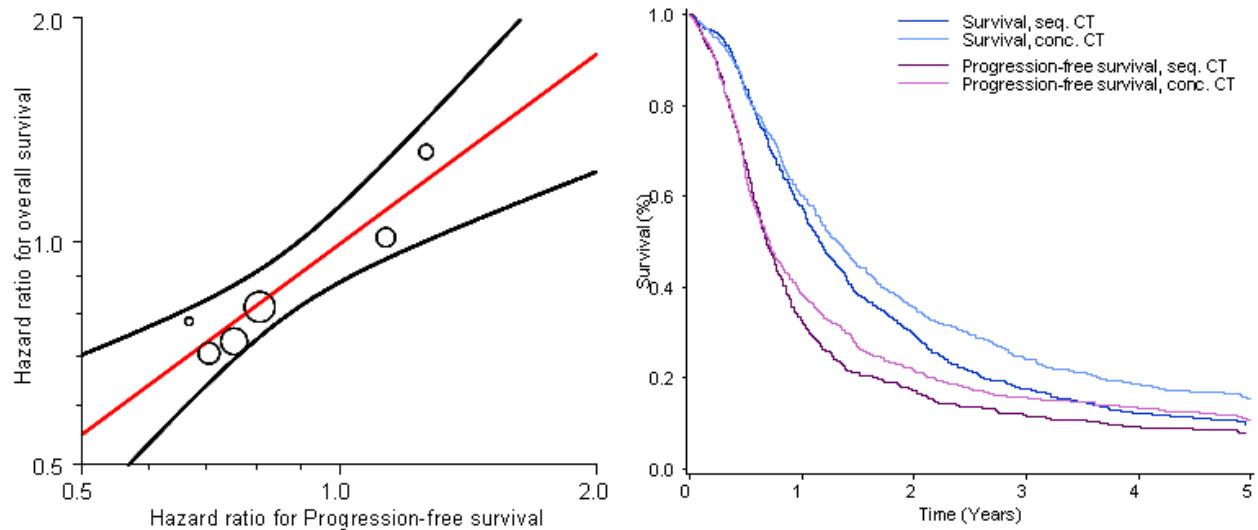
Hougaard copula	Loco-regional control over the entire time range
Number of trials (number of patients)	13 (2 123)
N events OS	1 929
N events LRC	744
Individual level	
ρ^2	0.71 [0.71-0.71]
Trial level, unweighted	
R^2	0.85 [0.77-0.92]
Regression equation, unweighted	$\log(\text{HR OS}) = 0.00 + 0.64 \cdot \log(\text{HR LRC})$
STE	0.89



R^2 – weighted regression	Intercept [95% CI] – weighted regression	Slope [95% CI] – weighted regression
0.87	-0.01 [-0.08 – 0.07]	0.75 [0.56 – 0.94]

Evaluating effect of sequential versus concurrent chemotherapy in locally advanced NSCLC

Hougaard copula	Progression-free survival over the entire time range
Number of trials (number of patients)	6 (1 201)
N events OS	1 065
N events PFS	1 094
Individual level	
ρ^2	0.83 [0.83-0.83]
Trial level, unweighted	
R^2	0.89 [0.81-0.97]
Regression equation, unweighted	$\log(\text{HR OS}) = -0.01 + 0.85 \cdot \log(\text{HR PFS})$
STE	0.90

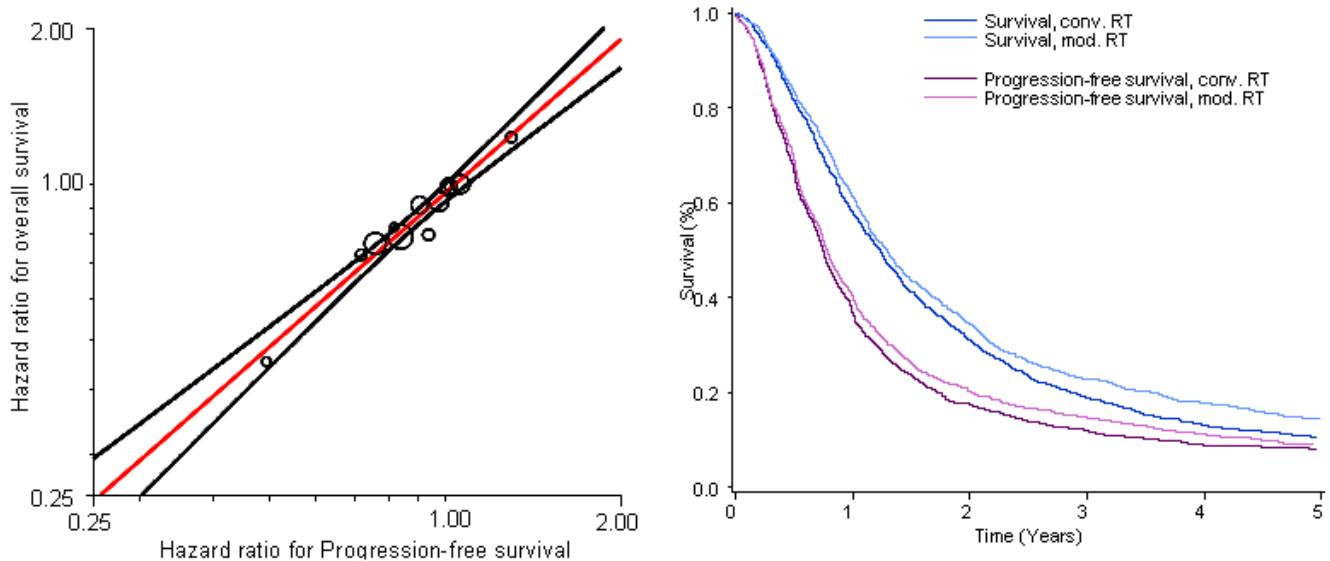


R^2 – weighted regression	Intercept [95% CI] – weighted regression	Slope [95% CI] – weighted regression
0.92	-0.03 [-0.12 – 0.06]	0.90 [0.55 – 1.25]

Evaluating effect of modified radiotherapy versus conventional radiotherapy in lung cancer

Progression-free survival

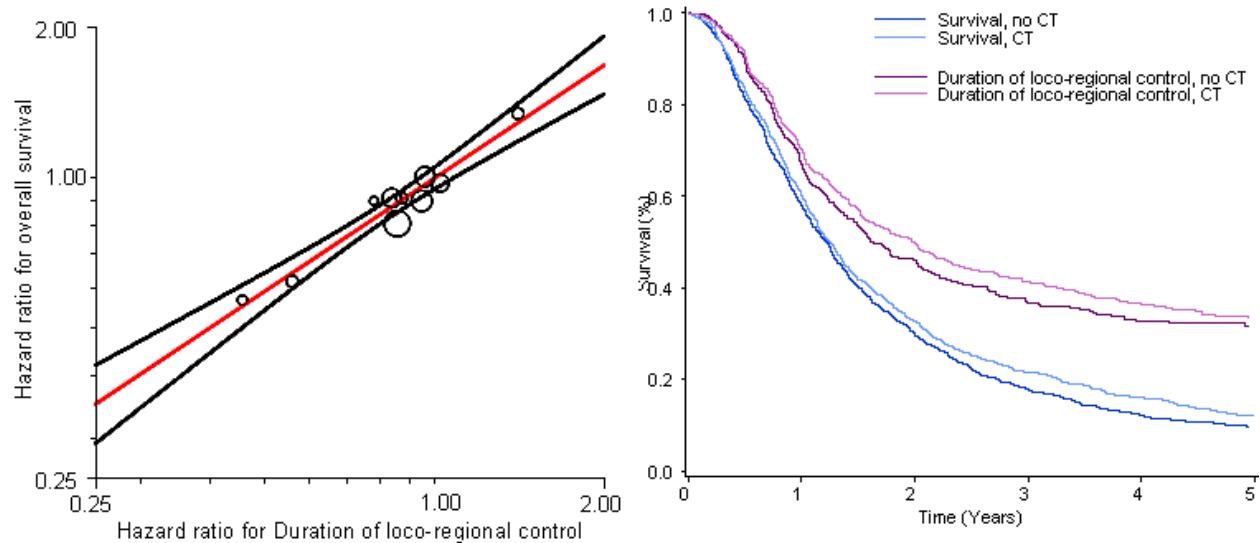
Hougaard copula	Progression-free survival over the entire time range
Number of trials (number of patients)	12 (2 685)
N events OS	2 471
N events PFS	2 562
Individual level	
ρ^2	0.81 [0.81-0.81]
Trial level, unweighted	
R^2	0.96 [0.93-0.98]
Regression equation, unweighted	$\log(\text{HR OS}) = -0.04 + 0.99 \cdot \log(\text{HR PFS})$
STE	1.00



R^2 – weighted regression	Intercept [95% CI] – weighted regression	Slope [95% CI] – weighted regression
0.94	-0.04 [-0.08 – -0.01]	0.94 [0.78 – 1.11]

Loco-regional control

Hougaard copula	Loco-regional control over the entire time range
Number of trials (number of patients)	10 (2 079)
N events OS	1 915
N events LRC	894
Individual level	
ρ^2	0.61 [0.61-0.61]
Trial level, unweighted	
R^2	0.95[0.91-0.98]
Regression equation, unweighted	$\log(\text{HR OS}) = 0.00 + 0.75 \cdot \log(\text{HR LRC})$
STE	0.95



R^2 – weighted regression	Intercept [95% CI] – weighted regression	Slope [95% CI] – weighted regression
0.88	-0.03 [-0.08 – 0.03]	0.76 [0.53 – 0.99]

Summary of unweighted regression lines

Table 4: Summary of surrogacy results

	Non weighted Regression intercept	Non weighted Regression slope						CI []	STE
		95%	CI []	95%	CI []				
Progression/Disease-free survival									
Operable NSCLC									
Without post-operative radiotherapy	0.08	[0.02 - 0.14]		0.98	[0.82 - 1.14]			0.88	
With post-operative radiotherapy	0.01	[-0.02 - 0.04]		0.66	[0.57 - 0.76]			0.95	
Locally advanced NSCLC									
Sequential chemotherapy	0.04	[-0.02 - 0.10]		1.22	[0.96 - 1.48]			0.93	
Concurrent chemotherapy	0.01	[-0.03 - 0.05]		0.87	[0.78 - 0.96]			0.95	
Sequential versus concurrent chemotherapy	-0.01	[-0.13 - 0.11]		0.85	[0.44 - 1.27]			0.90	
Locally advanced lung cancer									
Radiotherapy	-0.04	[-0.08 - 0.00]		0.99	[0.84 - 1.14]			1.00	
Loco-regional control									
Locally advanced NSCLC									
Concurrent chemotherapy	0.00	[-0.10 - 0.09]		0.64	[0.46 - 0.83]			0.89	
Locally advanced lung cancer									
Radiotherapy	0.00	[-0.05 - 0.05]		0.75	[0.61 - 0.90]			0.95	

Appendix A9: Sensitivity analysis: different cut-off points

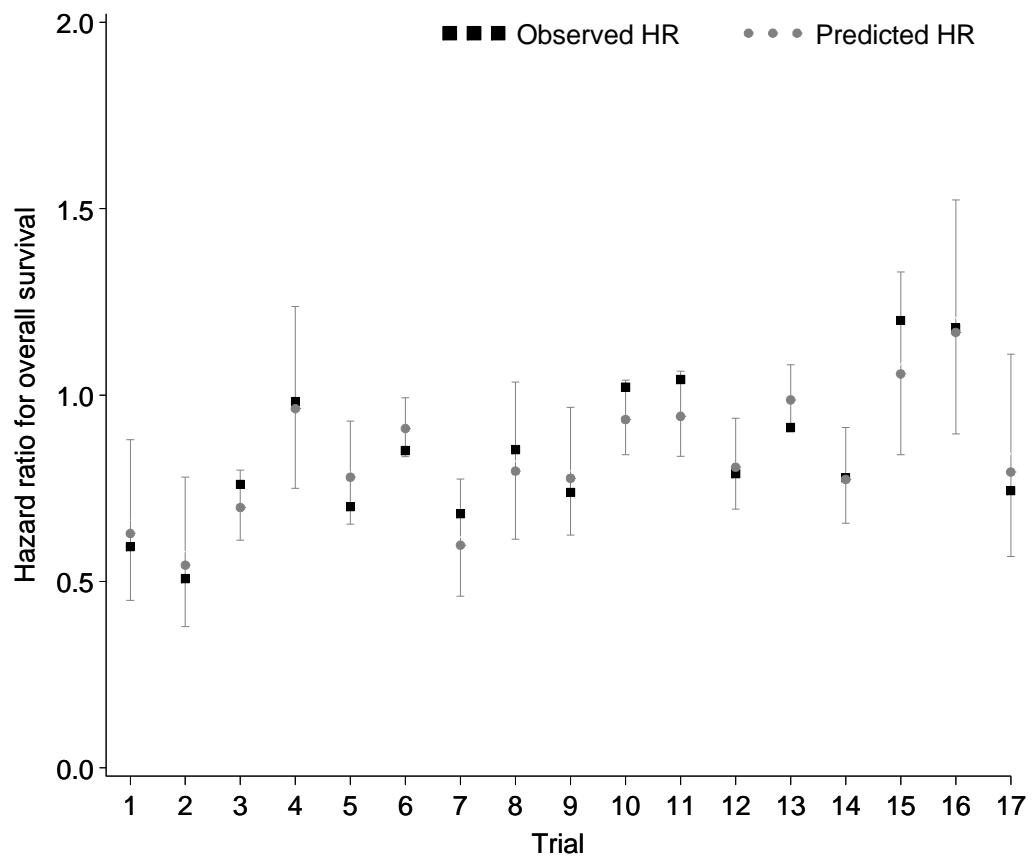
Different cut-off time points are explored for DFS/PFS. OS is censored at 5 years.

Number of events (% of total events)	Individual level			Trial level, unweighted		STE
	p^2	R^2	Intercept	Slope		
Adjuvant, CT vs no CT						
Cut-off at 1 yr	1077 (43%)	0.66 [0.66-0.66]	0.62 [0.47-0.76]	0.02 [-0.10;0.15]	0.67 [0.38-0.96]	0.84
Cut-off at 1.5 yr	1436 (57%)	0.71 [0.71-0.71]	0.75 [0.65-0.86]	0.05 [-0.04;0.16]	0.78 [0.54-1.03]	0.85
Cut-off at 2 yr	1658 (66%)	0.74 [0.74-0.74]	0.86 [0.80-0.92]	0.07 [-0.01;0.14]	0.82 [0.64-1.00]	0.86
Cut-off at 2.5 yr	1845 (73%)	0.76 [0.76-0.76]	0.87 [0.80-0.93]	0.06 [-0.01;0.13]	0.80 [0.62-0.97]	0.86
Cut-off at 3 yr	1994 (79%)	0.77 [0.77-0.77]	0.88 [0.83-0.93]	0.06 [-0.01;0.13]	0.81 [0.65-0.97]	0.87
Adjuvant, RT+ CT vs RT						
Cut-off at 1 yr	869 (52%)	0.72 [0.72-0.72]	0.95 [0.92-0.99]	0.02 [-0.04;0.07]	0.61 [0.46-0.77]	0.90
Cut-off at 1.5 yr	1091 (65%)	0.76 [0.76-0.76]	0.95 [0.92-0.99]	0.01 [-0.05;0.07]	0.60 [0.45-0.76]	0.90
Cut-off at 2 yr	1221 (73%)	0.77 [0.77-0.77]	0.94 [0.90-0.98]	0.01 [-0.05;0.08]	0.59 [0.42-0.77]	0.89
Cut-off at 2.5 yr	1320 (79%)	0.79 [0.79-0.79]	0.96 [0.92-0.99]	0.02 [-0.04;0.07]	0.67 [0.50-0.84]	0.90
Cut-off at 3 yr	1411 (84%)	0.81 [0.81-0.81]	0.96 [0.93-0.99]	0.01 [-0.05;0.06]	0.66 [0.51-0.82]	0.92
Locally advanced, RT + Seq. CT vs RT						
Cut-off at 1 yr	969 (70%)	0.76 [0.76-0.76]	0.79 [0.67-0.92]	-0.04 [-0.14;0.07]	1.13 [0.56-1.71]	0.95
Cut-off at 1.5 yr	1160 (84%)	0.74 [0.74-0.74]	0.86 [0.77-0.95]	-0.03 [-0.10;0.05]	0.98 [0.58-1.38]	0.96
Cut-off at 2 yr	1244 (90%)	0.74 [0.74-0.74]	0.77 [0.63-0.91]	-0.02 [-0.12;0.08]	0.98 [0.44-1.52]	0.94
Locally advanced, RT + Conc. CT vs RT						
Cut-off at 1 yr	1689 (71%)	0.76 [0.76-0.76]	0.93 [0.90-0.97]	0.00 [-0.05;0.05]	0.75 [0.63-0.87]	0.94
Cut-off at 1.5 yr	1990 (83%)	0.77 [0.77-0.77]	0.94 [0.90-0.97]	0.00 [-0.05;0.05]	0.77 [0.65-0.89]	0.94
Cut-off at 2 yr	2149 (90%)	0.79 [0.79-0.79]	0.95 [0.92-0.97]	0.00 [-0.04;0.05]	0.80 [0.68-0.91]	0.94
Locally advanced, RT+ Seq. CT vs RT						
Cut-off at 1 yr	773 (71%)	0.72 [0.72-0.72]	0.64 [0.41-0.87]	-0.07 [-0.22;0.08]	0.60 [-0.02;1.22]	0.92
Cut-off at 1.5 yr	912 (83%)	0.76 [0.76-0.76]	0.70 [0.49-0.87]	-0.06 [-0.21;0.08]	0.61 [0.05-1.17]	0.91
Cut-off at 2 yr	964 (88%)	0.77 [0.77-0.77]	0.75 [0.58-0.92]	-0.05 [-0.19;0.08]	0.64 [0.13-1.16]	0.91
MAR-LC						
Cut-off at 1 yr	1644 (64%)	0.72 [0.72-0.72]	0.77 [0.66-0.88]	-0.09 [-0.16;0.02]	0.86 [0.53-1.19]	1.02
Cut-off at 1.5 yr	2004 (78%)	0.74 [0.74-0.74]	0.83 [0.74-0.91]	-0.06 [-0.13;0.01]	1.05 [0.71-1.38]	1.00
Cut-off at 2 yr	2165 (85%)	0.76 [0.76-0.76]	0.85 [0.78-0.93]	-0.05 [-0.11;0.02]	1.02 [0.72-1.32]	0.99

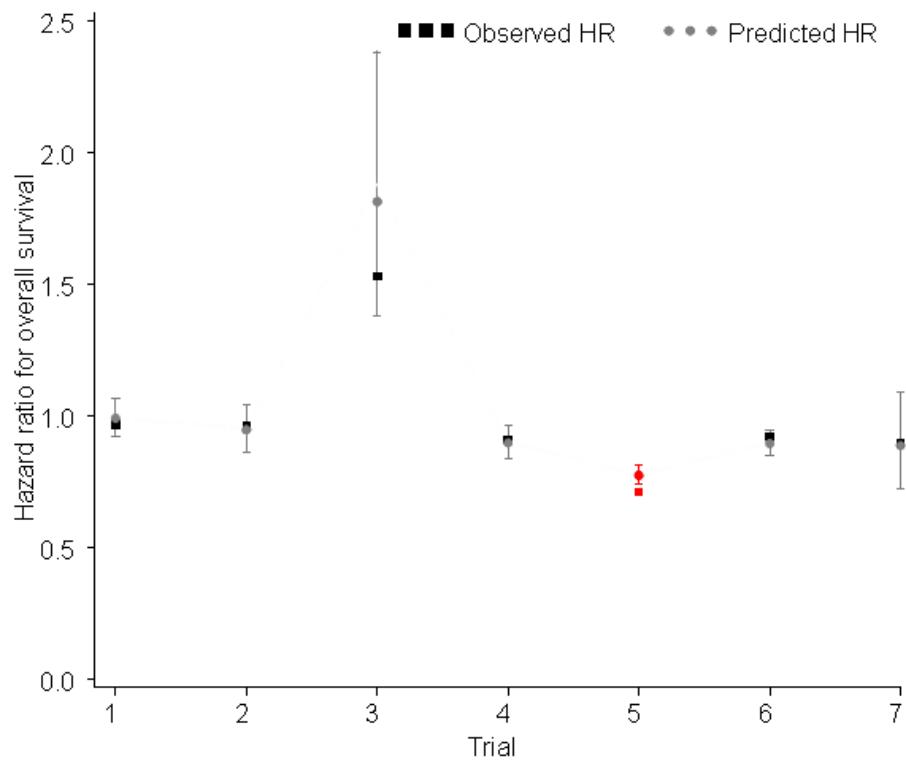
CT=chemotherapy; conc=concurrent;RT=radiotherapy, sequ=sequential See appendix 8 for other abbreviations

Appendix A10: Leave-one out crossvalidation results

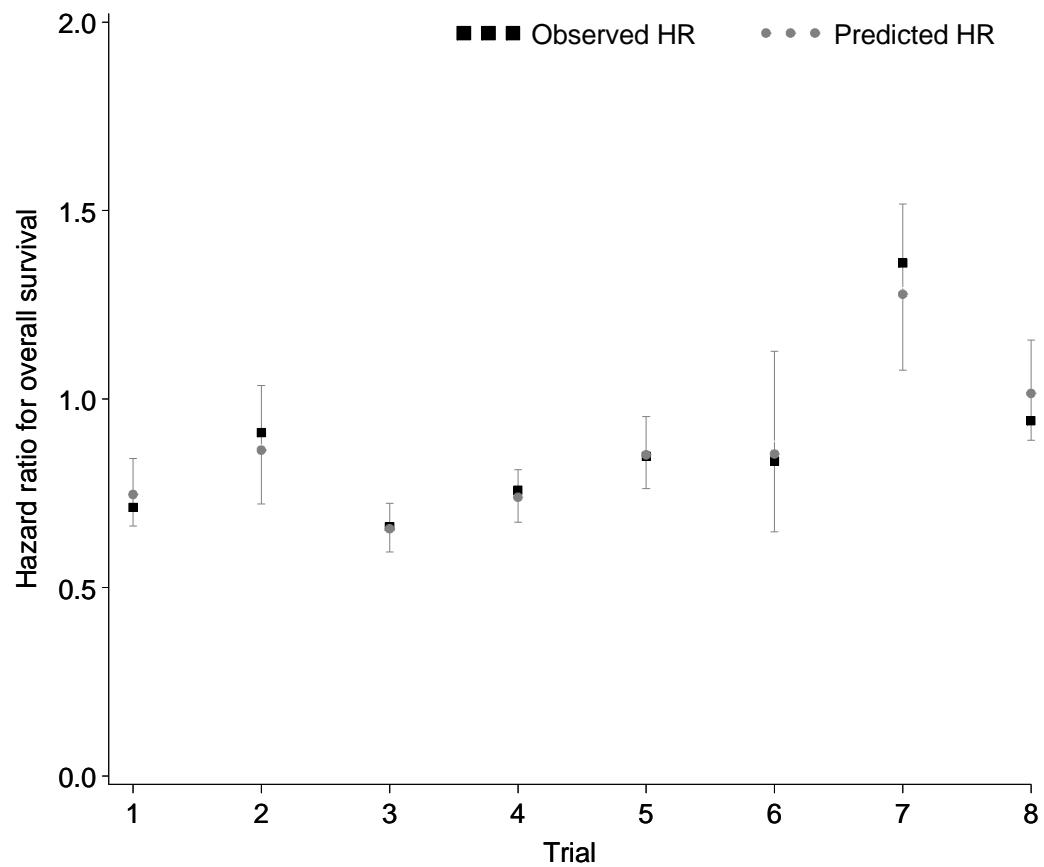
Operable NSCLC without post-operative radiotherapy – DFS



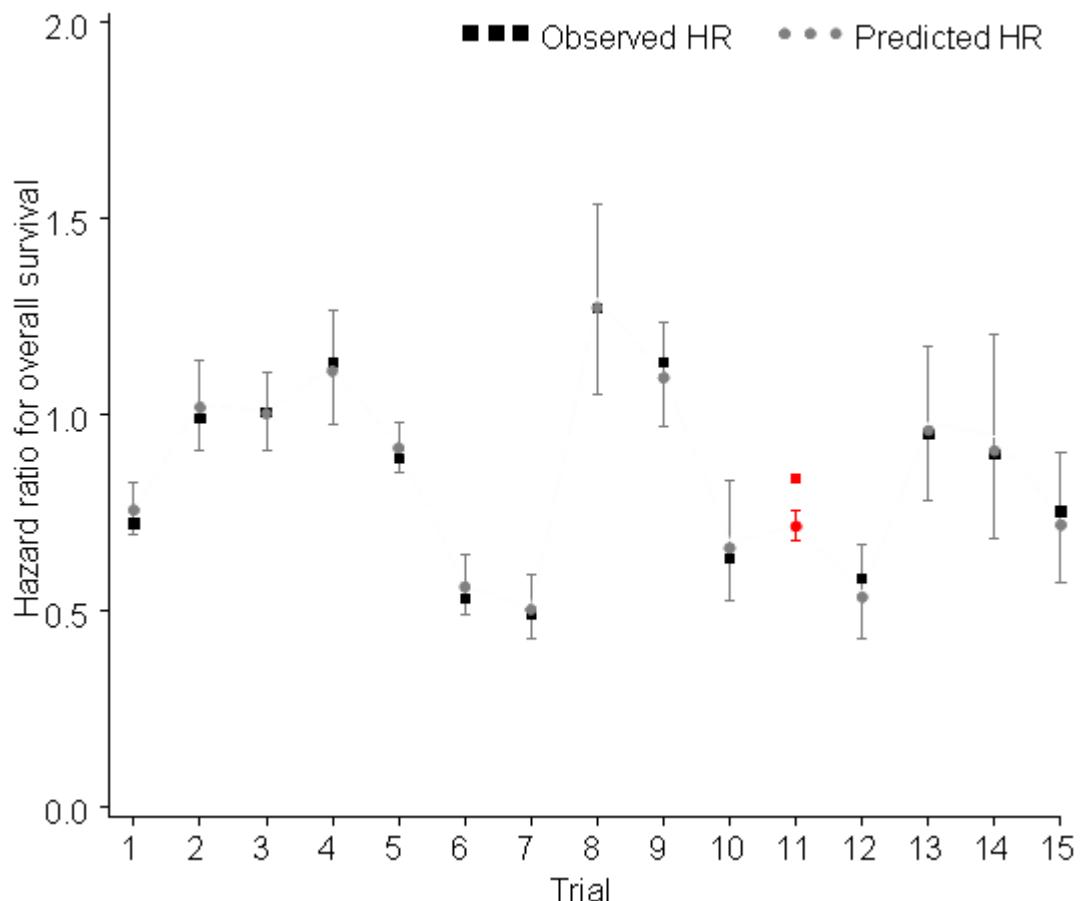
Operable NSCLC with post-operative radiotherapy - DFS



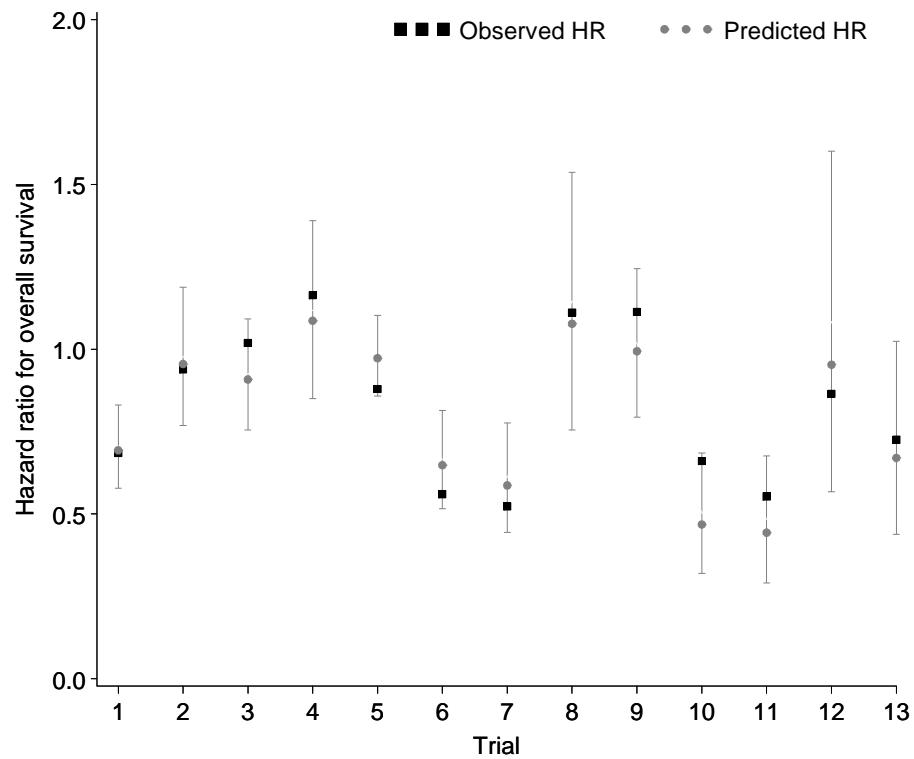
Locally advanced NSCLC, sequential chemotherapy – PFS



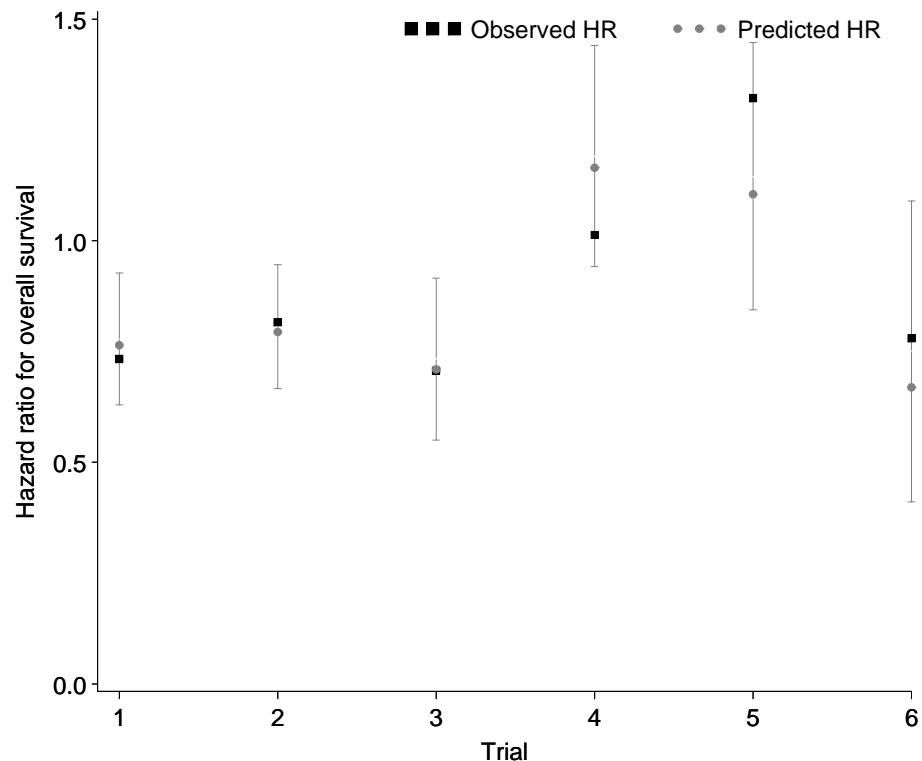
Locally advanced NSCLC, concurrent chemotherapy – PFS



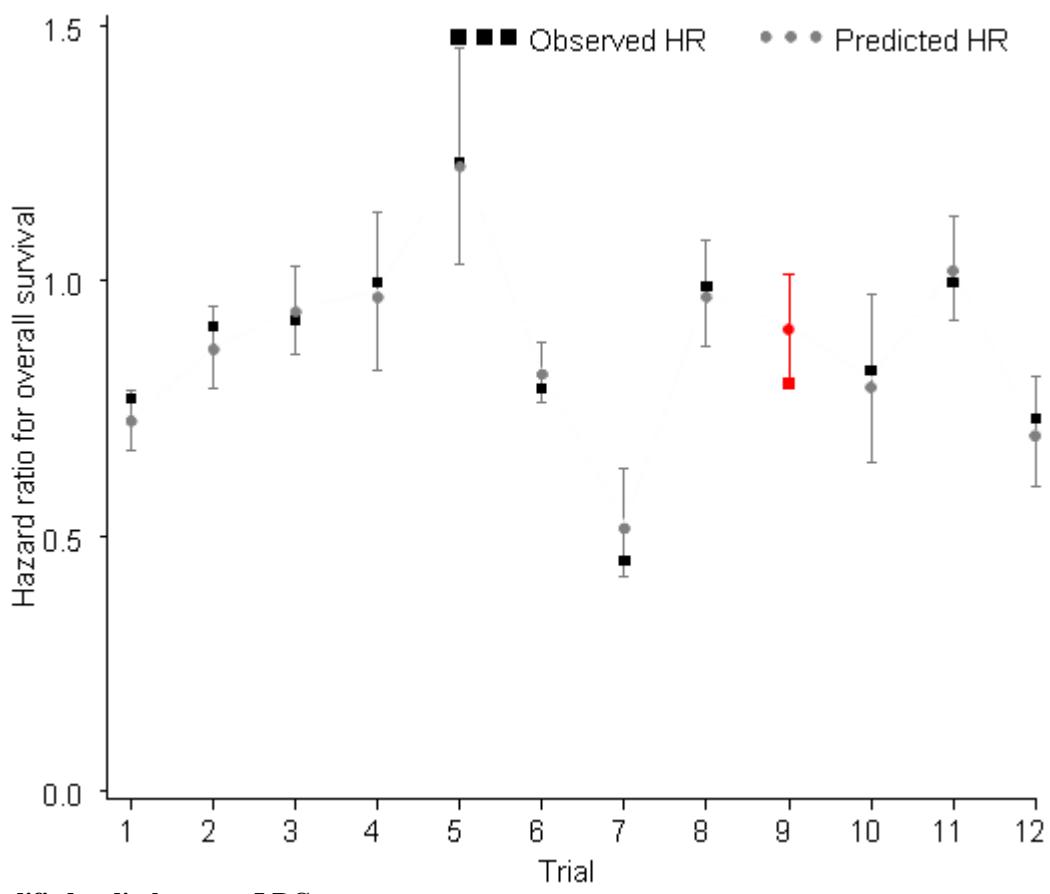
Locally advanced NSCLC, concurrent chemotherapy – LRC



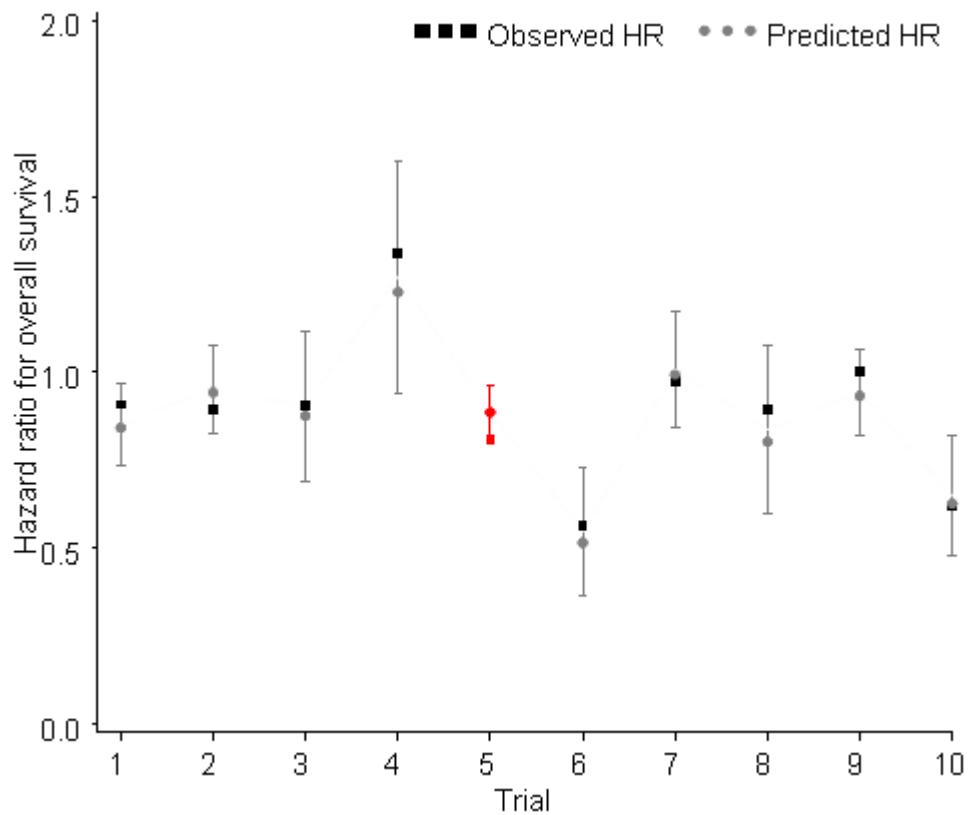
Locally advanced NSCLC, sequential versus concurrent chemotherapy – PFS



Modified radiotherapy – PFS



Modified radiotherapy - LRC



Results are for validation of DFS/PFS if no otherwise specified.

Table 5: Summary of cross-validation results

Meta-analysis	Number of trials with predicted effect on OS included in the 95% prediction interval /	Total number of trials
Operable NSCLC		
Without radiotherapy	17 / 17	
With radiotherapy	6 / 7	
Locally advanced NSCLC		
Sequential chemotherapy	8 / 8	
Concurrent chemotherapy	14 / 15 (13 / 13 for LRC)	
Sequential versus concurrent chemotherapy	6 / 6	
Locally advanced lung cancer		
Radiotherapy	11 / 12 (9/10 for LRC)	

DFS=disease-free survival, LRC=loco-regional control, OS=overall survival, PFS=progression-free survival