Supplemental appendix

Dose adjustments

All patients were to receive a fixed dose regimen of amatuximab, 5 mg/kg on Days 1 and 8 of each 21-day treatment cycle and this was to continue at this dose until disease progression occurs. If infusion-related adverse effects were encountered, the infusion rate was to be decreased by at least 50% and then advanced back to the highest rate that was well-tolerated.

At any point at which the investigator deemed necessary, other therapeutic interventions were allowed based on the signs and symptoms associated with the event. For a NCI CTCAE Grade 1 or 2 allergy, the sites were instructed to interrupt the infusion of amatuximab and administer diphenhydramine 25 – 50 mg i.v. and ranitidine 50 mg i.v. (or the local equivalents). After the symptoms resolved, the infusion could be resumed at a slower rate and if no further symptoms appeared, the administration of the intended dose could be completed. For a NCI CTCAE Grade 3 or 4 allergy, the sites were instructed to stop the infusion of amatuximab and administer diphenhydramine 50 mg i.v. and ranitidine 50 mg i.v. (or the local equivalents). The site could also consider administering i.v. steroids as well as consider administering oxygen, bronchodilators, epinephrine, intravenous fluids, and other treatments for anaphylaxis as medically indicated. If this grade of allergic reaction occurred, the site was instructed to not restart the infusion and that the patient should not receive any additional infusions of amatuximab.

Any dose modifications of pemetrexed and cisplatin were to be made according to the country-specific, approved package inserts and based upon the degree of toxicity experienced by the patient, as discussed in the applicable package insert.