

Supplementary appendix

This appendix formed part of the original submission and has been peer reviewed. We post it as supplied by the authors.

Supplement to: Bradley JD, Paulus R, Komaki R, et al. Standard-dose versus high-dose conformal radiotherapy with concurrent and consolidation carboplatin plus paclitaxel with or without cetuximab for patients with stage IIIA or IIIB non-small-cell lung cancer (RTOG 0617): a randomised, two-by-two factorial phase 3 study. *Lancet Oncol* 2015; published online Jan 16. [http://dx.doi.org/10.1016/S1470-2045\(14\)71207-0](http://dx.doi.org/10.1016/S1470-2045(14)71207-0).

Appendices

Appendix 1: Normal tissue dose-volume guidelines within protocol document (section 6 of protocol)

6.5 Critical Structures

Normal tissue constraints shall be prioritized in the following order for treatment planning:

1=spinal cord, 2=lungs, 3=esophagus, 4=brachial plexus, and 5=heart

- 6.5.1 Spinal Cord: The spinal cord dose limitation is the highest priority dose constraint and thus must be met irrespective of other constraints. Total “direct” plus “scatter” dose to the spinal cord must not exceed 50.5 Gy.
- 6.5.2 Lungs: The dose-volume constraint to the lungs is the second highest priority and must be met, except if it conflicts with the cord dose constraints. The volume of both lungs that receive more than 20 Gy (the V20) should not exceed 37% of the total. Alternatively, the mean lung dose should optimally be \leq 20 Gy. (By total lung volume we mean the total lung minus the CTV).
- If either of these constraints is exceeded, several solutions can be entertained.
First, one might increase the weighting of AP / PA treatments by one and reduce the obliques. This can be done as long as the cord dose (above), which takes precedence, is not exceeded.
Second, one can reduce the CTV to the minimum range suggested above.
Third, one can try to reduce the PTV by using respiratory gating techniques.
If after all attempts to decrease the V20 to below 37%, the V20 value still exceeds this limit, the patient should be treated to the dose on the arm to which they were randomized.
- 6.5.3 Esophagus: The mean dose to the esophagus is optimally kept below 34 Gy.[47] This is not an absolute requirement, but is strongly recommended unless other, more critical constraints force the situation. The V60 (% volume of esophagus exceeding 60 Gy) should be calculated for each patient.
- 6.5.4 Heart: The following limits are recommended: 60Gy to <1/3, 45 Gy to <2/3, and 40 Gy to <100% of the heart.

Appendix 2: Protocol Compliance Definitions

- **Credentialing process for enrolling institutions**
 - Completion of a facility questionnaire (<http://atc.wustl.edu>).
 - Completion of baseline physics questionnaire for 3DCRT, IMRT, or both (<http://atc.wustl.edu>).
 - Completion of Dry Run Submission to Image-guided Therapy Center
 - For IMRT, Completion of phantom irradiation (<http://rpc.mdanderson.org/rpc/>).
- **Radiation Therapy**
 - Contouring: Normal contours (consisting of ipsilateral lung, contralateral lung, spinal cord, heart, esophagus, brachial plexus and skin) were scored individually for each patient. Scores assigned to each were per protocol, minor corrections requested, or major corrections/unevaluable. Contours scored as per protocol or minor were termed 'acceptable variations'. Major deviations/unevaluable' normal tissue contours reflected judgment by the reviewer that the dose volume histograms for a specific normal tissue were unevaluable.
 - Dose
 - Per protocol: 95% of the PTV is covered by the prescription dose. Maximum dose is < 120% of prescription dose.
 - Acceptable Variation: 90% - < 95% of the PTV is covered by the prescription dose. The maximum dose is 120%-125% of the prescription dose.
 - Unacceptable Deviation: Exceeding any of the Acceptable Variation limits.
- **Systemic Therapy**
 - Evaluation is based on dose and treatment delays. The overall evaluation is the worst criteria met in either protocol dose or treatment delays. For example, a dose of 85-115% but treatment delays > 2 weeks would be considered an Unacceptable Deviation.

Per Protocol:

- Protocol Dose:
 - 85-115%
 - < 85%, due to protocol-specified dose modifications
- Treatment Delays
 - No delays
 - ≤ 1 week, regardless of reason
 - > 1 week, due to protocol-specified reasons

Acceptable variation:

- Protocol Dose:
 - 70 - < 85%, due to non-protocol-specified reasons
- Treatment Delays
 - >1 - ≤ 2 week delay, due to non-protocol-specified reasons

Unacceptable deviation:

- Protocol Dose:
 - < 70%, due to non-protocol-specified reasons
 - > 115%
 - Wrong drug/agent given
- Treatment Delays:
 - > 2 weeks, due to non-protocol-specified reasons
 - No delay when delay required by protocol

Appendix 3a
Radiation Therapy Review
By Radiation Dose

	Standard Dose: 60 Gy (n=217)	High Dose: 74 Gy (n=207)	Total (n=424)
Overall RT Review	(n=217)	(n=207)	(n=424)
Per Protocol	180 (82.9%)	153 (73.9%)	333 (78.5%)
Acceptable Variation#	4 (1.8%)	11 (5.3%)	15 (3.5%)
Unacceptable Deviation	16 (7.4%)	25 (12.1%)	41 (9.7%)
Incomplete RT - Death during RT	1 (0.5%)	1 (0.5%)	2 (0.5%)
Incomplete RT - Progression	0 (0.0%)	2 (1.0%)	2 (0.5%)
Incomplete RT - Refusal	3 (1.4%)	8 (3.9%)	11 (2.6%)
No RT Given	6 (2.8%)	4 (1.9%)	10 (2.4%)
Not Evaluable	7 (3.2%)	3 (1.4%)	10 (2.4%)
p-value*	0.02		
RT Dose, Fractionation	(n=217)	(n=206)	(n=423)
Not applicable	2 (0.9%)	2 (1.0%)	4 (0.9%)
Per protocol	200 (92.2%)	179 (86.9%)	379 (89.6%)
Acceptable variation#	1 (0.5%)	7 (3.4%)	8 (1.9%)
Unacceptable variation	7 (3.2%)	14 (6.8%)	21 (5.0%)
Not evaluable	7 (3.2%)	4 (1.9%)	11 (2.6%)
p-value*	0.08		
Elapsed Days	(n=217)	(n=206)	(n=423)
Not applicable	2 (0.9%)	2 (1.0%)	4 (0.9%)
Per protocol	195 (89.9%)	171 (83.0%)	366 (86.5%)
Acceptable variation#	5 (2.3%)	13 (6.3%)	18 (4.3%)
Unacceptable variation	8 (3.7%)	16 (7.8%)	24 (5.7%)
Not evaluable	7 (3.2%)	4 (1.9%)	11 (2.6%)
p-value*	0.04		
TV/OAR Contouring Overall Score	(n=217)	(n=207)	(n=424)
Not applicable	2 (0.9%)	3 (1.4%)	5 (1.2%)
Per protocol	180 (82.9%)	158 (76.3%)	338 (79.7%)
Acceptable variation#	13 (6.0%)	20 (9.7%)	33 (7.8%)
Unacceptable variation	14 (6.5%)	23 (11.1%)	37 (8.7%)
Not evaluable	8 (3.7%)	3 (1.4%)	11 (2.6%)
p-value*	0.09		
GTV Contour	(n=208)	(n=200)	(n=408)
Per protocol	192 (92.3%)	179 (89.5%)	371 (90.9%)
Acceptable variation#	7 (3.4%)	9 (4.5%)	16 (3.9%)
Unacceptable variation	9 (4.3%)	12 (6.0%)	21 (5.1%)
p-value*	0.32		
PTV Contour	(n=208)	(n=200)	(n=408)
Per protocol	193 (92.8%)	172 (86.0%)	365 (89.5%)
Acceptable variation#	6 (2.9%)	7 (3.5%)	13 (3.2%)
Unacceptable variation	8 (3.8%)	20 (10.0%)	28 (6.9%)
Not evaluable	1 (0.5%)	1 (0.5%)	2 (0.5%)
p-value*	0.03		

Appendix 3a
Radiation Therapy Review
By Radiation Dose

	Standard Dose: 60 Gy (n=217)	High Dose: 74 Gy (n=207)	Total (n=424)
Ipsilateral Lung Contour	(n=208)	(n=200)	(n=408)
Per protocol	202 (97.1%)	192 (96.0%)	394 (96.6%)
Acceptable variation#	5 (2.4%)	7 (3.5%)	12 (2.9%)
Unacceptable variation	1 (0.5%)	1 (0.5%)	2 (0.5%)
p-value*	0.54		
Contralateral Lung Contour	(n=208)	(n=200)	(n=408)
Per protocol	202 (97.1%)	189 (94.5%)	391 (95.8%)
Acceptable variation#	5 (2.4%)	8 (4.0%)	13 (3.2%)
Unacceptable variation	1 (0.5%)	1 (0.5%)	2 (0.5%)
Not evaluable	0 (0.0%)	2 (1.0%)	2 (0.5%)
p-value*	0.19		
Spinal Cord Contour	(n=208)	(n=200)	(n=408)
Per protocol	206 (99.0%)	198 (99.0%)	404 (99.0%)
Acceptable variation#	0 (0.0%)	1 (0.5%)	1 (0.2%)
Not evaluable	2 (1.0%)	1 (0.5%)	3 (0.7%)
p-value*	0.97		
Heart Contour	(n=208)	(n=200)	(n=408)
Per protocol	163 (78.4%)	145 (72.5%)	308 (75.5%)
Acceptable variation#	43 (20.7%)	52 (26.0%)	95 (23.3%)
Unacceptable variation	2 (1.0%)	2 (1.0%)	4 (1.0%)
Not evaluable	0 (0.0%)	1 (0.5%)	1 (0.2%)
p-value*	0.17		
Esophagus Contour	(n=208)	(n=200)	(n=408)
Per protocol	207 (99.5%)	197 (98.5%)	404 (99.0%)
Acceptable variation#	0 (0.0%)	1 (0.5%)	1 (0.2%)
Unacceptable variation	0 (0.0%)	1 (0.5%)	1 (0.2%)
Not evaluable	1 (0.5%)	1 (0.5%)	2 (0.5%)
p-value*	0.30		
Brachial Plexus Contour	(n=208)	(n=200)	(n=408)
Per protocol	192 (92.3%)	171 (85.5%)	363 (89.0%)
Acceptable variation#	11 (5.3%)	22 (11.0%)	33 (8.1%)
Unacceptable variation	4 (1.9%)	6 (3.0%)	10 (2.5%)
Not evaluable	1 (0.5%)	1 (0.5%)	2 (0.5%)
p-value*	0.03		
Skin Contour	(n=208)	(n=200)	(n=408)
Per protocol	205 (98.6%)	197 (98.5%)	402 (98.5%)
Not evaluable	3 (1.4%)	3 (1.5%)	6 (1.5%)
p-value*	0.96		
TV DVA Score	(n=217)	(n=207)	(n=424)
Per protocol	196 (90.3%)	179 (86.5%)	375 (88.4%)
Acceptable variation#	5 (2.3%)	7 (3.4%)	12 (2.8%)
Unacceptable variation	7 (3.2%)	15 (7.2%)	22 (5.2%)
Not evaluable	9 (4.1%)	6 (2.9%)	15 (3.5%)

**Appendix 3a
Radiation Therapy Review
By Radiation Dose**

	Standard Dose: 60 Gy (n=217)	High Dose: 74 Gy (n=207)	Total (n=424)
p-value*	0.22		
OAR DVA Score	(n=217)	(n=207)	(n=424)
Per protocol	192 (88.5%)	172 (83.1%)	364 (85.8%)
Acceptable variation#	1 (0.5%)	0 (0.0%)	1 (0.2%)
Unacceptable variation	15 (6.9%)	29 (14.0%)	44 (10.4%)
Not evaluable	9 (4.1%)	6 (2.9%)	15 (3.5%)
p-value*	0.11		

*p-value from chi-square test comparing Per Protocol vs. everything else

TV=tumor volume; OAR=organs at risk; GTV=gross tumor volume; PTV=planning target volume; DVA=dose volume analysis

#See Appendix 10 for definitions of variations.

**Appendix 3b
Systemic Therapy Review
Paclitaxel and Carboplatin**

	Standard Dose: 60 Gy (n=217)	High Dose: 74 Gy (n=207)	Cetuximab (n=237)	No Cetuximab (n=228)
Concurrent				
Overall review	(n=217)	(n=207)	(n=237)	(n=228)
Per Protocol	192 (88.5%)	175 (84.5%)	198 (83.5%)	203 (89.0%)
Acceptable Variation	14 (6.5%)	12 (5.8%)	19 (8.0%)	10 (4.4%)
Unacceptable Deviation	7 (3.2%)	12 (5.8%)	12 (5.1%)	10 (4.4%)
Not Evaluable	4 (1.8%)	8 (3.9%)	8 (3.4%)	5 (2.2%)
Dose				
Overall review	(n=213)	(n=199)	(n=229)	(n=223)
85-115%	148 (69.5%)	146 (73.4%)	159 (69.4%)	166 (74.4%)
<85%, due to protocol-specified reasons	45 (21.1%)	38 (19.1%)	46 (20.1%)	40 (17.9%)
70 - < 85%, due to non-protocol-specified reasons	14 (6.6%)	7 (3.5%)	16 (7.0%)	8 (3.6%)
< 70%, due to non-protocol-specified reasons	5 (2.3%)	5 (2.5%)	5 (2.2%)	7 (3.1%)
> 115%	1 (0.5%)	3 (1.5%)	3 (1.3%)	2 (0.9%)
Treatment delays				
Overall review	(n=213)	(n=199)	(n=229)	(n=223)
No delays	188 (88.3%)	164 (82.4%)	202 (88.2%)	188 (84.3%)
<= 1 week	17 (8.0%)	21 (10.6%)	15 (6.6%)	22 (9.9%)
> 1 week, due to protocol-specified reasons	8 (3.8%)	12 (6.0%)	12 (5.2%)	10 (4.5%)
>= 2 weeks, due to non-protocol-specified reasons	0 (0.0%)	2 (1.0%)	0 (0.0%)	3 (1.3%)
Consolidation				
Overall review	(n=216)	(n=207)	(n=237)	(n=227)
Per Protocol	151 (69.9%)	133 (64.3%)	159 (67.1%)	153 (67.4%)
Acceptable Variation	11 (5.1%)	11 (5.3%)	9 (3.8%)	15 (6.6%)
Unacceptable Deviation	23 (10.6%)	18 (8.7%)	25 (10.5%)	17 (7.5%)
Not Evaluable	31 (14.4%)	45 (21.7%)	44 (18.6%)	42 (18.5%)

Appendix 3b
Systemic Therapy Review
Paclitaxel and Carboplatin

	Standard Dose: 60 Gy (n=217)	High Dose: 74 Gy (n=207)	Cetuximab (n=237)	No Cetuximab (n=228)
Dose	(n=184)	(n=161)	(n=193)	(n=183)
85-115%	131 (71.2%)	112 (69.6%)	126 (65.3%)	137 (74.9%)
<85%, due to protocol-specified reasons	28 (15.2%)	28 (17.4%)	42 (21.8%)	23 (12.6%)
70 - < 85%, due to non-protocol-specified reasons	9 (4.9%)	6 (3.7%)	8 (4.1%)	8 (4.4%)
< 70%, due to non-protocol-specified reasons	14 (7.6%)	12 (7.5%)	15 (7.8%)	12 (6.6%)
> 115%	2 (1.1%)	3 (1.9%)	2 (1.0%)	3 (1.6%)
Treatment delays	(n=183)	(n=161)	(n=192)	(n=183)
No delays	135 (73.8%)	118 (73.3%)	143 (74.5%)	136 (74.3%)
<= 1 week	23 (12.6%)	23 (14.3%)	23 (12.0%)	22 (12.0%)
> 1 week, due to protocol-specified reasons	16 (8.7%)	15 (9.3%)	19 (9.9%)	18 (9.8%)
> 1 - 2 week delay, due to non-protocol specified reasons	4 (2.2%)	2 (1.2%)	2 (1.0%)	3 (1.6%)
>= 2 weeks, due to non-protocol-specified reasons	5 (2.7%)	3 (1.9%)	5 (2.6%)	4 (2.2%)

Appendix 3c
Systemic Therapy Review
Cetuximab

	Arm C: 60 Gy + Cetuximab (n=137)	Arm D: 74 Gy + Cetuximab (n=100)	Total (n=237)
Concurrent			
Overall review	(n=137)	(n=100)	(n=237)
Per Protocol	131 (95.6%)	90 (90.0%)	221 (93.2%)
Acceptable Variation	2 (1.5%)	3 (3.0%)	5 (2.1%)
Unacceptable Deviation	2 (1.5%)	3 (3.0%)	5 (2.1%)
Not Evaluable	2 (1.5%)	4 (4.0%)	6 (2.5%)
Dose	(n=135)	(n=96)	(n=231)
85-115%	110 (81.5%)	78 (81.3%)	188 (81.4%)
<85%, due to protocol-specified reasons	22 (16.3%)	17 (17.7%)	39 (16.9%)
70 - < 85%, due to non-protocol-specified reasons	1 (0.7%)	1 (1.0%)	2 (0.9%)
< 70%, due to non-protocol-specified reasons	2 (1.5%)	0 (0.0%)	2 (0.9%)
Treatment delays	(n=135)	(n=96)	(n=231)
No delays	118 (87.4%)	86 (89.6%)	204 (88.3%)
<= 1 week	10 (7.4%)	6 (6.3%)	16 (6.9%)
> 1 week, due to protocol-specified reasons	7 (5.2%)	4 (4.2%)	11 (4.8%)
Consolidation			
Overall review	(n=137)	(n=99)	(n=236)
Per Protocol	107 (78.1%)	73 (73.7%)	180 (76.3%)
Acceptable Variation	5 (3.6%)	4 (4.0%)	9 (3.8%)
Unacceptable Deviation	6 (4.4%)	3 (3.0%)	9 (3.8%)
Not Evaluable	19 (13.9%)	19 (19.2%)	38 (16.1%)

Appendix 3c
Systemic Therapy Review
Cetuximab

	Arm C: 60 Gy + Cetuximab (n=137)	Arm D: 74 Gy + Cetuximab (n=100)	Total (n=237)
Dose	(n=118)	(n=80)	(n=198)
85-115%	73 (61.9%)	45 (56.3%)	118 (59.6%)
<85%, due to protocol-specified reasons	38 (32.2%)	30 (37.5%)	68 (34.3%)
70 - < 85%, due to non-protocol-specified reasons	2 (1.7%)	2 (2.5%)	4 (2.0%)
< 70%, due to non-protocol-specified reasons	5 (4.2%)	3 (3.8%)	8 (4.0%)
Treatment delays	(n=118)	(n=80)	(n=198)
No delays	79 (66.9%)	56 (70.0%)	135 (68.2%)
<= 1 week	14 (11.9%)	12 (15.0%)	26 (13.1%)
> 1 week, due to protocol-specified reasons	22 (18.6%)	8 (10.0%)	30 (15.2%)
> 1 - 2 week delay, due to non-protocol specified reasons	1 (0.8%)	1 (1.3%)	2 (1.0%)
>= 2 weeks, due to non-protocol-specified reasons	2 (1.7%)	3 (3.8%)	5 (2.5%)

Appendix 4: Additional Statistical Methods

- Interim analyses
 - Three interim safety analyses were incorporated using Fleming's method¹ after 20, 40, and 80 evaluable patients per arm were accrued and followed for at least 90 days from the start of treatment. A rate of 40% or greater was considered too excessive with a maximum significance level of 0.05.
 - Three interim efficacy analyses of each endpoint were planned to be performed at 85, 170, and 255 deaths. At each planned interim analysis, the 1-sided p-value from the tests for assessing treatment efficacy and futility with respect to overall survival were compared to nominal significance levels. Haybittle-Peto boundaries were used for efficacy^{2,3} and Freidlin-Korn methodologies⁴ were used for the alternative hypothesis.
- Endpoints were defined as follows:
 - Overall survival
 - An event was death due to any cause.
 - Corresponding outcome time was the time from date of randomization until date of death or last date known alive.
 - Progression-free survival
 - An event was progression of disease or death due to any cause, whichever occurred first.
 - Corresponding outcome time was time from date of randomization until date of progression, date of death, or in the absence of progression and death, the last date known alive.
 - Local failure
 - An event was local failure.
 - Death without local failure was considered as a competing risk.
 - Corresponding outcome time was the time from date of randomization until date of local failure, or in the absence of local failure, the date of death or last date known alive.
 - Distant metastasis
 - An event was development of distant metastasis.
 - Death without development of distant metastasis was considered as a competing risk.
 - Corresponding outcome time was the time from date of randomization until date of distant failure, or in the absence of distant failure, the date of death or last date known alive.
- Endpoints of toxicity and outcome, including local failure and cause of death determinations, were based on institutional reporting, without central review monitoring.
- Follow-up evaluations were to be performed every 3 months for the first year, every 4 months for year 2, every 6 months for years 3-5, then annually. Routine follow-up evaluations included assessment of vital signs, Zubrod performance status, and any adverse events. CT scans were to be done every 6 months for the first two years, and then annually. Pulmonary functioning was evaluated at 6 months and then 1 year following completion of therapy.

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2. Haybittle JL. Repeated assessments of results in clinical trials of cancer treatment. *Brit J Radiol* 1971;44(526):793-797.
3. Peto R, Pike MC, Armitage P, et al. Design and analysis of randomized clinical trials requiring prolonged observation of each patient. *British Journal of Cancer* 1976;34:585-612.
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Appendix 5
Dose Volume Data
By Arm

	Arm A: 60 Gy (n=151)	Arm B: 74 Gy (n=107)	Arm C: 60 Gy + Cetuximab (n=137)	Arm D: 74 Gy + Cetuximab (n=100)
GTV volume (cc)	(n=105)	(n=78)	(n=98)	(n=75)
Mean	123.1	117.8	117.5	135.5
Median	92.8	110.0	92.9	75.3
Min - Max	5.9 - 552.8	13.2 - 492.9	4.6 - 485.9	8.6 - 735.8
Q1 - Q3	41.7 - 170.8	55.3 - 151.3	51.4 - 151.8	39.1 - 177.6
ITV volume (cc)	(n=53)	(n=36)	(n=53)	(n=34)
Mean	153.3	136.4	153.9	141.3
Median	98.1	108.0	92.7	92.2
Min - Max	41.9 - 1192.4	23.8 - 634.2	4.9 - 960.6	12.9 - 537.7
Q1 - Q3	69.6 - 166.2	82.3 - 166.9	51.7 - 207.5	60.0 - 185.0
PTV volume (cc)	(n=143)	(n=105)	(n=130)	(n=96)
Mean	535.4	510.1	491.5	509.6
Median	481.2	477.5	432.1	429.0
Min - Max	138.5 - 2232.3	100.6 - 1836.4	99.0 - 1851.2	164.2 - 1427.3
Q1 - Q3	334.5 - 642.1	303.0 - 607.2	302.5 - 598.3	307.0 - 643.8
Maximum dose to PTV (Gy)	(n=143)	(n=105)	(n=130)	(n=96)
Mean	66.45	79.71	66.07	79.66
Median	66.50	81.70	66.65	81.30
Min - Max	6.60 - 81.30	42.10 - 88.80	9.70 - 78.90	27.80 - 92.30
Q1 - Q3	48.20 - 55.60	54.80 - 65.60	47.40 - 55.30	49.95 - 65.95
Lung V5 (%)	(n=143)	(n=105)	(n=130)	(n=96)
Mean	58.3	58.9	57.1	57.1
Median	57.9	58.3	56.7	57.8
Min - Max	5.6 - 95.2	16.2 - 97.9	18.8 - 92.1	24.6 - 97.7
Q1 - Q3	2668.2 - 3965.1	2899.2 - 4281.2	2653.7 - 4029.2	2795.0 - 3744.8
Lung V20 (%)	(n=143)	(n=105)	(n=130)	(n=96)
Mean	28.7	31.1	28.1	30.7
Median	29.0	32.4	28.4	30.9
Min - Max	0.0 - 47.6	8.4 - 50.3	0.0 - 71.6	10.9 - 55.5
Q1 - Q3	24.7 - 34.8	26.9 - 35.7	23.0 - 33.8	25.3 - 35.1
Mean lung dose (Gy)	(n=143)	(n=105)	(n=130)	(n=96)
Mean	16.6	19.0	16.1	18.9
Median	16.5	19.9	16.5	19.3
Min - Max	1.9 - 26.5	4.8 - 29.9	3.2 - 43.1	6.8 - 32.2
Q1 - Q3	14.2 - 19.5	16.7 - 21.3	13.1 - 19.1	16.3 - 22.1
Heart V5 (%)	(n=143)	(n=105)	(n=130)	(n=94)
Mean	50.4	45.3	45.3	46.4
Median	50.4	38.1	42.2	49.3
Min - Max	0.0 - 100.0	0.0 - 100.0	0.0 - 100.0	0.0 - 100.0

Appendix 5
Dose Volume Data
By Arm

	Arm A: 60 Gy (n=151)	Arm B: 74 Gy (n=107)	Arm C: 60 Gy + Cetuximab (n=137)	Arm D: 74 Gy + Cetuximab (n=100)
Q1 - Q3	23.3 - 77.2	20.7 - 70.1	18.9 - 67.3	20.7 - 66.0
Heart V30 (%)	(n=143)	(n=105)	(n=130)	(n=94)
Mean	20.0	21.6	15.8	21.6
Median	14.3	12.7	11.5	15.8
Min - Max	0.0 - 94.6	0.0 - 90.7	0.0 - 94.6	0.0 - 85.4
Q1 - Q3	2.4 - 29.3	4.6 - 35.5	1.9 - 22.8	5.9 - 34.9
Esophagus V20 (%)	(n=142)	(n=105)	(n=129)	(n=95)
Mean	44.3	48.9	47.8	48.9
Median	44.5	48.3	48.6	46.9
Min - Max	0.0 - 78.9	10.5 - 92.7	0.0 - 80.8	16.4 - 82.5
Q1 - Q3	35.7 - 56.0	39.2 - 55.6	40.4 - 59.3	40.1 - 55.8
Esophagus V60 (%)	(n=142)	(n=105)	(n=129)	(n=95)
Mean	13.8	25.5	16.1	25.2
Median	11.7	25.4	15.5	24.7
Min - Max	0.0 - 65.6	0.0 - 62.7	0.0 - 56.8	0.0 - 55.1
Q1 - Q3	1.6 - 22.6	12.2 - 38.4	3.0 - 25.7	17.4 - 35.3

Q1=Quartile 1, Q3=Quartile 3

Appendix 6
RT Endpoint: Multivariate Cox Model of Overall Survival
(n=407)

Covariate	Comparison	Dead/Total RL	Dead/Total Group 2	HR (95% CI)	p-value*
Radiation Level	Standard Dose (RL) vs. High Dose	121/208	136/199	1.34 (1.04, 1.73)	0.0213
Maximum related esophagitis/dysphagia grade	Maximum grade < 3 (RL) vs. Maximum grade ≥ 3	210/349	47/58	1.54 (1.11, 2.15)	0.0102
Volume of PTV	Continuous	257/407		1.000 (1.000, 1.001)	0.0729
Heart V5	Continuous	257/407		1.007 (1.002, 1.011)	0.0035
Zubrod PS	0 (RL) vs. 1	151/240	106/167	1.14 (0.89, 1.47)	0.3045
PET Staging	No (RL) vs. Yes	30/39	227/368	0.77 (0.52, 1.13)	0.1766
Gender	Male (RL) vs. Female	153/240	104/167	0.97 (0.74, 1.26)	0.7975
Histology	Non-squamous (RL) vs. Squamous	146/228	111/179	1.01 (0.78, 1.31)	0.9380
Smoking History	Non-smoker/former light smoker (RL) vs. Former heavy/current smoker vs. Unknown	39/60 206/328 12/19		-- 1.14 (0.80, 1.63) 1.44 (0.74, 2.80)	-- 0.4617 0.2776

RL = reference level, HR = hazard ratio, CI = confidence interval

*Two-sided log-rank p-value

17 patients are missing dose-volume and/or smoking history information and are excluded from this model

Appendix 7
Cetuximab Endpoint: Multivariate Cox Model of Overall Survival
(n=442)

Covariate	Comparison	Dead/Total RL	Dead/Total Group 2	HR (95% CI)	p-value*
Radiation Level	Standard Dose (RL) vs. High Dose	144/258	125/184	1.31 (1.02, 1.67)	0.0325
Cetuximab Assignment	Cetuximab (RL) vs. No Cetuximab	134/224	135/218	1.05 (0.82, 1.34)	0.7013
Maximum related esophagitis/dysphagia grade	Maximum grade < 3 (RL) vs. Maximum grade ≥ 3	219/378	50/64	1.50 (1.09, 2.07)	0.0128
Volume of PTV	Continuous	269/442		1.000 (1.000, 1.001)	0.1563
Heart V5	Continuous	269/442		1.006 (1.001, 1.010)	0.0086
Zubrod PS	0 (RL) vs. 1	155/251	114/191	1.09 (0.86, 1.40)	0.4699
PET Staging	No (RL) vs. Yes	29/40	240/402	0.76 (0.51, 1.12)	0.1684
Gender	Male (RL) vs. Female	166/264	103/178	0.92 (0.71, 1.19)	0.5067
Histology	Non-squamous (RL) vs. Squamous	148/247	121/195	1.07 (0.84, 1.38)	0.5804
Smoking History	Non-smoker/former light smoker (RL) vs. Former heavy/current smoker vs. Unknown	37/63		--	--
		215/356		1.20 (0.84, 1.72)	0.3213
		17/23		2.28 (1.26, 4.12)	0.0064

RL = reference level, HR = hazard ratio, CI = confidence interval

*Two-sided log-rank p-value

23 patients are missing dose-volume and/or smoking history information and are excluded from this model

Appendix 8: Outcomes within Protocol Compliant Cohorts

Overall Survival	Physician RT Review: Per Protocol		90% of PTV Covered by \geq95% of RX Dose	
	60 Gy (RL)	74 Gy	60 Gy (RL)	74 Gy
Dead/Total	103/180	102/153	117/201	121/181
1 Year (95% CI)	81.0% (74.5, 86.1)	73.6% (65.8, 79.9)	80.9% (74.8, 85.8)	72.2% (65.0, 78.1)
2 Year (95% CI)	58.4% (50.8, 65.2)	45.5% (37.3, 53.2)	58.6% (51.3, 65.1)	44.9% (37.4, 52.0)
Median (months) (95% CI)	28.8 (24.1, 40.4)	20.4 (18.0, 25.9)	28.7 (24.2, 39.5)	20.6 (18.0, 25.9)
HR (95% CI)	1.40 (1.06, 1.84)		1.40 (1.08, 1.81)	
p-value (log-rank, two-sided)	0.0178		0.0099	
Local Failure	60 Gy (RL)	74 Gy	60 Gy (RL)	74 Gy
Fail/Total	66/180	64/153	72/201	75/181
1 Year (95% CI)	16.2% (11.2, 22.0)	25.7% (19.1, 32.9)	16.1% (11.3, 21.5)	24.5% (18.5, 31.0)
2 Year (95% CI)	30.4% (23.7, 37.2)	39.0% (31.2, 46.8)	30.4% (24.1, 36.9)	39.2% (32.0, 46.3)
HR (95% CI)	1.25 (0.89, 1.76)		1.26 (0.92, 1.74)	
p-value (Gray, two-sided)	0.1902		0.1482	
HR=hazard ratio, RL=referent level, CI=confidence interval				

Appendix 9: Interaction of RT Dose and Cetuximab on Overall Survival

Covariate	Comparison	HR (95% CI)	p-value*
Radiation therapy (RT) dose	60 Gy (RL) vs 74 Gy	1.52 (1.10, 2.12)	0.0122
Cetuximab	No cetuximab (RL) vs. Cetuximab	1.07 (0.76, 1.52)	0.6971
Interaction	RT dose/Cetuximab interaction	0.81 (0.50, 1.32)	0.3984
HR=hazard ratio, RL=referent level, CI=confidence interval			
*log-rank test, two-sided			

Appendix 10
Number of Patients with an Adverse Event by Category, Term, and Grade
Definitely, Probably, or Possibly Related to Protocol Treatment
All Eligible Patients - By Arm

Category Term	Arm A: 60 Gy (n=151) Grade					Arm B: 74 Gy (n=107) Grade					Arm C: 60 Gy + Cetuximab (n=137) Grade					Arm D: 74 Gy + Cetuximab (n=100) Grade				
	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
ALLERGY/IMMUNOLOGY	0	3	4	0	0	3	4	3	1	0	7	6	3	2	0	5	3	5	1	0
Allergic rhinitis	1	0	0	0	0	1	1	0	0	0	1	0	0	0	0	1	0	0	0	0
Hypersensitivity	0	3	4	0	0	2	3	3	1	0	6	6	3	2	0	5	3	5	1	0
AUDITORY/EAR	0	3	1	0	0	0	3	0	0	0	0	4	0	0	0	0	0	0	0	0
Ear disorder	0	1	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0
Hearing loss	0	2	0	0	0	0	2	0	0	0	0	3	0	0	0	0	0	0	0	0
Tinnitus	0	2	1	0	0	0	1	0	0	0	0	1	0	0	0	0	0	0	0	0
BLOOD/BONE MARROW	12	23	50	28	0	14	23	23	24	0	5	20	36	37	0	4	11	35	27	0
Blood disorder	3	1	1	0	0	0	0	0	0	0	1	0	0	0	0	0	1	1	0	0
CD4 lymphocytes decreased	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0
Haptoglobin decreased	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0
Hemoglobin decreased	46	31	10	2	0	23	32	6	2	0	30	28	13	0	0	22	23	6	1	0
Hemolysis	1	1	0	0	0	0	0	0	0	0	1	1	1	0	0	0	0	0	0	0
Leukopenia	17	22	37	5	0	9	19	28	5	0	10	19	27	15	0	3	14	29	8	0
Lymphopenia	1	9	20	12	0	1	4	16	6	0	0	4	18	11	0	2	2	12	2	0
Neutrophil count decreased	7	18	20	16	0	8	14	14	14	0	6	13	26	30	0	2	11	24	22	0
Platelet count decreased	37	10	8	2	0	24	12	4	4	0	27	11	8	3	0	20	8	10	6	0
CARDIAC ARRHYTHMIA	3	2	0	0	0	1	7	4	1	0	3	3	4	0	0	1	6	2	1	0
Arrhythmia	1	0	0	0	0	0	0	1	0	0	0	0	1	0	0	0	0	1	0	0
Arrhythmia supraventricular	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Atrial fibrillation	0	1	0	0	0	0	3	1	1	0	0	1	0	0	0	0	2	0	0	0
Atrial flutter	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	1	0	0	0
Atrial tachycardia	0	0	0	0	0	1	0	0	0	0	0	0	1	0	0	0	0	0	0	0
Palpitations	0	0	0	0	0	0	0	0	0	0	1	1	0	0	0	0	0	0	0	0
Premature ventricular contractions	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0
Sinus arrhythmia	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0

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Category	Arm A: 60 Gy (n=151)					Arm B: 74 Gy (n=107)					Arm C: 60 Gy + Cetuximab (n=137)					Arm D: 74 Gy + Cetuximab (n=100)				
	Grade					Grade					Grade					Grade				
Term	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
Sinus tachycardia	1	1	0	0	0	0	3	0	0	0	2	2	0	0	0	1	3	1	0	0
Supraventricular tachycardia	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	1	0	1	0
Syncope vasovagal	0	0	0	0	0	0	0	1	0	0	0	0	1	0	0	0	0	0	0	0
Ventricular tachycardia	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0
CARDIAC GENERAL	5	5	6	3	0	2	2	3	0	0	4	11	6	0	0	3	8	3	0	0
Cardiac disorder	1	0	1	0	0	0	0	2	0	0	0	1	1	0	0	0	1	0	0	0
Cardiopulmonary arrest	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Hypertension	0	1	1	0	0	1	0	0	0	0	0	2	0	0	0	0	1	0	0	0
Hypotension	5	2	3	1	0	0	2	1	0	0	5	8	5	0	0	2	6	3	0	0
Myocardial ischemia	0	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Pericardial effusion	2	0	1	1	0	1	0	1	0	0	1	0	1	0	0	2	0	0	0	0
Pericarditis	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
COAGULATION	1	0	0	0	0	0	0	0	0	0	2	1	0	0	0	0	0	0	0	0
Coagulopathy	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
INR increased	0	0	0	0	0	0	0	0	0	0	1	1	0	0	0	0	0	0	0	0
Thrombotic microangiopathy	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0
CONSTITUTIONAL SYMPTOMS	54	55	15	2	0	32	41	13	2	0	27	57	25	1	0	22	41	27	0	0
Chills	7	0	0	0	0	3	0	0	0	0	9	2	0	0	0	5	2	0	0	0
Fatigue	49	47	13	1	0	30	38	8	1	0	26	50	18	1	0	26	35	21	0	0
Fever	6	3	2	1	0	12	1	1	1	0	20	3	4	0	0	17	4	2	0	0
General symptom	3	3	0	0	0	1	1	0	0	0	4	0	0	1	0	3	0	0	0	0
Insomnia	10	5	0	0	0	4	4	0	0	0	5	0	3	0	0	8	4	0	0	0
Sweating	3	0	0	0	0	1	1	0	0	0	4	0	0	0	0	0	1	0	0	0
Weight loss	34	16	0	0	0	22	18	5	0	0	35	22	3	0	0	22	23	8	0	0
DEATH	0	0	0	0	0	0	0	0	0	1	0	0	0	0	1	0	0	0	0	0
Disease progression	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0

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Category	Arm A: 60 Gy (n=151)					Arm B: 74 Gy (n=107)					Arm C: 60 Gy + Cetuximab (n=137)					Arm D: 74 Gy + Cetuximab (n=100)				
	Grade					Grade					Grade					Grade				
Term	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
Sudden death	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0
DERMATOLOGY/SKIN	54	37	2	0	0	32	27	4	0	0	35	68	22	0	0	21	52	17	0	0
Acne	7	0	0	0	0	4	0	0	0	0	47	49	12	0	0	20	39	9	0	0
Alopecia	26	19	0	0	0	16	16	0	0	0	19	9	0	0	0	21	10	0	0	0
Bruising	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	1	1	0	0	0
Decubitus ulcer	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0
Dermatitis radiation	32	9	1	0	0	21	13	2	0	0	25	16	2	0	0	26	10	3	0	0
Dry skin	13	4	0	0	0	8	2	0	0	0	34	16	2	0	0	27	11	0	0	0
Erythema multiforme	0	2	1	0	0	0	0	0	0	0	0	2	0	0	0	0	3	0	0	0
Fat atrophy	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0
Flushing	0	0	0	0	0	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Hand-and-foot syndrome	0	0	0	0	0	0	0	0	0	0	4	2	1	0	0	1	0	0	0	0
Injection site reaction	0	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Nail disorder	2	0	0	0	0	1	0	0	0	0	11	3	0	0	0	6	2	0	0	0
Photosensitivity	0	1	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0
Pruritus	18	2	0	0	0	11	0	0	0	0	35	11	2	0	0	17	6	0	0	0
Radiation recall reaction (dermatologic)	12	4	0	0	0	9	6	4	0	0	14	18	1	0	0	8	7	4	0	0
Rash desquamating	6	3	1	0	0	8	3	0	0	0	20	16	5	0	0	15	13	4	0	0
Skin disorder	2	0	0	0	0	2	0	0	0	0	6	1	0	0	0	2	2	0	0	0
Skin hyperpigmentation	1	0	0	0	0	2	0	0	0	0	6	1	0	0	0	3	0	0	0	0
Skin hypopigmentation	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Skin ulceration	0	0	0	0	0	0	0	1	0	0	0	2	0	0	0	0	1	0	0	0
Telangiectasia	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	1	0	0	0
Thermal burn	0	0	0	0	0	2	1	0	0	0	1	0	0	0	0	3	0	0	0	0
Urticaria	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	1	0	0
ENDOCRINE	1	0	0	0	0	2	1	1	0	0	0	0	0	0	0	0	0	0	0	0
Glucose intolerance	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0
Hot flashes	1	0	0	0	0	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Appendix 10
Number of Patients with an Adverse Event by Category, Term, and Grade
Definitely, Probably, or Possibly Related to Protocol Treatment
All Eligible Patients - By Arm

Category Term	Arm A: 60 Gy (n=151) Grade					Arm B: 74 Gy (n=107) Grade					Arm C: 60 Gy + Cetuximab (n=137) Grade					Arm D: 74 Gy + Cetuximab (n=100) Grade				
	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
Hypothyroidism	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0
GASTROINTESTINAL	44	54	29	1	0	19	42	27	0	1	24	63	28	3	0	19	35	37	4	1
Abdominal distension	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	2	0	0	0
Acquired tracheo-esophageal fistula	0	1	0	1	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0
Anorexia	16	16	7	0	0	13	12	6	0	0	23	19	7	1	0	17	20	10	0	1
Appendicitis perforated	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0
Colitis	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0
Colonic fistula	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Constipation	29	7	0	0	0	14	5	1	0	0	30	8	2	0	0	19	11	2	0	0
Dehydration	6	5	12	0	0	0	5	7	0	0	2	19	16	2	0	0	9	15	1	0
Diarrhea	19	2	4	0	0	11	1	1	0	0	26	6	3	0	0	12	8	8	0	0
Dry mouth	5	1	0	0	0	2	0	0	0	0	1	2	0	0	0	3	1	0	0	0
Duodenal ulcer	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0
Dyspepsia	13	6	0	0	0	8	4	1	0	0	19	9	1	0	0	13	7	1	0	0
Dysphagia	31	35	4	0	0	14	25	11	0	0	35	29	5	0	0	24	20	13	1	0
Ear, nose and throat examination abnormal	4	1	0	0	0	4	1	0	0	0	3	3	0	0	0	1	3	0	0	0
Endoscopy small intestine abnormal	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Esophageal mucositis	0	1	0	0	0	0	1	1	0	0	1	0	0	0	0	1	0	1	0	0
Esophageal perforation	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0
Esophageal stenosis	0	2	1	0	0	0	0	8	0	0	1	0	0	0	0	0	1	6	1	0
Esophageal ulcer	0	0	0	0	0	0	2	3	0	0	0	2	0	0	0	0	2	1	0	0
Esophagitis	23	36	11	0	0	12	31	16	0	0	10	41	8	1	0	10	25	19	0	1
Esophagoscopy abnormal	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0
Flatulence	2	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0
Gastic fistula	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0
Gastric mucositis	0	0	0	0	0	1	0	1	0	0	0	0	0	0	0	0	0	0	0	0
Gastric ulcer	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0

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	Grade					Grade					Grade					Grade				
Term	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
Gastritis	2	2	0	0	0	0	0	0	0	0	1	1	0	0	0	1	0	0	0	0
Gastro-intestinal fistula	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0
Gastrointestinal disorder	2	1	1	0	0	2	1	1	0	0	3	3	0	0	0	1	1	1	0	0
Laryngoscopy abnormal	0	1	0	0	0	0	0	0	0	0	2	1	0	0	0	0	0	0	0	0
Mucositis oral	11	2	0	0	0	7	1	1	0	0	16	10	1	0	0	11	6	0	0	0
Nausea	48	12	8	0	0	34	8	3	0	0	33	21	6	0	0	26	13	9	0	0
Periodontal disease	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0
Pharyngeal examination abnormal	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	1	1	0	0	0
Pharyngeal mucositis	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1	0	0	0
Salivary gland disorder	1	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Taste alteration	8	2	0	0	0	8	2	0	0	0	15	2	0	0	0	8	5	0	0	0
Tooth disorder	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0
Vomiting	17	7	4	0	0	8	8	0	0	0	15	15	3	0	0	7	10	7	0	0
HEMORRHAGE/BLEEDING	15	1	1	0	0	8	0	2	1	0	15	0	1	1	1	14	0	0	0	1
Bronchial hemorrhage	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2	0	0	0	0
Bronchopulmonary hemorrhage	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	1	0	0	0	0
Gastric hemorrhage	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0
Hemorrhage	0	0	0	0	0	0	0	0	1	0	1	0	0	0	0	1	0	0	0	0
Hemorrhage nasal	8	1	0	0	0	4	0	0	0	0	11	0	0	1	0	7	0	0	0	0
Lower gastrointestinal hemorrhage	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Petechiae	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0
Pharyngeal hemorrhage	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Pulmonary hemorrhage	1	0	0	0	0	1	0	1	0	0	0	0	1	0	0	6	0	0	0	1
Respiratory tract hemorrhage	4	0	0	0	0	3	0	1	0	0	4	0	0	0	1	2	0	0	0	0
HEPATOBILIARY/PANCREAS	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0
Hepatic failure	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0

Appendix 10
Number of Patients with an Adverse Event by Category, Term, and Grade
Definitely, Probably, or Possibly Related to Protocol Treatment
All Eligible Patients - By Arm

Category Term	Arm A: 60 Gy (n=151) Grade					Arm B: 74 Gy (n=107) Grade					Arm C: 60 Gy + Cetuximab (n=137) Grade					Arm D: 74 Gy + Cetuximab (n=100) Grade				
	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
INFECTION	1	13	15	1	0	1	9	10	1	0	1	8	16	3	1	0	7	9	2	1
Bronchitis [with normal or Grade 1-2 ANC]	0	1	1	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0
Bronchitis [with unknown ANC]	0	1	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0
Catheter related infection [with Grade 3-4 ANC]	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0
Catheter related infection [with normal or Grade 1-2 ANC]	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0
Device related infection [with unknown ANC]	0	0	0	0	0	0	0	0	0	0	0	0	2	0	0	0	0	0	0	0
Endocarditis infective [with normal or Grade 1-2 ANC]	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0
Endocarditis infective [with unknown ANC]	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0
Esophageal infection [with normal or Grade 1-2 ANC]	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Febrile neutropenia	0	0	2	0	0	0	0	4	1	0	0	0	5	3	1	0	0	2	1	0
Gingival infection [with Grade 3-4 ANC]	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	1	0	0
Gingival infection [with normal or Grade 1-2 ANC]	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Infection [other]	1	1	0	0	0	1	6	2	0	0	1	2	0	0	0	0	0	1	0	0
Infectious colitis [with unknown ANC]	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0
Laryngitis [with normal or Grade 1-2 ANC]	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Mucosal infection [with normal or Grade 1-2 ANC]	0	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0
Mucosal infection [with unknown ANC]	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0

Appendix 10
Number of Patients with an Adverse Event by Category, Term, and Grade
Definitely, Probably, or Possibly Related to Protocol Treatment
All Eligible Patients - By Arm

Category Term	Arm A: 60 Gy (n=151) Grade					Arm B: 74 Gy (n=107) Grade					Arm C: 60 Gy + Cetuximab (n=137) Grade					Arm D: 74 Gy + Cetuximab (n=100) Grade				
	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
Nail infection [with normal or Grade 1-2 ANC]	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0
Opportunistic infection	0	1	1	0	0	0	0	0	0	0	0	2	0	0	0	0	0	0	0	0
Penile infection [with Grade 3-4 ANC]	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0
Peritoneal infection [with Grade 3-4 ANC]	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0
Pharyngitis [with normal or Grade 1-2 ANC]	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0
Phlebitis infective [with normal or Grade 1-2 ANC]	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0
Pleural infection [with normal or Grade 1-2 ANC]	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0
Pneumonia [with Grade 3-4 ANC]	0	0	2	0	0	0	0	1	0	0	0	0	1	1	0	0	0	0	0	0
Pneumonia [with normal or Grade 1-2 ANC]	0	4	8	0	0	0	2	1	0	0	0	2	3	0	0	0	2	0	1	0
Pneumonia [with unknown ANC]	0	0	1	0	0	0	0	2	0	0	0	1	5	0	0	0	1	2	0	1
Sepsis [with Grade 3-4 ANC]	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0
Sepsis [with normal or Grade 1-2 ANC]	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	1	0	0
Sepsis [with unknown ANC]	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0
Sinusitis [with Grade 3-4 ANC]	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sinusitis [with normal or Grade 1-2 ANC]	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Skin infection [with normal or Grade 1-2 ANC]	0	1	0	0	0	0	0	0	0	0	0	1	0	0	0	0	2	1	0	0
Soft tissue infection [with normal or Grade 1-2 ANC]	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0

Appendix 10
Number of Patients with an Adverse Event by Category, Term, and Grade
Definitely, Probably, or Possibly Related to Protocol Treatment
All Eligible Patients - By Arm

Category Term	Arm A: 60 Gy (n=151) Grade					Arm B: 74 Gy (n=107) Grade					Arm C: 60 Gy + Cetuximab (n=137) Grade					Arm D: 74 Gy + Cetuximab (n=100) Grade				
	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
Upper aerodigestive tract infection [with normal or Grade 1-2 ANC]	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0
Upper respiratory infection [with Grade 3-4 ANC]	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0
Upper respiratory infection [with unknown ANC]	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2	0	0	0
Urinary tract infection [with Grade 3-4 ANC]	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0
Urinary tract infection [with normal or Grade 1-2 ANC]	0	2	0	1	0	0	0	1	0	0	0	0	1	0	0	0	0	0	0	0
Urinary tract infection [with unknown ANC]	0	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Wound infection [with Grade 3-4 ANC]	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0
Wound infection [with normal or Grade 1-2 ANC]	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0
Wound infection [with unknown ANC]	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0
LYMPHATICS	7	0	0	0	0	6	0	0	0	0	3	1	0	0	0	3	1	0	0	0
Edema limbs	6	0	0	0	0	6	0	0	0	0	3	1	0	0	0	3	1	0	0	0
Localized edema [head and neck]	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Lymphatic disorder	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0
METABOLIC/LABORATORY	37	16	14	3	0	22	7	15	4	0	34	23	28	4	0	28	18	19	1	0
Alanine aminotransferase increased	13	0	1	0	0	7	2	1	1	0	10	0	1	0	0	12	3	0	0	0
Alkaline phosphatase increased	5	1	0	0	0	7	2	0	0	0	10	0	1	0	0	10	0	0	0	0
Amylase increased	0	0	0	0	0	0	0	0	0	0	1	1	0	0	0	0	0	0	0	0

Appendix 10
Number of Patients with an Adverse Event by Category, Term, and Grade
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All Eligible Patients - By Arm

Category Term	Arm A: 60 Gy (n=151) Grade					Arm B: 74 Gy (n=107) Grade					Arm C: 60 Gy + Cetuximab (n=137) Grade					Arm D: 74 Gy + Cetuximab (n=100) Grade				
	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
Aspartate aminotransferase increased	6	3	0	0	0	6	2	0	0	0	11	0	0	0	0	12	3	0	0	0
Blood bicarbonate decreased	0	0	0	0	0	0	0	0	0	0	2	0	0	0	0	0	0	0	0	0
Creatinine increased	6	1	0	0	0	6	1	0	0	0	3	1	0	0	0	5	0	0	0	0
Gamma-glutamyltransferase increased	0	1	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0
Hemoglobinuria	1	0	0	0	0	0	0	0	0	0	0	1	0	0	0	1	0	0	0	0
Hyperbilirubinemia	2	0	0	0	0	2	1	0	0	0	3	1	0	0	0	3	1	0	0	0
Hypercalcemia	2	0	0	0	0	1	1	0	0	0	6	0	0	0	0	0	1	0	0	0
Hyperglycemia	11	10	7	0	0	6	5	3	1	0	11	7	5	0	0	7	7	1	0	0
Hyperkalemia	7	0	0	0	0	3	0	0	0	0	2	2	0	0	0	3	1	0	0	0
Hypermagnesemia	1	0	0	0	0	2	0	0	0	0	4	0	0	0	0	0	0	0	0	0
Hypernatremia	1	0	0	0	0	1	0	0	0	0	4	0	3	0	0	3	0	0	0	0
Hypertriglyceridemia	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0
Hyperuricemia	0	0	1	0	0	1	0	0	0	0	1	0	0	0	0	0	0	0	0	0
Hypoalbuminemia	11	11	0	0	0	6	9	1	0	0	15	14	0	0	0	12	12	3	0	0
Hypocalcemia	16	6	0	0	0	8	6	0	1	0	21	7	0	1	0	10	4	0	0	0
Hypoglycemia	0	0	0	0	0	2	0	0	0	0	0	0	0	0	0	1	0	0	0	0
Hypokalemia	12	0	4	1	0	8	0	6	0	0	28	0	8	1	0	14	0	9	1	0
Hypomagnesemia	15	1	0	0	0	11	1	0	1	0	39	20	7	2	0	33	12	5	0	0
Hyponatremia	20	0	5	1	0	14	0	8	0	0	22	0	8	0	0	19	1	5	0	0
Hypophosphatemia	1	0	0	1	0	1	0	1	0	0	1	1	2	0	0	0	3	0	0	0
Laboratory test abnormal	4	0	1	0	0	2	0	0	0	0	6	3	1	1	0	0	1	1	0	0
Proteinuria	0	0	0	0	0	0	0	0	0	0	3	0	0	0	0	0	0	0	0	0
MUSCULOSKELETAL/SOFT TISSUE	9	6	2	0	0	4	3	2	0	0	5	4	3	0	0	4	7	3	0	0
Arthritis	0	1	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Fibrosis deep connective tissue	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0
Fracture	1	0	0	0	0	0	0	0	0	0	0	2	0	0	0	0	2	0	0	0
Joint disorder	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	1	0	0	0	0

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All Eligible Patients - By Arm

Category	Arm A: 60 Gy (n=151)					Arm B: 74 Gy (n=107)					Arm C: 60 Gy + Cetuximab (n=137)					Arm D: 74 Gy + Cetuximab (n=100)				
	Grade					Grade					Grade					Grade				
Term	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
Muscle weakness	4	3	2	0	0	1	3	2	0	0	2	0	3	0	0	2	5	3	0	0
Muscle weakness lower limb	0	0	0	0	0	1	0	0	0	0	1	1	0	0	0	1	1	0	0	0
Muscle weakness right-sided	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0
Muscle weakness trunk	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0
Muscle weakness upper limb	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Musculoskeletal disorder	2	1	0	0	0	0	0	0	0	0	0	1	0	0	0	0	1	0	0	0
Osteoporosis	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Superficial soft tissue fibrosis	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0
NEUROLOGY	41	25	5	0	0	30	12	4	0	0	22	22	11	1	0	24	16	5	1	0
Agitation	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0
Anxiety	2	3	1	0	0	0	0	0	0	0	1	0	0	0	0	3	1	0	0	0
Ataxia	0	0	0	0	0	0	1	0	0	0	1	0	0	0	0	0	0	0	0	0
Cognitive disturbance	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0
Confusion	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0
Depressed level of consciousness	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0
Depression	4	1	0	0	0	2	1	1	0	0	0	0	0	0	0	0	2	0	0	0
Dizziness	11	4	2	0	0	6	3	0	0	0	13	3	0	0	0	4	2	0	1	0
Leukoencephalopathy	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0
Memory impairment	0	1	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Neurological disorder NOS	3	1	0	0	0	0	0	0	0	0	0	1	0	0	0	2	0	0	0	0
Peripheral motor neuropathy	4	5	0	0	0	3	1	0	0	0	2	2	2	0	0	3	1	0	0	0
Peripheral sensory neuropathy	37	15	2	0	0	27	9	3	0	0	23	19	5	0	0	23	11	5	0	0
Speech disorder	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0
Syncope	0	0	0	0	0	0	0	0	0	0	0	0	3	1	0	0	0	1	0	0
Tremor	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0
OCULAR/VISUAL	4	0	0	0	0	1	1	0	0	0	7	0	0	0	0	6	2	0	0	0
Conjunctival disorder	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0
Diplopia	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Dry eye syndrome	1	0	0	0	0	0	0	0	0	0	2	0	0	0	0	0	0	0	0	0

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Category	Arm A: 60 Gy (n=151)					Arm B: 74 Gy (n=107)					Arm C: 60 Gy + Cetuximab (n=137)					Arm D: 74 Gy + Cetuximab (n=100)				
	Grade					Grade					Grade					Grade				
Term	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
Eye disorder	1	0	0	0	0	0	0	0	0	0	1	0	0	0	0	2	0	0	0	0
Flashing vision	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	1	0	0	0
Vision blurred	2	0	0	0	0	1	1	0	0	0	2	0	0	0	0	4	0	0	0	0
Watering eyes	0	0	0	0	0	0	0	0	0	0	2	0	0	0	0	0	0	0	0	0
PAIN	26	33	10	0	0	22	23	8	0	0	27	30	10	0	0	22	22	5	0	0
Abdominal pain	1	1	1	0	0	3	0	0	0	0	1	2	3	0	0	1	2	1	0	0
Back pain	1	4	0	0	0	1	1	0	0	0	3	0	0	0	0	1	2	0	0	0
Bone pain	2	2	0	0	0	0	0	0	0	0	1	1	1	0	0	1	1	0	0	0
Breast pain	1	0	0	0	0	1	0	0	0	0	1	0	0	0	0	0	0	0	0	0
Buttock pain	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0
Cardiac pain	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	1	0	0	0
Chest pain	4	9	4	0	0	4	4	3	0	0	4	4	2	0	0	5	3	0	0	0
Chest wall pain	4	3	0	0	0	0	0	0	0	0	4	2	1	0	0	1	4	0	0	0
Esophageal pain	3	4	2	0	0	4	10	4	0	0	4	6	1	0	0	5	4	2	0	0
Gastrointestinal pain	1	1	0	0	0	0	1	1	0	0	0	0	0	0	0	0	0	0	0	0
Headache	10	2	1	0	0	5	2	1	0	0	12	6	1	0	0	9	6	1	0	0
Joint pain	12	5	0	0	0	3	1	0	0	0	5	3	0	0	0	4	3	0	0	0
Laryngeal pain	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Lip pain	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	1	0	0	0	0
Myalgia	8	5	2	0	0	7	4	1	0	0	4	4	1	0	0	5	1	0	0	0
Neck pain	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0
Neuralgia	1	1	0	0	0	1	1	0	0	0	0	0	0	0	0	0	0	1	0	0
Oral pain	0	1	0	0	0	1	0	0	0	0	0	1	0	0	0	0	0	0	0	0
Pain [NOS]	1	1	0	0	0	0	0	0	0	0	3	1	0	0	0	2	2	0	0	0
Pain [other]	4	2	1	0	0	3	4	1	0	0	5	1	2	0	0	6	1	1	0	0
Pain in extremity	5	5	1	0	0	1	0	0	0	0	0	3	1	0	0	1	1	0	0	0
Pain of skin	1	0	0	0	0	1	0	0	0	0	0	1	0	0	0	2	0	0	0	0
Pericardial pain	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0
Pharyngolaryngeal pain	5	5	1	0	0	3	3	0	0	0	3	2	3	0	0	4	1	1	0	0
Sinus pain	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Appendix 10
Number of Patients with an Adverse Event by Category, Term, and Grade
Definitely, Probably, or Possibly Related to Protocol Treatment
All Eligible Patients - By Arm

Category Term	Arm A: 60 Gy (n=151) Grade					Arm B: 74 Gy (n=107) Grade					Arm C: 60 Gy + Cetuximab (n=137) Grade					Arm D: 74 Gy + Cetuximab (n=100) Grade				
	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
PULMONARY/UPPER RESPIRATORY	33	32	24	4	1	33	21	16	1	2	33	23	25	3	2	17	23	16	4	0
Adult respiratory distress syndrome	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0
Atelectasis	2	3	0	0	0	2	0	0	0	0	1	2	1	0	0	1	1	1	0	0
Bronchial fistula	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0
Bronchial obstruction	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0
Bronchospasm	0	2	1	0	0	0	0	0	0	0	2	0	1	0	0	2	1	0	0	0
Carbon monoxide diffusing capacity decreased	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0
Cough	35	19	6	0	0	30	8	5	0	0	36	10	2	0	0	19	13	6	0	0
Dyspnea	29	15	17	3	0	25	11	8	0	0	22	17	9	2	1	17	14	10	0	0
Forced expiratory volume decreased	0	2	1	0	0	0	0	0	0	0	0	0	1	0	0	0	0	1	0	0
Hiccough	1	0	0	0	0	0	0	0	0	0	3	0	0	0	0	2	1	0	0	0
Hypoxia	0	3	5	0	0	0	0	0	0	0	0	2	1	1	0	0	1	2	0	0
Laryngeal edema	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Pleural effusion	6	0	2	0	0	0	3	1	0	0	1	0	2	0	0	3	1	1	0	0
Pneumonitis	7	16	6	1	1	4	10	2	1	0	2	8	10	0	1	1	11	5	1	0
Pneumothorax	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0
Pulmonary fibrosis	11	3	0	0	0	4	3	0	0	0	7	2	1	0	0	3	2	0	0	0
Respiratory disorder	1	0	3	0	0	2	1	1	0	2	0	2	3	1	1	1	0	0	3	0
Tracheal fistula	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0
Voice alteration	7	4	1	0	0	6	1	0	0	0	9	1	0	0	0	8	2	0	0	0
RENAL/GENITOURINARY	1	1	0	0	0	2	0	0	0	0	5	1	0	0	0	2	2	2	0	0
Cystitis	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0
Renal failure	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0
Urinary frequency	0	0	0	0	0	1	0	0	0	0	1	1	0	0	0	1	0	1	0	0
Urinary retention	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	1	0	0	0

Appendix 10
Number of Patients with an Adverse Event by Category, Term, and Grade
Definitely, Probably, or Possibly Related to Protocol Treatment
All Eligible Patients - By Arm

Category Term	Arm A: 60 Gy (n=151) Grade					Arm B: 74 Gy (n=107) Grade					Arm C: 60 Gy + Cetuximab (n=137) Grade					Arm D: 74 Gy + Cetuximab (n=100) Grade				
	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
Urogenital disorder	1	0	0	0	0	0	0	0	0	0	4	0	0	0	0	1	0	0	0	0
SEXUAL/REPRODUCTIVE FUNCTION	0	0	0	0	0	1	1	0	0	0	0	0	0	0	0	1	0	0	0	0
Erectile dysfunction	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0
Irregular menstruation	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Libido decreased	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0
SYNDROMES	1	1	0	0	0	2	1	0	0	0	1	3	1	0	0	2	0	0	0	0
Cytokine release syndrome	0	1	0	0	0	0	1	0	0	0	0	3	0	0	0	0	0	0	0	0
Flu-like symptoms	1	0	0	0	0	2	0	0	0	0	1	0	0	0	0	0	0	0	0	0
Ill-defined disorder	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	2	0	0	0	0
VASCULAR	0	1	0	2	0	0	1	0	2	0	0	1	2	1	1	0	2	1	4	1
Phlebitis superficial	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0
Thrombosis	0	0	0	2	0	0	1	0	2	0	0	1	2	1	1	0	1	0	4	1
Vascular access complication	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0
Vascular disorder	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	1	0	0
PENDING CLARIFICATION OF TERM	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	1	0	0	1	0

Includes adverse events where relationship to protocol treatment is missing.
Adverse events were graded with CTCAE version 3.0.

**Appendix 11:
Grade 5 Adverse Events**

Assigned Treatment	Category	Term	Relationship to Treatment	Days from Start of Treatment	Days from End of Treatment
Arm A: 60 Gy	² Pulmonary/upper respiratory	Dyspnea	Unlikely	130	46
	¹ Death	Death	Unlikely	172	89
	³ Pulmonary/upper respiratory	Pneumonitis	Possibly	176	91
	³ Hemorrhage/bleeding	Pulmonary hemorrhage	Unrelated	114	28
Arm B: 74 Gy	² Vascular	Thrombosis	Unlikely	103	33
	² Infection	Pneumonia [with unknown ANC]	Unrelated	627	508
	¹ Pulmonary/upper respiratory	Respiratory disorder	Probably	775	677
	¹ Death	Disease progression	Unlikely	62	7
	¹ Vascular	Thrombosis	Unrelated	88	33
	¹ Gastrointestinal	Acquired tracheo-esophageal fistula	Definitely	710	612
	¹ Infection	Pneumonia [with normal or Grade 1-2 ANC]	Unlikely	83	40
	¹ Death	Sudden death	Unlikely	105	7
	¹ Pulmonary/upper respiratory	Respiratory disorder	Possibly	115	10
	¹ Death	Disease progression	Possibly	216	158
Arm C: 60 Gy + Cetuximab	¹ Death	Sudden death	Possibly	109	11
	¹ Hemorrhage/bleeding	Pulmonary hemorrhage	Unlikely	30	1
	¹ Pulmonary/upper respiratory	Pneumonitis	Probably	159	54
	¹ Vascular	Thrombosis	Probably	120	15
	¹ Cardiac general	Myocardial ischemia	Unlikely	98	0
	¹ Death	Sudden death	Unrelated	54	4
	¹ Death	Death	Unrelated	65	12
	³ Hemorrhage/bleeding	Respiratory tract hemorrhage	Probably	67	4
	³ Infection	Febrile neutropenia	Definitely	85	7
³ Pulmonary/upper respiratory	Respiratory disorder	Probably	65	15	
Arm D: 74 Gy + Cetuximab	¹ Vascular	Thrombosis	Probably	95	43
	¹ Cardiac arrhythmia	Supraventricular tachycardia	Unlikely	204	85
	¹ Hemorrhage/bleeding	Esophageal hemorrhage	Unrelated	680	568
	¹ Infection	Sepsis [with normal or Grade 1-2 ANC]	Unlikely	438	326
	¹ Infection	Pneumonia [with unknown ANC]	Probably	131	19
	¹ Cardiac general	Cardiac disorder	Unrelated	415	303
	¹ Vascular	Thrombosis	Unlikely	14	1
	¹ Hemorrhage/bleeding	Pulmonary hemorrhage	Possibly	56	1
	¹ Gastrointestinal	Esophagitis	Probably	193	116
	¹ Death*	Death	Unrelated	.	.

¹Included in both RT and cetuximab endpoint analyses

²Included in only RT endpoint analysis

³Included in only cetuximab endpoint analysis

*Patient received no protocol treatment

Appendix 12
Participating Institutions

Institution	Principal Investigator	Accrual to RTOG 0617
University of Texas Southwestern Medical School	Nedzi, Lucien Alexander	18
The Regional Cancer Center	Figura, Andrew T.	16
Christiana Care Health Services, Inc. CCOP	Raben, Adam	15
St. Joseph Mercy Hospital	Narayan, Samir	14
The Ottawa Hospital Regional Cancer Centre	Morgan, Scott Carlyle	12
Washington University	Michalski, Jeff M.	12
Kansas City CCOP	Gaur, Rakesh	11
Northeast Radiation Oncology Center	Peters, Christopher Albert	9
Princess Margaret Hospital	Sun, Alexander Y.	9
Emory University	Beitler, Jonathan J.	8
SUNY Upstate Medical University	Bogart, Jeffrey Alan	8
Cleveland Clinic Foundation	Suh, John H.	7
Penrose Cancer Center, Penrose-St. Francis Health Services	Peddada, Anuj V.	7
UCSD – University of California, San Diego	Mell, Loren K.	7
Cancer Care Manitoba Foundation	Leylek, Ahmet	6
Geisinger Medical Center CCOP	Gergel, Thomas James	6
Greenville Health System Cancer Institute-Eastside	Giguere, Jeffrey	6
Northern Indiana Cancer Research Consortium CCOP	Tran, Binh Nguyen	6
Radiological Associates of Sacramento	Jones, Christopher U.	6
Stanford University Medical Center	Le, Quynh-Thu Xuan	6
University of California San Francisco	Roach, Mack	6
University of Texas-MD Anderson Cancer Center	Komaki, Ritsuko R.	6
ICON – Cancer Center of Putnam	Johnson, Douglas W.	5
Mayo Clinic in Arizona	Wong, William Wailing	5
McGill University	Souhami, Luis	5
Memorial Sloan Kettering of Rockville Center	Gewanter, Richard M	5
Mount Sinai Comprehensive Cancer Center CCOP	Berk, Lawrence B.	5
St. Lukes Hospital	Deb, Nimisha	5
St. Mary Mercy Hospital	Narayan, Samir	5
The Rector and Visitors of the University of Virginia	Showalter, Timothy Norman	5
Thomas Jefferson University Hospital	Werner-Wasik, Maria	5
University of California Davis Medical Center	Valicenti, Richard K.	5
Wake Forest University Baptist Medical Center	Urbanic, James John	5
Abington Memorial Hospital	Pinover, Wayne H.	4
Albert Einstein Medical Center	Zeitzer, Kenneth Lee	4
Altru Cancer Center	Seeger, Grant	4
Billings Clinic Cancer Center	Schallenkamp, John M.	4
Flower Hospital	Mowat, Rex	4
Lankenau Hospital	DeNittis, Albert S.	4
Mayo Clinic Scottsdale	Schild, Steven	4
Northern Rockies Radiation Oncology Center	Schallenkamp, John	4
Ochsner Clinic CCOP	Scroggins, Troy Gene	4
Presbyterian Hospital	Roof, Kevin	4
Reading Hospital	Yuen, Albert	4
St. Vincent Regional Cancer Center CCOP	Leenstra, James L.	4
Tom Baker Cancer Centre	Balogh, Alexander G.	4
USON-Raleigh Hematology Oncology Associates	Reilly, John Francis	4

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Participating Institutions

Institution	Principal Investigator	Accrual to RTOG 0617
University Hospitals of Cleveland	Lyons, Janice A.	4
University of Alabama at Birmingham Medical Center	De Los Santos, Jennifer F.	4
University of North Carolina	Stinchcombe, Thomas	4
University of North Carolina - Chapel Hill	Chera, Bhashamjit S.	4
University of Rochester	Chen, Yuhchayau	4
University of Utah Health Science Center	Gaffney, David K.	4
Alamance County Hospital	Choksi, Janak K.	3
Barnes Jewish West County Hospital	Zoberi, Imran	3
Baystate Health-D'Amour	Kaufman, Seth A.	3
Central Baptist Hospital	Beckman, Alan	3
ICON – Orange Park Cancer Center	Johnson, Douglas W.	3
Lehigh Valley Hospital	Friedman, Elliott	3
MD Anderson Cancer Center Orlando	Rineer, Justin	3
Mayo Clinic	Haddock, Michael G.	3
Medical College of Wisconsin	Gore, Elizabeth M.	3
Memorial Sloan-Kettering Cancer Center at Commack	Gelblum, Daphna Yael	3
Methodist Cancer Center	Huang, Tien-Shew William	3
OSF Saint Francis Medical Center Radiation Oncology	Le-Lindqwister, Nguyet Anh	3
Sanford Cancer Center	Jeffreys, Sana	3
Saskatoon Cancer Centre	El-Gayed, Ali Abdel	3
Spartanburg Regional Medical Center	Bearden, James Dewitt	3
St. Joseph Hospital	Ash, Robert B.	3
The Regional Cancer Center at Singing River Hospital System	Dennis, Wiley Sam	3
Thompson Cancer Survival Center	Scaperoth, Daniel D.	3
USON- New York Oncology Hematology, P.C.	Doyle, Todd H.	3
USON- Texas Oncology-Tyler	Saunders, Mark W.	3
USON-Arizona Radiation Oncology	Mack, Curtis F.	3
USON-Cancer Care Northwest - Spokane	Lee, Christopher M.	3
Zablocki VA Medical Center-Wood	Gore, Elizabeth	3
Akron City Hospital	Kunos, Charles A.	2
Aria Health	Rudoler, Shari B.	2
Baptist Cancer Institute	Augspurger, Mark Emerson	2
Carolinas Medical Center/Levine Cancer Institute	Burri, Stuart H.	2
Centre Hospitalier de l'Université de Montréal-Notre Dame	Bahary, Jean-Paul	2
Cooper Health System-Voorhees	LaCouture, Tamara Anne	2
Emory University Hospital Midtown	Godette, Karen Debra	2
Good Samaritan Health Systems	Lieberman, Fishel Zev	2
Kaiser Permanente Northern California	Seaward, Samantha Andrews	2
LSU Health Science Center-New Orleans MB-CCOP	Veith, Robert W.	2
Lehigh Valley Hospital	Friedman, Eliot L.	2
London Regional Cancer Program	D'Souza, David Paul	2
Margaret & Howard Hall Rad Ctr	Wiesefeld, Martin	2
Martin Memorial Medical Center	Castillo-Perez, Jorge G.	2
Mayo Clinic in Florida	Vallow, Laura A	2
Mercy Hospital Medical - Des Moines	Behrens, Robert	2
Mercy San Juan Radiation Oncology Center	Jones, Christopher	2

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Participating Institutions

Institution	Principal Investigator	Accrual to RTOG 0617
Missouri Baptist Medical Center	Lyss, Alan	2
Piedmont Hospital	Nowlan, Adam Wayne	2
Renown Regional Medical Center	Hardacre, Michael Chandler	2
Saint Elizabeth Regional Medical Center	Yiee, Kevin	2
Saint Francis Medical Center	Le-Lindqwister, Nguyet Anh	2
Siteman Cancer Center/Barnes Jewish St. Peters Hospital	Hall-Daniels, Lannis Elese	2
St. Agnes Healthcare	Hudes, Richard S.	2
USON-Fort Worth	Sorgen, Stephen D.	2
University of Chicago	Chmura, Steven J.	2
University of Colorado Denver	Rabinovitch, Rachel Abrams	2
University of Kansas Cancer Center-North	Kumar, Parvesh	2
University of Maryland Medical Systems	Suntharalingam, Mohan	2
Warren Cancer Research Foundation-Oklahoma CCOP	Stewart, Charles E.	2
Wellmont Holston Valley Medical Center	Shipstone, Asheesh	2
Adena Regional Medical Center	Becker, Mark J.	1
Allegheny General Hospital	Parda, David S.	1
Atlanta VA Medical Center	Edelman, Scott	1
Aultman Hospital	Olson, Laird E.	1
Bay Medical Center	Murshed, Hasan	1
Broward General Medical Center	Lieberfarb, Marshal Evan	1
Center for Cancer Care @ Goshen Health System	Wheeler, James A.	1
Champlain Valley Physicians Hospital Medical Center	Vaccaro, Anthony	1
Community Cancer Center	Le-Lindqwister, Nguyet A.	1
Concord Hospital Payson Center for Cancer Care	Metcalfe, Su K.	1
D.N. Greenwald	Clapper, Wingate F.	1
Door County Cancer Center	Leenstra, James	1
Evanston Hospital Corp	Hensing, Thomas A.	1
Fairview Ridges Hospital	Sperduto, Paul W.	1
Fox Chase Cancer Center	Galloway, Thomas J.	1
Geisinger Wyoming Valley Medical Center	Gergel, Thomas James	1
Genesys Regional Medical Center	Kim, Haesook Song	1
Harold Alfond Center for Cancer Care	Hertler, Andrew	1
Hillcrest Hospital Cancer Center	Suh, John H.	1
ICON – Baptist Medical Center South	Johnson, Douglas	1
ICON – Flagler Cancer Center	Johnson, Douglas W.	1
ICON – Southside Cancer Center	Johnson, Douglas W.	1
Indiana University Health Methodist Hospital	Johnstone, Peter A.S.	1
Iowa Methodist Medical Center	Behrens, Robert J.	1
James Graham Brown Cancer Ctr at University of Louisville	Woo, Shiao Y.	1
Joe Arrington Cancer Research & Treatment Center	Anderson, Paul J.	1
John H. Stroger, Jr. Hospital of Cook County MBCCOP	Thakrar, Harish V.	1
Kaiser Permanente Northern California-Oakland	Lampenfeld, Myles E.	1
Kaiser Permanente Northern California-Rohnert Park	Parthasarathy, Anand	1
Kaiser Permanente Northern California-Roseville	Peng, Bihai	1
Kalamazoo CCOP-West Michigan Cancer Center	Lord, Raymond Sterling	1

Appendix 12
Participating Institutions

Institution	Principal Investigator	Accrual to RTOG 0617
Lancaster General Hospital	Singapuri, Kishor	1
Mary Bird Perkins Cancer Center	Lo, Kenneth K.	1
Mayo Clinic Health System Eau Claire Hospital, Inc.	Past, Larry Robert	1
Medical University of South Carolina	Jenrette, Joseph M.	1
Memorial Sloan-Kettering Cancer Center	Lee, Nancy Y.	1
Mercy Cancer Center at St. Ann	Mowat, Rex B.	1
Meritcare Hospital	Steen, Preston	1
Nevada Cancer Research Foundation CCOP	Meoz, Raul T.	1
Northwestern Ontario Regional Cancer Centre	Gulavita, Sunil Premial Pushpakumar	1
Penn State University and The Milton S. Hershey Medical Ctr	Wagner, Henry	1
Pocono Cancer Center	Greenberg, Michael J.	1
Poudre Valley Hospital Radiation Oncology	Petit, Joshua Henry	1
Regions Radiation Therapy	Sperduto, Paul W.	1
Riverside Methodist Hospital	Becker, Mark J.	1
Rochester Methodist Hospital	Oliver, Kenneth	1
Roseville Radiation Oncology Center	Jones, Christopher	1
Sacred Heart Hospital	Krentel, Rod G.	1
Sanford Cancer Center	Tschetter, Loren K.	1
St Luke's-Roosevelt Hospital Center	Chadha, Manjeet	1
St. Charles Mercy Hospital	Mowat, Rex B.	1
St. Francis Hospital/Stormont-Vail Hospital	Petrik, Edwin Leo	1
St. Johns Hospital & Medical Center	Narayan, Samir	1
St. Luke's Mountain States Tumor Institute (MSTI) Twin Falls	Smith, Charles E.	1
St. Mary's Hospital Medical Center	Leenstra, James	1
St. Mary's Regional Medical Center	Tay, Jonathan S.	1
Swedish Medical Center	Tenny, Claire	1
Thedacare Cancer Institute	Ray, Michael Edward	1
UMDNJ-New Jersey Medical School	Motwani, Sabin B.	1
USON- Texas Oncology Longview Cancer Center	Taylor, Bernard W.	1
USON- Texas Oncology Odessa	Kaczor, Joseph	1
USON- Texas Oncology-Denton	Morton, Jeffery Douglas	1
USON- Texas Oncology-Sugar Land	Kavadi, Vivek S.	1
USON-Williamette Valley Cancer Center	Wendland, Merideth Michele Murphy	1
University of Cincinnati	Redmond, Kevin Patrick	1
University of Florida Health Science Center	Nichols, Romaine Charles	1
University of Kansas Cancer Center - Southwest	Kumar, Parvesh	1
University of Kansas Cancer Center-South	Kumar, Parvesh	1
University of Oklahoma Health Sciences Center	Herman, Terence S.	1
University of Pennsylvania Medical Center	Freedman, Gary Mitchel	1
University of Texas at San Antonio	Eng, Tony Yuen Lung	1
University of Vermont	Wallace, Harold James	1
Utah Valley Regional Medical Center	Blair, Tarlton Jay	1
Washington Cancer Institute	Randolph-Jackson, Pamela D.	1
Waukesha Memorial Hospital	Clapper, Wingate F.	1
Wayne State University-Karmanos Cancer Institute	Kim, Harold E.	1

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Participating Institutions

Institution	Principal Investigator	Accrual to RTOG 0617
Wentworth-Douglass Hospital	Becht, James D	1
Wheaton Franciscan Cancer Care-All Saints	Taylor, James H.	1

Appendix 13 – Permitted Dose Modifications

- **Radiation Therapy**

- Interruptions in treatment were permitted for
 - Grade 4 dysphagia, odynophagia, or esophagitis
 - Grade 4 hematologic toxicities resulting in chemotherapy delays/modifications
 - Decline in Zubrod performance status to 2, 3, or 4

- **Systemic Therapy**

Dose Levels of Paclitaxel, Carboplatin, and Cetuximab			
	Starting Dose	Dose Level -1	Dose Level -2
Concurrent Therapy^a			
Paclitaxel	45 mg/m ²	NA	NA
Carboplatin	AUC=2	NA	NA
Consolidation Therapy^b			
Paclitaxel	200 mg/m ²	150 mg/m ²	NA
Carboplatin	AUC=6	AUC=4.5	NA
Cetuximab Dose Levels (post loading dose)			
Cetuximab	250 mg/m ²	200 mg/m ²	150 mg/m ²
^a For concurrent therapy, paclitaxel and carboplatin doses were not to be adjusted.			
^b For consolidation therapy, dose reductions of paclitaxel and carboplatin below the -1 dose level were not allowed. Dose reductions for cetuximab were not allowed below the -2 dose level.			

- **Cetuximab**

- If cetuximab was omitted for more than 4 consecutive infusions, then cetuximab was to be discontinued.
- Dose modifications
 - Infusion reactions
 - Grade 1 to 2: Permanent reduction by 50% in the infusion rate.
 - Grade 3 or 4: Permanently discontinue cetuximab
 - Isolated drug fever
 - Initially reduce infusion rate by 50%
 - If persistent, permanently reduce infusion rate by 50%
 - Dermatologic Toxicity

Cetuximab Dose Modification Guidelines for Dermatologic Toxicity			
Grade 3 Acneform Rash	Cetuximab	Outcome	Cetuximab Dose Mod
1 st occurrence	Delay infusion 1-2 wks	Improvement	Continue at 250 mg/m ²
		No improvement	Discontinue cetuximab
2 nd occurrence	Delay infusion 1-2 wks	Improvement	Reduce *Dose Level -1
		No improvement	Discontinue cetuximab

3 rd occurrence	Delay infusion 1-2 wks	Improvement	Reduce *Dose Level -2
		No improvement	Discontinue cetuximab
4 th occurrence	Discontinue cetuximab		

○ **Paclitaxel/Carboplatin**

▪ **Concurrent Therapy**

- If paclitaxel or carboplatin was held for more than 2 weeks, then the applicable drug would be held permanently for the duration of concurrent therapy
- Renal toxicity
 - Carboplatin doses were to be recalculated when serum creatinine increased by 10%.
- Hematologic Toxicity

Toxicity NCI CTCAE Grade (CTCAE v3.0)	Paclitaxel Dose At Start of Subsequent Cycles of Therapy^a	Carboplatin Dose at Start of Subsequent Cycles of Therapy^a
Neutropenia		
1 (1500-1999/mm ³)	Maintain dose level	Maintain dose level
2 (1000-1499/mm ³)	Maintain dose level	Maintain dose level
3 (500-999/mm ³)	Hold therapy	Hold therapy
4 (< 500/mm ³)	Hold therapy	Hold therapy
Neutropenic fever	Hold therapy	Hold therapy
Thrombocytopenia		
1 (< LLN-75,000/mm ³)	Maintain dose level	Maintain dose level
2 (50,000- 74,999/mm ³)	Hold therapy	Hold therapy
3 (25,000- 49,999/mm ³)	Hold therapy	Hold therapy
4 (< 25,000/mm ³)	Hold therapy	Hold therapy
Other Hematologic toxicities	There will be no dose modifications for changes in leukopenia or lymphopenia.	

^aDose levels were relative to the starting dose in the previous cycle. For concurrent therapy, paclitaxel and carboplatin doses were not to be adjusted.

- Non-Hematologic Toxicity

Worst Toxicity NCI CTCAE Grade (CTCAE v3.0)^a	Paclitaxel Dose At Start of Subsequent Cycles of Therapy^a	Carboplatin Dose At Start of Subsequent Cycles of Therapy^b
Nail changes (paronychia)		
Grade 2	Maintain dose level	Maintain dose level
Neuropathy		
≤ Grade 1	Maintain dose level	Maintain dose level
Grade 2	Hold therapy until Grade ≤ 1; restart at full dose ^e	Maintain dose level
Grade 3	Discontinue therapy	Maintain dose level
Other non-hematologic toxicities^c		
≥ Grade 3	Hold treatment until ≤ Grade 2	Hold treatment until ≤ Grade 2

- a. For \leq CTCAE Grade 2 non-hematologic toxicity not described above, excluding neuropathy, maintain dose level of all study. For neuropathy, sites were to follow the guidelines listed above.
- b. Dose levels were relative to the starting dose in the previous cycle. For concurrent therapy, paclitaxel and carboplatin doses were not to be adjusted.
- c. With the exception of allergic/hypersensitivity or cytokine release reaction, acne-like rash (rash/desquamation), anorexia, and viral infections.

▪ **Consolidation Therapy**

- If paclitaxel or carboplatin was held for more than 2 weeks, then the applicable drug would be held permanently for the duration of consolidation therapy
- Renal toxicity
 - Carboplatin doses were to be recalculated when serum creatinine increased by 10%.
- Hematologic toxicity

Toxicity NCI CTCAE Grade (CTCAE v3.0)	Paclitaxel Dose At Start of Subsequent Cycles of Therapy^a	Carboplatin Dose at Start of Subsequent Cycles of Therapy^a
Neutropenia		
1 (1500-1999/mm ³)	Maintain dose level	Maintain dose level
2 (1000-1499/mm ³)	Hold therapy. Maintain dose level if fully recovered in 1 week. If not, decrease by 1 dose level when $\geq 1,500$ mm ³	Hold therapy. Maintain dose level if fully recovered in 1 week. If not, decrease by 1 dose level when $\geq 1,500$ mm ³
3 (500-999/mm ³)	Hold therapy. Maintain dose level if fully recovered in 1 week. If not, decrease by 1 dose level when $\geq 1,500$ mm ³	Hold therapy. Maintain dose level if fully recovered in 1 week. If not, decrease by 1 dose level when $\geq 1,500$ mm ³
4 (< 500/mm ³)	Hold therapy and decrease by 1 dose level when $\geq 1,500$ mm ³	Hold therapy and decrease by 1 dose level when $\geq 1,500$ mm ³
Neutropenic fever	Hold therapy and decrease by 1 dose level when $\geq 1,500$ mm ³	Hold therapy and decrease by 1 dose level when $\geq 1,500$ mm ³
Thrombocytopenia		
1 ($\geq 75,000$ /mm ³)	Maintain dose level	Maintain dose level
2 (50,000 - 74,999/mm ³)	Hold therapy. Maintain dose level if fully recovered in 1 week. If not, decrease by 1 dose level when $\geq 75,000$ mm ³	Hold therapy. Maintain dose level if fully recovered in 1 week. If not, decrease by 1 dose level when $\geq 75,000$ mm ³
3 (25,000- 49,999/mm ³)	Hold therapy. Maintain dose level if fully recovered in 1 week. If not, decrease by 1 dose level when $\geq 75,000$ mm ³	Hold therapy. Maintain dose level if fully recovered in 1 week. If not, decrease by 1 dose level when $\geq 75,000$ mm ³
4 (< 25,000/mm ³)	Hold therapy and decrease by 1 dose level when $\geq 75,000$ mm ³	Hold therapy and decrease by 1 dose level when $\geq 75,000$ mm ³
Other Hematologic toxicities	There will be no dose modifications for changes in leukopenia or lymphopenia.	

^aDose levels were relative to the worst toxicities in the previous cycle. For consolidation therapy, dose reductions of paclitaxel and carboplatin below the -1 dose level were not allowed.

- Non-hematologic toxicity

Worst Toxicity NCI CTCAE Grade (CTCAE v3.0)^{a, c}	Paclitaxel Dose At Start of Subsequent Cycles of Therapy^b	Carboplatin Dose At Start of Subsequent Cycles of Therapy^b
Nail changes (paronychia)		
Grade 2	Maintain dose level	Maintain dose level
Neuropathy		
≤ Grade 1	Maintain dose level	Maintain dose level
Grade 2	Hold therapy until Grade ≤ 1; restart at full dose	Maintain dose level
Grade 3	Discontinue therapy	Maintain dose level
Other non-hematologic toxicities		
Grade 3	Hold treatment until ≤ Grade 2	Hold treatment until ≤ Grade 2

- For ≤ CTCAE Grade 2 non-hematologic toxicity not described above, excluding neuropathy, maintain dose level of all study drugs. For neuropathy, sites were to follow the guidelines above.
- Dose levels were relative to the worst toxicities in the previous cycle.
- With the exception of allergic/hypersensitivity reaction, acne-like rash (rash/desquamation), anorexia, and viral infections. When a chemotherapy dose reduction was required during consolidation, re-escalation of the chemotherapy dose was not allowed for subsequent doses during that specific course.