THE LANCET Oncology

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: Clive AO, Taylor H, Dobson L, et al. Prophylactic radiotherapy for the prevention of procedure-tract metastases after surgical and large-bore pleural procedures in malignant pleural mesothelioma (SMART): a multicentre, open-label, phase 3, randomised controlled trial. *Lancet Oncol* 2016; published online June 23. http://dx.doi.org/10.1016/S1470-2045(16)30095-X.

Appendix for SMART Trial Manuscript

Recruiting Centres

Principal Investigator	Recruiting Centre	Number of
	Ŭ	patients
		recruited
Prof N Maskell	North Bristol NHS Trust	43
Mr A Marchbank	Plymouth Hospitals NHS Trust	18
Dr L Bishop	Portsmouth Hospitals NHS Trust	15
Dr J Pepperell	Taunton and Somerset NHS Foundation Trust	14
Dr N Rahman	Oxford University Hospitals NHS Foundation Trust	13
Dr A Ionescu	Royal Gwent Hospital, Newport	12
Dr E De Winton	Royal United Hospital Bath NHS Trust	12
Dr P Wilson & Dr C Comins	United Hospitals Bristol NHS Foundation Trust	11
Dr A Kerry	Great Western Hospitals NHS Trust	7
Dr S Cooper & Dr Muthukumar	Colchester Hospital University NHS Foundation Trust	7
Dr M Bayne	Poole Hospital NHS Foundation Trust	7
Dr E Toy	Royal Devon and Exeter NHS Foundation Trust	6
Dr P Jenkins	Gloucestershire Hospitals NHS Trust	6
Dr V Vigneswaran	Singleton Hospital, Swansea	5
Dr M Tomlinson	Weston Area NHS Trust	5
Dr J Gildersleve	Royal Berkshire NHS Foundation Trust	5
Dr M Bayne	Dorset County Hospital NHS Foundation Trust	4
Dr N Panakis	Buckinghamshire Healthcare NHS Trust	4
Dr M Button	Nevill Hall Hospital, Abergavenny	3
Dr M Ahmed	The Royal Marsden NHS Foundation Trust	3
Dr C Lewanski	Imperial College Healthcare NHS Trust	2
Dr V Vigneswaran	Withybush Hospital, Haverfordwest	1

Other treatments received by patients during trial follow up

	Treatment	Immediate RT n (%). n=102	Deferred RT, n (%). n=101		
Chemotherapy	Any chemotherapy	56 (54.9%)	64 (63.4%)		
1 st line pemetrexed/platinum chemotherapy		56 (55)	63 (62)		
	2 nd line chemotherapy	6 (6)	5 (5)		
Radiotherapy	For chest wall nodule	1 (1)	10 (10)		
	Other palliative reason	1 (1)	4 (4)		
	Other	0	1 (1)		
Thoracic surgery		0 (0.0%)	4 (4.0%)		
Palliative Care involvement		53 (52.0%)	50 (49.5%)		
Cordotomy		2 (2.0%)	2 (2.0%)		
Pleural interventions		10 (9.8%)	21 (20.8%)		
Other clinical trial involvement		4 (4%)	7 (7%)		

IPC complications

IPC complications	Immediate radiotherapy arm	Deferred radiotherapy arm	<i>p</i> -value
	n (%)	n (%)	
Pleural infection	0/29 (0)	2/32 (6)	0.49
IPC Blockage	4/29 (14)	3/32 (9)	0.70
IPC fracture	0/29	0/32	1.00
Local skin cellulitis	2/28 (7)	3/32 (9)	1.00
Drain dislodgment	1/29 (3)	0/32 (0)	0.48
Damage to the IPC plastic	0/28 (0)	0/32	1.00
IPC removal attempted	11/29 (38)	11/32 (34)	0.80
Difficulties removing the IPC	0/10	0/11	1.00

Median overall survival from diagnosis of mesothelioma to death

Median overall survival from diagnosis of mesothelioma was 388 days (95% CI not estimable) in the immediate radiotherapy group and 400 days (not estimable) in the deferred radiotherapy group (from diagnosis hazard ratio 1.02, 95% CI 0.70-1.50; p=0.900).

Radiotherapy received

		Immediate ra (n	diotherapy group n=102)	Deferred radiotherapy group (n=101)			
Total number	Prophylactic radiotherapy	99	(97%)	0			
of patients	For nodule within 7cm of		1	9			
receiving	randomised procedure site						
radiotherapy	For nodule >7cm from		0	1*			
during trial, n	randomised procedure site						
(%)	Other palliative radiotherapy		1	4			
	Other indication		0	1 (post pleurectomy)			
RT modality used, n (%)		Prophylactic radiotherapy	Other radiotherapy				
	6-18 MeV Electrons	85	1 (for other palliative reason)	6 (for nodule <7cm from procedure site)			
	Kv photons	11	0	2 (for nodule <7cm from procedure site)			
	Mv photons	2	1 (nodule <7cm from site)	1 (for nodule <7cm from procedure site) 1 (for nodule >7cm from procedure site)* 3 (for other palliative reason)			
	Not known	1	0	1 (post pleurectomy) 1 (for other palliative reason)			
RT protocol deviations, n (%)	Failure to give radiotherapy when indicated according to the protocol	3 (clini	cal decline)	7 (2 patients had PTM diagnosed at 12 month follow up, therefore completed trial before radiotherapy given; 2 patients were too unwell to receive radiotherapy at time of PTM diagnosis; 1 patient declined radiotherapy; 2 missing data)			
	Radiotherapy given out of the stipulated time-frame	4 (given >42 da	ays after procedure)	1 (given >42 days after PTM diagnosis)			
	Radiotherapy field margin smaller than that stipulated in the protocol (ie <7x7cm)	8 (field <7cm le	in either width or ength)	0			
	Other major radiotherapy protocol deviation		0	2 (2 patients given 10Gy in 1# to treat PTM)			
RT= Radiotherap	v: kv= kilovolts: MV= megavolts.	. * This patient rec	ceived radiotherapy for	or a chest nodule >7cm from the pleural			

 $R_1 = Radiotherapy; RV = Rilovolts; MV = megavolts. * This patient received radiotherapy for a chest nodule >/cm from the pleural intervention site, however, this was not formally identified at clinical examination during a SMART trial visit and hence was not included for the purposes of the trial analysis.$

Radiotherapy Quality Assurance (QA) for the trial

Advice regarding the radiotherapy QA for the trial was obtained from the NCRI Radiotherapy Trials QA Group at the start of the trial in January 2012, who reviewed the protocol and case report forms. As the standard radiotherapy technique in the trial was a single field with no CT planning, they advised that the QA requirement was minimal. Based on their recommendations, we undertook the following QA:

1. Obtained evidence of an independent audit measurement from all the centres delivering radiotherapy within the last 5 years for the selected treatment modality for the trial.

- 2. A data query was raised for any field size smaller than 7x7cm.
- 3. Audit of compliance with the radiotherapy protocol during recruitment period

Overall the NCRI Radiotherapy Trials QA Group stated: "we would not recommend any specific pre-trial or on-trial QA beyond the independent audit check and collection of data on the CRF."

Details of the radiotherapy technique for the four patients in the immediate radiotherapy arm who were excluded from the per-protocol analysis and developed a PTM

In 3/4 cases, the radiotherapy field size was smaller than that stipulated in the protocol (instead of a minimum field size of 7x7cm, the field sizes were: 6x8cm, 6x6cm and 6x7cm). Two of them were treated with electrons and one was treated with kv photons. All had 21Gy in 3 fractions delivered within 42 days of their pleural intervention.

One patient was randomised 36 days after their pleural intervention (ie >35 days post procedure, hence the protocol violation). However the first fraction of radiotherapy was given within the 42 day window. They received 21Gy in 3#s which was delivered using electrons. The field size was 8x8cm.

Patient experience questionnaire: Post radiotherapy questionnaire

	Immediate radiotherapy group				Deferred radiotherapy group						
	(completed by 95/102 patients)				Not A Outto Your Manager A					a PIM)	
	Not	A Little	Quite	Very	Mean	Not	A Little	Quite	Very	Missing	Mean
	at an	(n)	a Dit	much (n)	(SD)*	at an	Little (n)	a bit	much (n)	uata	(SD)*
Did you find attending	(II) 67	21	(11)	1	1.34	(II)	(II) 1	1	0	0	1.6
radiotherapy inconvenient?	07	21	-	1	(0.62)	5	1	1	0	0	(0.89)
Did you find attending	8	21	38	25	2.87	1	2	1	1	0	2.4
radiotherapy reassuring?	Ũ	21	50	20	(0.92)	1	-	1	1	0	(1.14)
Did attending radiotherapy	66	22	4	1	1.35	2	2	0	1	0	2
interfere with your usual					(0.62)						(1.22)
activities?					. ,						. ,
Has your quality of life been	66	16	9	2	1.43	2	0	2	0	1	2
affected by radiotherapy?					(0.76)						(1.15)
Since the radiotherapy, have	40	35	15	3	$1 \cdot 80$	2	0	1	2	0	2.6
you felt more tired than					(0.83)						(1.52)
usual?											
Since radiotherapy, have you	74	15	4	0	1.25	4	1	0	0	0	1.2
felt more sick than usual?					(0.52)						(0.45)
Since radiotherapy have you	47	35	6	4	1.64	2	3	0	0	0	1.6
noticed any new skin					(0.79)						(0.55)
changes at the radiotherapy											
site?		20	-	2	1.5	2	2	1	0	0	1.0
Since the radiotherapy, have	56	28	6	2	1.5	2	2	1	0	0	1.8
you noticed more chest pain					(0.72)						(0.84)
A pu other comments)				- T	(_1.:				
Any other comments	• •		els easier			• 1	tening arou	ind site			
		Sreathess	umina hut	norri hotton							
	• •	Excessive D	dovia often	now better							
	• 1	Vent III Ior /	uays alter	radiomera)y						
	• 1	First aloss	npiantis								
	• r	didn't min	d the incor	wanianaa h	aanusa it						
	• 1			the trial	ecause n						
	• 1	was a good	Cause – Ie	or two: just	elight						
	• 1	edness	OI a week	or two, just	siigin						
	• 1	tching arou	nd site								
	• I	ong wait o	n day 3								
	• 1	Joing wait 0	ort at all								
	• •	Jinnle area	became ve	rv sore and	tender						
	• F	leasant rea	ssuring sta	ff – a great	heln						
	• F	leased I ha	d it done	u grout	norp						
	• 5	hortage of	breath								
	• 5	lite of treat	ment alread	dy feels imr	proved						
	• 5	taff were f	irst class. f	hev were ha	npv to						
	a	ccommoda	te time and	i delays. Ch	eerful						
	s	taff, made	me feel at	ease. Alway	s on						
	t	ime.									
	• 1	The shorter	sessions ea	asier to cope	e with						
	• 1	reatment w	vas very ef	ficient							
	• t	Jncomforta	ble lying f	lat for a lon	g period						
	C	of time									
	• \	/ery impres	ssed with c	ancer site. S	Slight						
	i	tchiness no	w gone.								
	• \	/ery satisfic	ed								
	• V	Vorst featu	re was dela	yed due to							
	a	ppointmen	ts made wh	nen it was k	nown that						
	I	LAB was	unavailable	e for treatm	ent.						
	Reassuring in the sense that I have not been										
	a	bandoned t	to my fate	and am like	ly to						
	s	urvive a bi	t longer. M	lost of my ti	me 1s						
	s	pent as a ca	arer. What	quanty? Th	reaness						
	n	lagrance of	een due to	a lot of hou	se						
		tranged b	nung auch	therapy Day	ccuon.						
	Arranged before radiotherapy. Possibly a										
	have had cold sores on my lin										
	No comments just hope it works										
* Mean score generated h	v assumi	ing followi	ng scores.	Not at all=1	: a little=2:	quite a h	oit=3: verv	much=4.			

Patient experience questionnaire: chest wall lump questionnaire (completed by patients who developed a PTM during trial follow up)

	Immediate RT group (completed by 6 of 9 patients who developed a PTM)					Deferred RT group (completed by 13 of 16 patients who developed a PTM)					p value
	Not at all	A Little	Quite a bit	Very much	Mean score (SD)*	Not at all	A Little	Quite a bit	Very much	Mean score (SD) *	
In the past week, has the chest wall lump caused you pain or discomfort?	0	2	3	1	2·83 (0·75)	2	7	2	2	2·31 (0·95)	0.46
In the past week, have you felt anxious about the chest wall lump?	0	2	2	2	3 (0.89)	2	7	2	2	2·31 (0·95)	0.55
In the past week, has the chest wall lump interfered with your usual activities?	3	2	0	1	1.83 (1.17)	9	1	2	1	1.62 (1.04)	0.35
In the past week, has the chest wall lump affected your quality of life?	1	4	0	1	2·17 (0·98)	8	2	2	1	1.69 (1.03)	0.11
In the past week, have you found the chest wall lump a nuisance?	2	3	0	1	2 (1.10)	6	5	1	1	1.77 (0.93)	1.00
Any other comments	N F P S rated by	Aost discor eeling tigh ainful whi ore and tig	nfort in the at le draining ght fluid dra	night in average	500ml.	• V p • I • N	Very itchy ressed think it's lot painful ite a bit=2	and quite te getting bigg unless I lie	nder to tou er on it	ch when	