

Supplementary Table 1. Therapies for non-MEN1 pancreatic neuroendocrine tumours (NETs)
(published after 2011)

	Tumour type^a	Intervention	Number of participants/Information available on MEN1 patients/Number of MEN1 patients
Somatostatin analogues			
Caplin <i>et al.</i> ¹	GEPNET	Lanreotide LAR 120 mg or placebo	204/Yes/Excluded from participation
Caplin <i>et al.</i> ²	GEPNET	Lanreotide LAR 120 mg (continuing or switched from placebo).	88/Yes/Excluded from participation
Martin-Richard <i>et al.</i> ³	GEP-NET, bronchopulmonary NET and neuroendocrine carcinoma	Lanreotide LAR 120 mg	30/No/Na
Yao <i>et al.</i> ⁴	NETs including PNETs	Pasireotide LAR 80 or 120 mg	29/No/NA
Cives <i>et al.</i> ⁵	NETs including PNETs	Pasireotide LAR 60 mg	29/No/NA
Wolin <i>et al.</i> ⁶	NETs of digestive system including PNETs (two cases only) and carcinoid symptoms	Pasireotide LAR 60 mg or octreotide LAR 40 mg	110/No/NA
Ramundo <i>et al.</i> ⁷	Duodeno-PNETs	Octreotide LAR 30mg	20/Yes/20
Cioppi <i>et al.</i> ⁸	GEP-NETs	Octreotide LAR 30mg	8/Yes/8
Tyrosine kinase inhibitors			
Raymond <i>et al.</i> ⁹	PNET	Sunitinib 37.5 mg or placebo	171/Yes/2
Ahn <i>et al.</i> ¹⁰	GEPNET	Pazopanib 800 mg	37/No/NA
Phan <i>et al.</i> ¹¹	PNET or carcinoid	Pazopanib 800 mg + octreotide	52/No/NA
Strosberg <i>et al.</i> ¹²	PNET or carcinoid	Sunitinib 37.5 mg, following hepatic transarterial embolization	39/No/NA
mTOR inhibitors			
Pavel <i>et al.</i> ¹³	NETs including PNETs with carcinoid syndrome	Everolimus 10 mg + octreotide 30 mg or Placebo + octreotide 30 mg	429/No/NA
Anthony <i>et al.</i> ¹⁴	NETs including PNETs with carcinoid syndrome	Assessment of effect of previous treatment with SSAs on outcome of everolimus	Previous SSAs 339/No/NA No previous SSAs 90/No/NA
Yao <i>et al.</i> ¹⁵	PNET	Everolimus 10 mg or placebo	410/No/NA
Lombard-Bohas <i>et al.</i> ¹⁶	PNET (Subgroup analysis of Yao <i>et al.</i> ¹⁵)	Everolimus 10 mg or placebo	410/No/NA
Yao <i>et al.</i> ¹⁷	PNET (Overall survival data from Yao <i>et al.</i> ¹⁵)	Everolimus 10 mg	410/No/NA
Oh <i>et al.</i> ¹⁸	NET, including PNTS, pheochromocytoma or extraadrenal paragangliomas	Everolimus 10 mg	34/No/NA
Chan <i>et al.</i> ¹⁹	PNET	Temozolomide + everolimus 5 mg or temozolomide + everolimus 10 mg	43/No/NA
Chan <i>et al.</i> ²⁰	PNET or carcinoid	Everolimus + pasireotide	22/No/NA
Chan <i>et al.</i> ²¹	PNET or carcinoid	Everolimus 10 mg + sorafenib 400 mg or	21/No/NA

Everolimus 10 mg + sorafenib 600 mg			
Anti-IGF-1 receptor			
Dasari <i>et al.</i> ²²	PNET or carcinoid	Cixutumumab + everolimus 10 mg + octreotide LAR 20 mg	19/Yes/0
Reidy-Lagunes <i>et al.</i> ²³	PNET or carcinoid	Dalotuzumab	25/No/NA
Strosberg <i>et al.</i> ²⁴	PNET or carcinoid	Ganitumab	60/No/NA
EGFR antibodies and PI3K (mTOR)			
Bendell <i>et al.</i> ²⁵	PNET or carcinoid	Bevacizumab + pertuzumab + octreotide LAR 30 mg	43/No/NA
Fazio <i>et al.</i> ²⁶	PNET	Dactosilib	31/No/NA
Peptide receptor radionuclide therapy			
Claringbold <i>et al.</i> ²⁷	NET including PNET	⁷⁷ Lu-octreotate + capecitabine + temozolamide (first escalating doses, then stabile dosis)	35/No/NA
VEGF and VEGFR antibodies			
Chan <i>et al.</i> ²⁸	PNET or carcinoid	Cabozantinib	61/No/NA (In abstract form)
Ducreux <i>et al.</i> ²⁹	PNET	Bevacizumab + capecitabine	34/No/NA
Berruti <i>et al.</i> ³⁰	NET including PNET	Bevacizumab + capecitabine + octreotide	45/No/NA
Chan <i>et al.</i> ³¹	PNET or carcinoid	Bevacizumab + temozolamide	34/No/NA
Hobday <i>et al.</i> ³²	PNET	Temsirolimus + bevacizumab	58/No/NA
Kulke <i>et al.</i> ³³	PNET	Everolimus 10 mg + octreotide or everolimus 10 mg + bevacizumab + octreotide	150/No/NA (In abstract form)

GEPNET – Gastroenteropancreatic neuroendocrine tumour; PNET – pancreatic neuroendocrine tumour; NET – neuroendocrine tumour
 LAR – long acting release formulation
 NA – not available

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Supplementary Table 2. Classification of chemotherapy drugs.

Alkylating agents^a	<ul style="list-style-type: none">• Nitrogen mustards, e.g. <i>cyclophosphamide^c</i>, chlorambucil• Nitrosoureas, e.g. <i>streptozocin</i>• Tetrazines, e.g. <i>dacarbazine</i>, <i>temozolomide</i>• Aziridines, e.g. thiotepa, mytomycin• Cisplatin, e.g. <i>cisplatin</i>, <i>oxabiplatin</i>• Non-classical, e.g. <i>procarbazine</i>
Anti-microtubule agents^a	<ul style="list-style-type: none">• Vincalkaloids, e.g. vinaristine, vinblastine• Taxanes, e.g. paclitaxel, <i>docetaxel</i>• Podophyllotoxins, e.g. <i>etoposide</i>•
Topoisomerase inhibitors^a	<ul style="list-style-type: none">• <i>Doxorubicin</i>• <i>Etoposide</i>• <i>Irinotecan</i>
Cytotoxic antibodies^b	<ul style="list-style-type: none">• Anthracyclines, e.g. <i>doxorubicin</i>• Bleomycins• <i>Mitomycin C</i>• <i>Acinomycin D</i>• <i>Mitoxantrone</i>
Antimetabolites^b	<ul style="list-style-type: none">• Antifolates, e.g. methotrexate• Fluoropyrimidines, e.g. <i>fluorouracil</i>, <i>capecitabine</i>• Deoxynucleoside analogues, e.g. <i>gemcitabine</i>• Thiopurines, e.g. mercaptopurine
Non classical compounds	

^aNuclear targets; ^bcytoplasmic targets; ^cdrugs shown in italics have been used to treat gastroenteropancreatic neuroendocrine tumours (GEPNETs).