

Supplementary Online Content

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This supplementary material has been provided by the authors to give readers additional information about their work.

eMethods. Inclusion and exclusion criteria.

Inclusion criteria

1. Signed written informed consent

- a. Patients should be signed and dated form of written informed consent approved by the IRB / IEC in accordance with regulatory and institutional guidelines. This must be obtained before performing any procedure related to the protocol that are not part of the normal care of the patient.
- b. Patients must be willing and able to comply with scheduled visits, treatment program, laboratory testing including filling of questionnaires the results reported by the patient and other study requirements.

2. Target Population

- a. Subjects with locally advanced NSCLC of squamous cell and non-squamous cell (adenocarcinoma and big cells) histological or cytologically documented, those who submit Stage IIIB / IV or recurrent disease after receiving radiation treatment or surgical resection
- b. Men and women ≥ 18 years of age.
- c. Performance status Eastern Cooperative Oncology Group (ECOG) ≤ 1 .
- d. Subjects must have measurable disease by CT or MRI according to RECIST 1.1 criteria Radiographic Evaluation of Tumor on in the span of 28 days before randomization.
- e. The target lesions may be located on a previously irradiated field exists if documented progression of disease (radiographic) in that site. Subjects progression or recurrence of the disease must have experienced during or after prior chemotherapy regimen containing platinum in metastatic disease.

This includes individuals who meet the following criteria:

- a. Subjects who received pemetrexed, bevacizumab or erlotinib as maintenance therapy (non-progressors double platinum-based chemotherapy) and progressed are eligible However, patients who received a wild EGFR tyrosine kinase inhibitor after failure of prior platinum-based therapy were excluded.
- b. Eligible patients who received double- platinum -based chemotherapy in adjuvant or neo adjuvant (after surgery and / or radiation) and developed recurrent or metastatic disease within 6 months after treatment ends
- c. Eligible individuals with recurrent disease > 6 months after adjuvant chemotherapy or neoadjuvant platinum-based , who also subsequently progressed during or after one platinum-based doublet regimen to treat recurrences
- d. Subjects with a known mutation of EGFR and received EGFR TKI (erlotinib , gefitinib or experimental) and double platinum-based chemotherapy (regardless of the order of administration).
- e. subjects with known ALK translocation double receiving platinum-based chemotherapy and ALK inhibitor (crizotinib or experimental)
- f. patients who have received >30 Gy to the chest should have waited at least 6 months from completing radiation to starting pembrolizumab must be available a blood sample, for evaluation of biomarkers. Samples must be received by the central laboratory before randomization.
- g. All baseline laboratory requirements will be evaluated , and must be obtained -14 days of randomization. The screening laboratory values must meet the following criteria:

i) WBC \geq 2000/ μ L ii) iNeutrophils \geq 1500/ μ L iii) Platelets \geq 100 x 10³ / uL iv) Hemoglobin \geq 9.0 g / dL v) Serum creatinine \leq 1.5 x ULN or creatinine clearance $>$ 40 mL / min (using the Cockcroft / Gault) Women : CrCl = (140 - age in years) x weight in kg x 0.85 72 x serum creatinine in mg / dL Males: CrCl = (140 - age in years) x weight in kg x 1.00 72 x serum creatinine in mg / dL vi) \leq 1.5 X ULN AST vii) \leq 1.5 X ULN ALT viii) Total bilirubin \leq 1.5x ULN (except for subjects with Gilbert 's Syndrome who must have total bilirubin $<$ 3.0 mg / dL) h) pretreatment with radiotherapy or radiosurgery at least 3 weeks must be completed before randomization.

i) Has known active central nervous system (CNS) metastases and/or carcinomatous meningitis. Subjects with previously treated brain metastases may participate provided they are stable (without evidence of progression by imaging for at least four weeks prior to the first dose of trial treatment and any neurologic symptoms have returned to baseline), have no evidence of new or enlarging brain metastases, and are not using steroids for at least 7 days prior to trial treatment. This exception does not include carcinomatous meningitis which is excluded regardless of clinical stability.

3. Age and Reproductive Status

a. Women with reproductive potential (WOCBP) should use contraceptive methods based on tables found in Appendix 2 . When a teratogenic drug test is used , and / or a drug for which there is not enough information to assess teratogenicity (have not been conducted preclinical studies) are required to use a highly effective method of contraception (failure rate less than 1 % per year). Individual methods of contraception should be determined in consultation with the researcher.

b. The WOCBP must have a negative pregnancy test in serum or urine (minimum sensitivity 25 IU / L or equivalent units of HCG) 24 hours before starting the investigational product .

c. Women should not be breastfeeding .

4. Subjects must:

a. Be willing and able to provide written informed consent/assent for the trial.

b. Be $>$ 18 years of age on day of signing informed consent.

c. Have measurable disease based on RECIST 1.1.

d. Have provided tissue from an archival tissue sample or newly obtained core or excisional biopsy of a tumor lesion.

e. Have a performance status of 0 or 1 on the ECOG Performance Scale.

f. Demonstrate adequate organ function as defined in Table 1, all screening labs should be performed within 10 days of treatment initiation.

Exclusion Criteria

The subject must be excluded from participating in the trial if the subject:

1. Is currently participating in or has participated in a study of an investigational agent or using an investigational device within 4 weeks of the first dose of treatment.
2. Has a diagnosis of immunodeficiency or is receiving systemic steroid therapy or any other form of immunosuppressive therapy within 7 days prior to the first dose of trial treatment.
3. Has had a prior monoclonal antibody within 4 weeks prior to study Day 1 or who has not recovered (i.e., \leq Grade 1 or at baseline) from adverse events due to agents administered more than 4 weeks earlier.
4. Has had prior chemotherapy, targeted small molecule therapy, or radiation therapy within 2 weeks prior to study Day 1 or who has not recovered (i.e., \leq Grade 1 or at baseline) from adverse events due to a previously administered agent.
 - o Note: Subjects with \leq Grade 2 neuropathy are an exception to this criterion and may qualify for the study.
 - o Note: If subject received major surgery, they must have recovered adequately from the toxicity and/or complications from the intervention prior to starting therapy.
5. Has a known additional malignancy that is progressing or requires active treatment. Exceptions include basal cell carcinoma of the skin, squamous cell carcinoma of the skin, or in situ cervical cancer that has undergone potentially curative therapy.

6. Has known active central nervous system (CNS) metastases and/or carcinomatous meningitis. Subjects with previously treated brain metastases may participate provided they are stable (without evidence of progression by imaging for at least four weeks prior to the first dose of trial treatment and any neurologic symptoms have returned to baseline), have no evidence of new or enlarging brain metastases, and are not using steroids for at least 7 days prior to trial treatment.
7. Has an active autoimmune disease requiring systemic treatment within the past 3 months or a documented history of clinically severe autoimmune disease, or a syndrome that requires systemic steroids or immunosuppressive agents. Subjects with vitiligo or resolved childhood asthma/atopy would be an exception to this rule. Subjects that require intermittent use of bronchodilators or local steroid injections would not be excluded from the study. Subjects with hypothyroidism stable on hormone replacement or Sjogren's syndrome will not be excluded from the study.
8. Has evidence of interstitial lung disease or active, non-infectious pneumonitis.
9. Has an active infection requiring systemic therapy.
10. Has a history or current evidence of any condition, therapy, or laboratory abnormality that might confound the results of the trial, interfere with the subject's participation for the full duration of the trial, or is not in the best interest of the subject to participate, in the opinion of the treating investigator.
11. Has known psychiatric or substance abuse disorders that would interfere with cooperation with the requirements of the trial.
12. Is pregnant or breastfeeding, or expecting to conceive or father children within the projected duration of the trial, starting with the pre-screening or screening visit through 120 days after the last dose of trial treatment.
13. Has received prior therapy with an anti-PD-1, anti-PD-L1, anti-PD-L2, anti-CD137, or anti-Cytotoxic T-lymphocyte-associated antigen-4 (CTLA-4) antibody (including ipilimumab or any other antibody or drug specifically targeting T-cell co-stimulation or checkpoint pathways).
14. Has a known history of Human Immunodeficiency Virus (HIV) (HIV 1/2 antibodies).
15. Has known active Hepatitis B (e.g., HBsAg reactive) or Hepatitis C (e.g., HCV RNA [qualitative] is detected).
16. Has received a live vaccine within 30 days prior to the first dose of trial treatment.

Supplementary Figures and Tables.

eTable 1. Therapeutic response by study arm in patients with wild-type *EGFR* and those with *EGFR* mutations.

eTable 1. Therapeutic response

	Internal reviewer		p-Value	Independent reviewer		p-Value
	P+D	D		P+D % (n)	D % (n)	
Therapeutic response						
Complete response				0 (0)	0 (0)	
Partial Response	42.5 (17)	15.8 (6)		57.5 (23)	28.9 (11)	
Satable disease	27.5 (11)	31.6 (12)		27.5 (11)	34.2 (13)	
Disease progression	30.0 (12)	52.6 (20)	0.027	15.0 (6)	36.8 (14)	0.023
Overall Response Rate	17	6		23	11	
% (95% CI)	42.5 (26.9 - 58.1)	15.8 (4.0 - 27.6)	0.01	57.5 (41.9 - 73.1)	28.9 (14.3 - 43.6)	0.011
OR (95% CI)	3.94 (1.34 - 11.54)			3.32 (1.29 - 8.50)		
P-Value	0.012			0.012		
* Among EGFR (-)						
Therapeutic response						
Complete response	0 (0)	0 (0)		0 (0)	0 (0)	
Partial Response	35.7 (10)	12.0 (3)		57.1 (16)	28.0 (7)	
Satable disease	35.7 (10)	40.0 (10)		35.7 (10)	32.0 (8)	
Disease progression	28.6 (8)	48.0 (12)	0.11	7.1 (2)	40.0 (10)	0.011
Overall Response Rate	10	3		16	7	
% (95% CI)	35.7 (17.5 - 53.8)	12.0 (0.0 - 25.0)	0.045	57.1 (38.4 - 75.9)	28.0 (9.9 - 46)	0.033
OR (95% CI)	4.1 (0.97 - 17.1)			3.42 (1.08 - 10.82)		
	0.055			0.036		
* Among EGFR (+)						
Therapeutic response						
Complete response	0 (0)	0 (0)		0 (0)	0 (0)	
Partial Response	58.3 (7)	23.1 (3)		58.3 (7)	30.8 (4)	
Satable disease	8.3 (1)	15.4 (2)		8.3 (1)	38.5 (5)	
Disease progression	33.3 (4)	61.5 (8)	0.199	33.3 (4)	30.8 (4)	0.178
Overall Response Rate	7	3		7	4	
% (95% CI)	58.3 (28.9 - 87.7)	23.1 (0.0 - 47.2)	0.144	58.3 (28.9 - 87.7)	30.8 (4.3 - 57.2)	0.175
OR (95% CI)	4.6 (0.83 - 26.2)			3.15 (0.61 - 16.3)		
	0.080			0.175		

eTable 2. Univariate and multivariate analyses of the factors related with PFS.

	No. (Events)	Median (95% CI)	p-Value	Crude HR (95 % CI)	p-Value	Adjusted HR (95% CI)	p-Value
All	78 (50)	5.7 (3.5 - 11.9)					
Sex							
Female	46 (29)	5.9 (3.9 - 9.5)		1.00 (ref.)			
Male	32 (21)	5.1 (2.3 - 15.2)	0.7473	0.91 (0.51 - 1.60)	0.748		
Age*							
<60 yrs	37 (24)	6.2 (3.5 - 13.1)		1.00 (ref.)			
60+ yrs	41 (26)	5.1 (3.5 - 8.9)	0.3286	1.32 (0.75 - 2.32)	0.332		
Smoking exposure							
Never smoker	44 (29)	5.1 (3.6 - 9.5)		1.00 (ref.)			
Ever smoker	34 (21)	6.2 (3.4 - 13.1)	0.4402	0.80 (0.45 - 1.40)	0.443		
WSE							
Absent	57 (34)	5.9 (3.5 - 13.2)		1.00 (ref.)			
Present	21 (16)	5.3 (3.4 - 8.9)	0.6400	1.15 (0.63 - 2.1)	0.642		
Histology							
Adenocarcinoma	70 (45)	6.2 (3.5 - 13.1)		1.00 (ref.)		1.00 (ref.)	
Other	8 (5)	3.7 (2.1 - n.r.)	0.0276	0.35 (0.13 - 0.93)	0.0360	3.73 (1.34 - 10.39)	0.012
Histology subtype							

Lepidic	5 (3)	6.9 (3.9 - n.r.)		1.00 (ref.)			
Acinar/Papillary	28 (18)	5.3 (3.5 - 6.8)		1.00 (0.29 - 3.44)	0.995		
Micropapillary/Solid	25 (18)	6.3 (3.5 - 16.8)		0.76 (0.22 - 2.61)	0.664		
Not specified	12 (6)	6.8 (4.2 - n.r.)	0.6646	0.59 (0.15 - 2.38)	0.462		
Oncotarget mutation							
wild-type	53 (38)	5.1 (3.6 - 11.9)		1.00 (ref.)			
EGFR/ALK (+)	25 (12)	6.2 (3.2 - 6.9)	0.8559	0.94 (0.49 - 1.81)	0.857		
PD-L1 expression							
PDL-1 (-)	30 (21)	5.1 (3.5 - 11.9)		1.23 (0.66 - 2.30)	0.502		
PDL-1 (+)	30 (19)	6.8 (3.9 - 16.8)		1.00 (ref.)			
PDL-1 not available	4 (3)	5.3 (3.8 - 8.9)		1.52 (0.44 - 5.19)	0.5		
w/o test	14 (7)	4.9 (2.5 - n.r.)	0.8039	1.42 (0.59 - 3.42)	0.436		
CEA (pg/mL)*							
<15	43 (23)	6.2 (3.9 - n.r.)		1.00 (ref.)		1.00 (ref.)	
15+	35 (25)	4.2 (2.3 - 6.9)	0.0153	1.96 (1.12 - 3.44)	0.0180	2.29 (1.28 - 4.11)	0.0050
Treatment							
P+D	40 (20)	9.5 (4.2 - n.r.)		1.00 (ref.)		1.00 (ref.)	
D	38 (30)	3.9 (3.2 - 5.7)	<0.001	0.24 (0.13 - 0.46)	<0.001	0.23 (0.12 - 0.44)	<0.001

*The reported hazards are estimated for a unit change in the scale of the continuous variable.

eTable 3. Univariate and multivariate analysis of the factors related with OS.

	No. (Events)	Median (95% CI)	p-Value	Crude HR(95 % CI)	p-Value	Adjusted HR (95% CI)	p-Value
All	78 (38)	14.1 (5.9 - n.r.)					
Sex							
Female	46 (19)	15.9 (10.7 - n.r.)		1.00 (ref.)			
Male	32 (19)	8.9 (4.1 - n.r.)	0.0783	0.57 (0.29 - 1.07)	0.082		
Age*							
<60 yrs	37 (18)	14.6 (7.9 - n.r.)		1.00 (ref.)			
60+ yrs	41 (20)	14.1 (5.7 - n.r.)	0.7957	1.08 (0.57 - 2.05)	0.796		
Smoking exposure							
Never smoker	44 (25)	12.3 (4.7 - n.r.)		1.00 (ref.)			
Ever smoker	34 (13)	15.9 (8.9 - n.r.)	0.1775	0.63 (0.32 - 1.24)	0.181		
WSE							
Absent	57 (29)	14.0 (5.7 - n.r.)		1.00 (ref.)			
Present	21 (9)	15.8 (8.9 - n.r.)	0.5072	0.78 (0.37 - 1.64)	0.508		
Histology							
Adenocarcinoma	70 (33)	14.6 (7.8 - n.r.)		1.00 (ref.)		1.00 (ref.)	
Other	8 (5)	4.1 (3.8 - n.r.)	0.2349	0.57 (0.22 - 1.46)	0.241	2.65 (0.94 - 7.43)	0.064

Histology subtype

Lepidic	5 (2)	15.9 (15.9 - n.r.)		1.00 (ref.)	
Acinar/Papillary	28 (12)	14.0 (5.3 - n.r.)		1.30 (0.29 - 5.82)	0.731
Micropapillary/Solid	25 (13)	14.6 (8.9 - n.r.)		1.11 (0.25 - 4.95)	0.884
Not specified	12 (6)	13.1 (7.3 - 16.9)	0.9479	1.41 (0.28 - 7.05)	0.67

Oncotarget mutation

wild-type	53 (27)	14.6 (7.3 - n.r.)		1.00 (ref.)	
EGFR/ALK (+)	25 (11)	13.1 (5.3 - n.r.)	0.5181	1.26 (0.63 - 2.55)	0.519

PD-L1 expression

PDL-1 (-)	30 (21)	11.4 (4.3 - 16.4)		2.44 (1.155 - 5.21)	0.02
PDL-1 (+)	30 (10)	n.r (10.7 - n.r)		1.00 (ref.)	
PDL-1 not available	4 (1)	n.r (8.9 - n.r)		0.66 (0.08 - 5.23)	0.702
w/o test	14 (6)	7.9 (3.9 - n.r.)	0.0678	2.26 (0.81 - 6.30)	0.118

CAE (pg/mL)*

<15	43 (16)	16.4 (7.9 - n.r.)		1.00 (ref.)		1.00 (ref.)	
15+	35 (22)	13.1 (5.3 - 16.9)	0.0899	1.73 (0.91 - 3.30)	0.094	2.00 (1.01 - 3.93)	0.045

Treatment

P+D	40 (21)	14.6 (4.8 - n.r)		1.00 (ref.)		1.00 (ref.)	
D	38 (17)	14.1 (7.9 - n.r.)	0.5855	1.19 (0.62 - 2.26)	0.586	0.77 (0.38 - 1.44)	0.377

*The reported hazards are estimated for a unit change in the scale of the continuous variable.

eTable 4. Adverse events and immune-related adverse by therapeutic arm and grade.

Table 2. Toxicity profile

	Any grade			Grade 3, 4 or 5		
	P+D n (%)	D n (%)	p-value	P+D n (%)	D n (%)	p-value
General adverse events						
Fatigue	26 (65.0)	24 (63.2)	0.865	2 (7.7)	2 (8.3)	0.933
Anemia	26 (65.0)	19 (50.0)	0.180	0 (0)	0 (0)	
Nausea	21 (52.5)	18 (47.4)	0.651	0 (0)	0 (0)	
Diarrhea	19 (47.5)	19 (50.0)	0.825	0 (0)	0 (0)	
Neuropathy	16 (40.0)	18 (47.4)	0.512	0 (0)	0 (0)	
Neutropenia	16 (40.0)	15 (39.5)	0.962	0 (0)	0 (0)	
Alopecia	10 (25.0)	8 (21.1)	0.679	0 (0)	0 (0)	
Vomiting	9 (22.5)	9 (23.7)	0.901	0 (0)	0 (0)	
Hyporexia	8 (20.0)	8 (21.1)	0.908	0 (0)	0 (0)	
Lymphopenia	8 (20.0)	0 (0)*	0.004	1 (12.5)	0 (0)	0.327
Mucositis	7 (17.5)	4 (10.5)	0.376	0 (0)	0 (0)	
Constipation	6 (15.0)	4 (10.5)	0.555	0 (0)	0 (0)	
Arthralgia	5 (12.5)	3 (7.90)	0.503	0 (0)	0 (0)	
Rash	5 (12.5)	2 (5.30)	0.264	0 (0)	0 (0)	
Hyponatremia	4 (10.0)	4 (10.5)	0.939	0 (0)	1 (25.0)	0.285
Edema	4 (10.0)	2 (5.30)	0.433	0 (0)	0 (0)	
Disgeusia	4 (10.0)	1 (2.60)	0.184	0 (0)	0 (0)	
Myalgia	3 (7.5)	0 (0)	0.085	0 (0)	0 (0)	
Thrombocytopenia	2 (5.0)	3 (7.90)	0.602	0 (0)	0 (0)	
Headache	1 (2.5)	1 (2.60)	0.971	0 (0)	0 (0)	
Hypercalcemia	1 (2.5)	1 (2.60)	0.971	0 (0)	0 (0)	
Hyperbilirubinemia	1 (2.5)	1 (2.60)	0.971	0 (0)	0 (0)	
Hand Food Sd.	1 (2.5)	0 (0)	0.327	0 (0)	0 (0)	
Lacrimal Obstruction	1 (2.5)	0 (0)	0.327	0 (0)	0 (0)	
Paronychia	1 (2.5)	0 (0)	0.327	0 (0)	0 (0)	
Hypomagnesemia	0 (0)	7 (18.4)*	0.004	0 (0)	0 (0)	
Pruritus	0 (0)	1 (2.60)	0.302	0 (0)	0 (0)	
Fluid retention	0 (0)	1 (2.60)	0.302	0 (0)	0 (0)	
Inmunne related adverse events						
Hypothyroidism	11 (27.5)	1 (2.63)*	0.002	1 (9.1)	0 (0)	0.446
Pneumonitis	9 (22.5)	2 (5.30)*	0.029	0 (0)	0 (0)	
Hepatitis	7 (17.5)	4 (10.5)	0.376	1 (14.3)	0 (0)	0.428
Hyperthyroidism	3 (7.5)	0 (0)	0.085	0 (0)	0 (0)	
Xerostomy	2 (5.0)	1 (2.60)	0.587	0 (0)	0 (0)	
Nephritis	1 (2.5)	1 (2.60)	0.971	0 (0)	0 (0)	
Vitiligo	1 (2.5)	0 (0)	0.327	0 (0)	0 (0)	
Sjogren	1 (2.5)	0 (0)	0.327	0 (0)	0 (0)	
Any Inmunne Related	35 (87.5)	9 (23.7)*	<0.001	5.4 (2)	0 (0)	

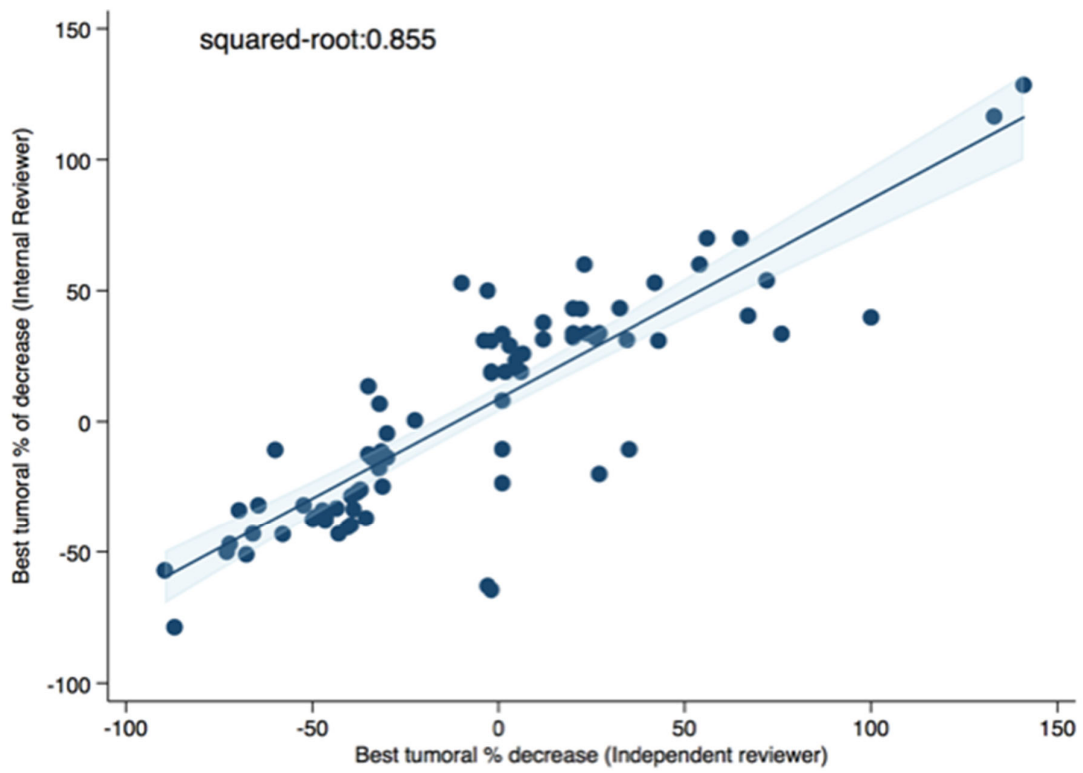
* P<.05

eTable 5. Treatment details and subsequent therapy.

	Therapeutic arm				
	P+D		D		
	%	n	%	n	
No. Cycles (Protocol)					
Media (P25,P75)	8.5	(4.5-20)	4	(3-6)	<0.001
Disease Progression after treatment protocol					
Yes	51.3%	20	81.1%	30	0.012
Pts. With cross-over	0.0%	0	60.5%	23	...
No. Cycles (Crossover)					
Media (P25,P75)	...	...	9	(2-20)	...
Progression after crossover					
Yes	...	...	47.8%	11	...
PFS to cross-over (months)					
At risk (Events)	...	...	23 (11)		...
Median [95% CI]	...	...	8.9 (2.1 - NR)		...
Received subsequent treatment*					
No	55.0%	11	18.2%	2	
Yes	45.0%	9	81.8%	9	0.047
No. Cycles (Subsequent Treatment)					
Media (P25,P75)	2	(1-6)	4	(2-4)	0.684
Kind subsequent treatment					
Any	55.0%	11	18.2%	2	
Chemotherapy	40.0%	8	63.6%	7	
TKI	5.0%	1	18.2%	2	0.111
Specific subsequent regimen					
Any	55.0%	11	18.2%	2	
GMZ+ CBP	20.0%	4	18.2%	2	
GMZ (monodrug)	5.0%	1	18.2%	2	
Vinorelbine	0.0%	0	9.1%	1	
CBP + Pemetrexed	10.0%	2	9.1%	1	
CBP+TXL	5.0%	1	0.0%	0	
Gefitinib	0.0%	0	9.1%	1	
Erlotinib	0.0%	0	9.1%	1	
Afatinib	5.0%	1	0.0%	0	
Osimertinib	0.0%	0	9.1%	1	0.216
Progression to subsequent treatment					
Yes	100.0%	9	77.8%	7	0.134
PFS to subsequent treatment (months)					
At risk (Events)		9(9)		9(7)	
Median [95% CI]		1.9 [0.39 - 4.76]		2.9 [0.85 - 4.14]	0.438
Hazard Ratio[95% CI]		0.49 [0.53 - 4.24]			0.448

* Subsequent treatment after protocol among patients allocated to Pembrolizumab plus Docetaxel or after cross-over with Pembrolizumab among patients allocated to Docetaxel

eFigure 1. Correlation of the best tumor response (% change) from baseline between internal and independent reviewers.



eFigure 2. Waterfall-plot of the best tumor percentage change from baseline for wild type-*EGFR* patients (A) and *EGFR*-mutated patients (B).

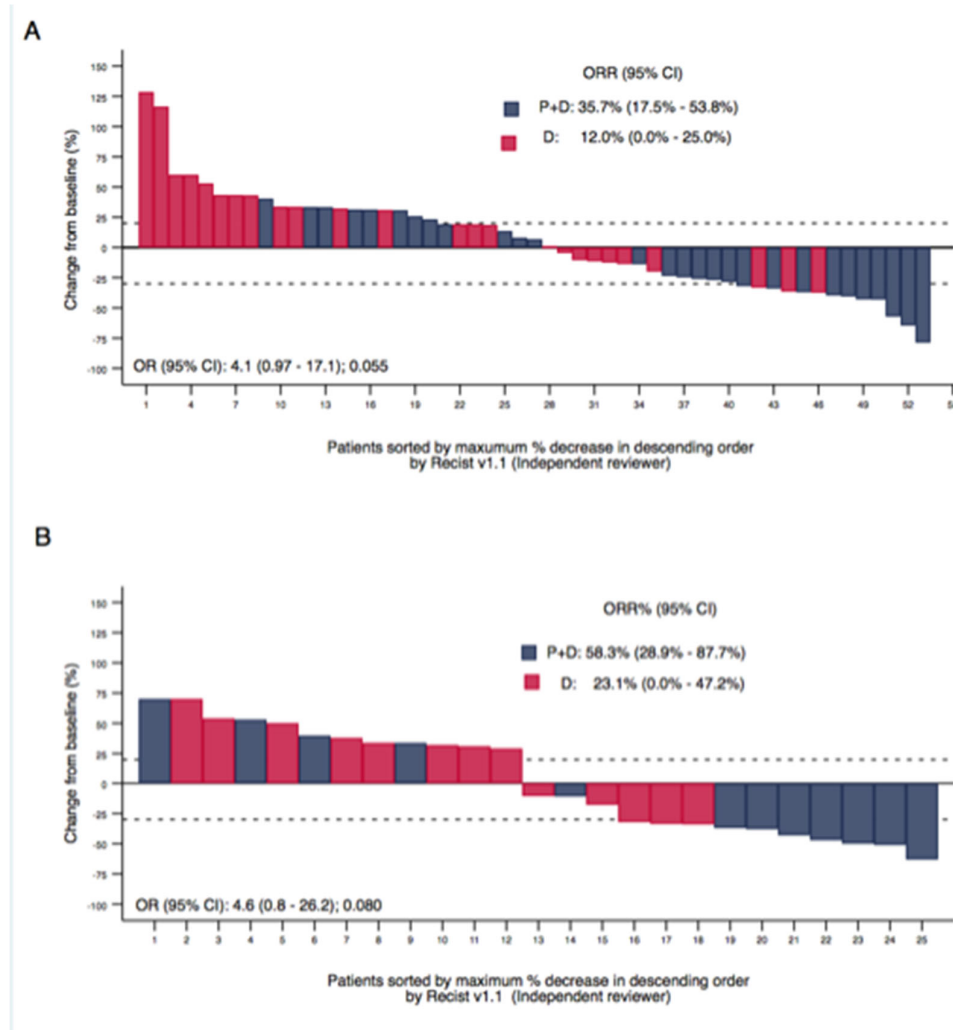
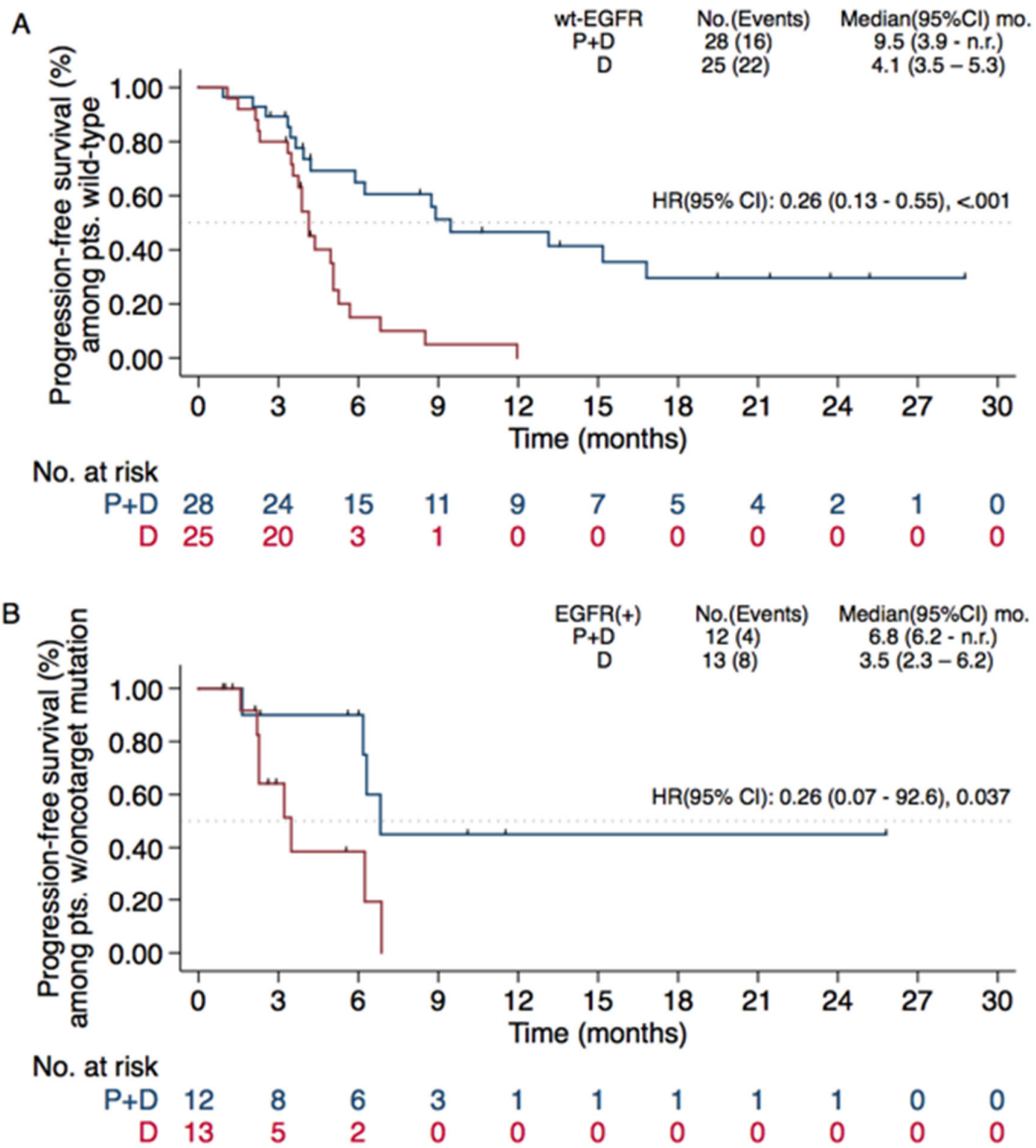


Figure 3. PFS by study arm in patients with *EGFR* mutations (A) and wild-type *EGFR* patients (B).



eFigure 4. Duration of response for patients receiving pembrolizumab plus docetaxel (PD) compared with those receiving docetaxel alone (D).

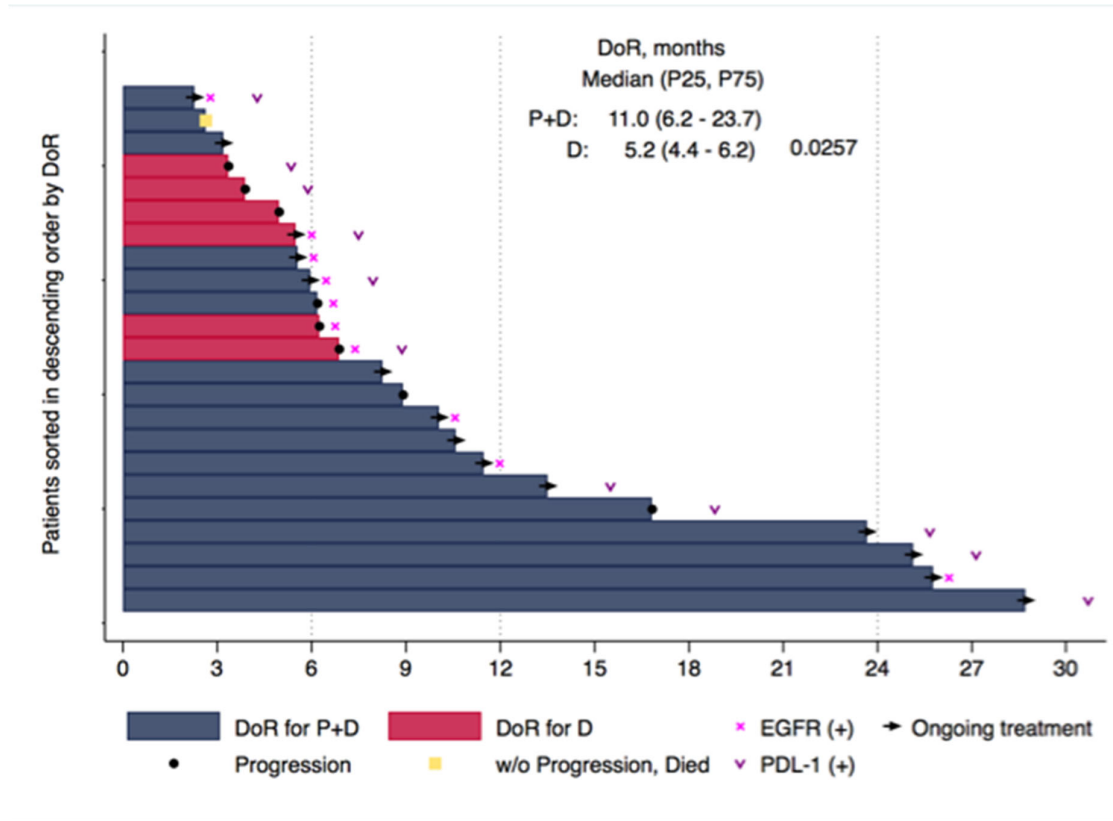


Figure 5. Overall survival for patients by therapeutic arm (A); and for patients with (B) and without (C) *EGFR* mutations (note: data is still immature).

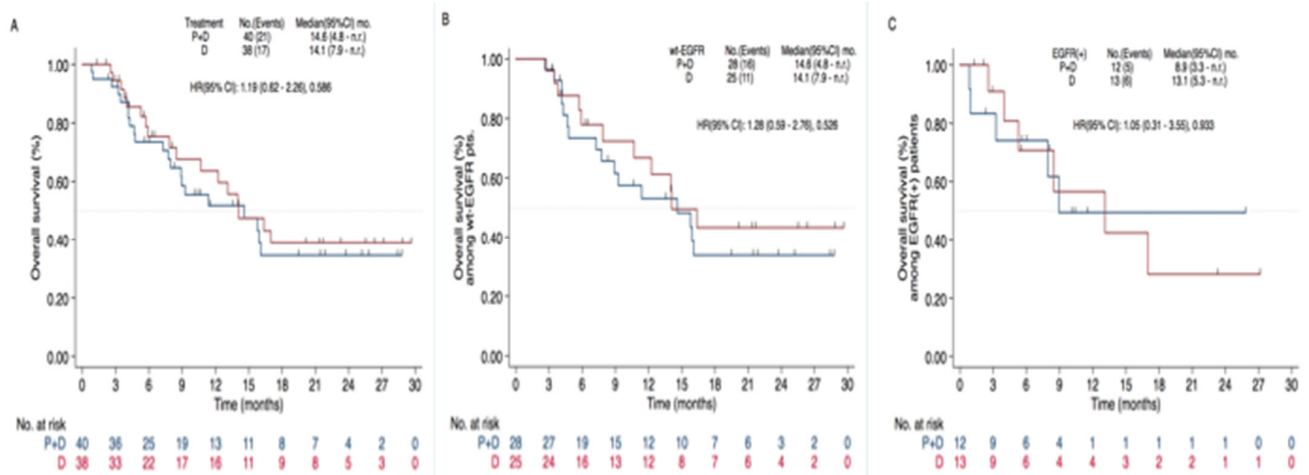
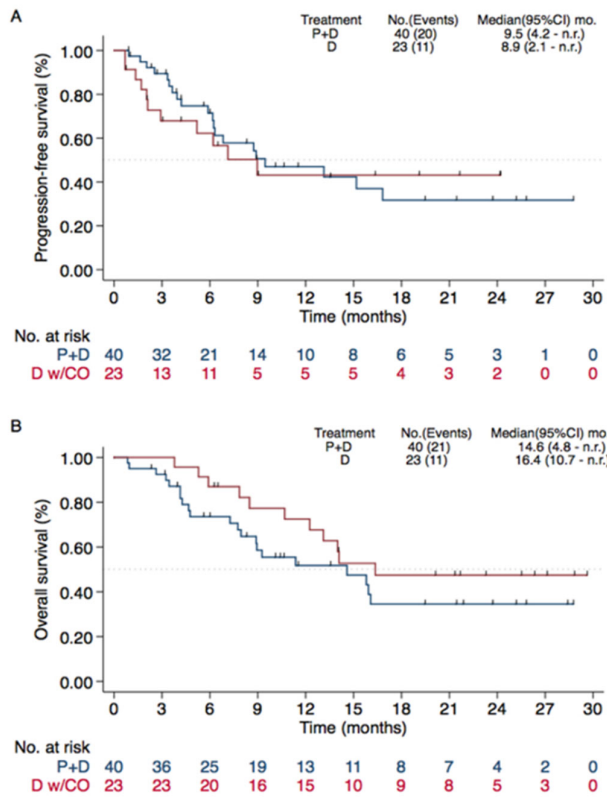
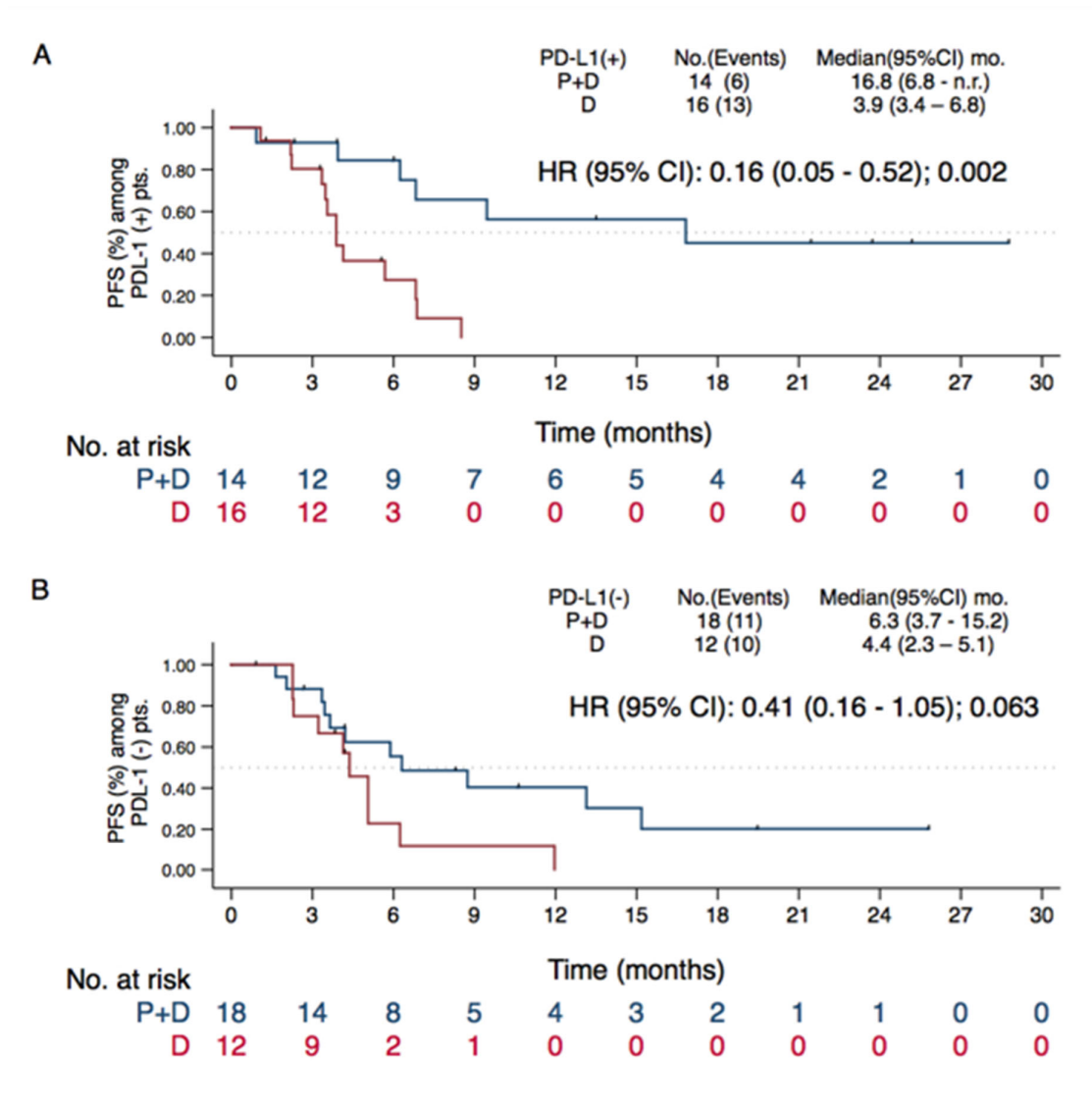


Figure 6. Progression free survival (A) and overall survival (B) for patients who subsequently received pembrolizumab after progressing to docetaxel.



eFigure 7. PFS for patients in both arms of the study (PD vs. D), according to positive PD-L1 expression (A) or negative PD-L1 expression (B).



eFigure 8. Progression free survival for patients who received subsequent therapy among patients in the experimental arm (pembrolizumab plus docetaxel) and progressed (blue line) and those who subsequently received pembrolizumab following progression to docetaxel (red line).

