Table S1 Definition of clinically significant toxicity.

Cli	Clinically significant toxicities were reported during the first 2 cycles of the study			
trea	treatment, and defined as the following AEs, which were considered as treatment-related			
per	per investigator assessment:			
1	Grade 4 hematological toxicity lasted for 3 days or more, ≥grade 3 decreased platelet			
	count companying with bleeding, and ≥grade 3 decreased neutrophil count companying			
	with fever or infection;			
2	Grade 3 or higher non-hematological toxicity (except for abnormal laboratory test), and			
	grade 3 hypertension, skin rash, diarrhea, nausea and vomiting that cannot be controlled by			
	symptomatic treatments;			
3	Grade 3 or higher abnormal laboratory indicators that led to hospitalization or lasted for no			
	less than 7 days;			
4	Toxicities that resulted in failure to complete twice administration of camrelizumab during			
	the first two cycles or failure of normal administration of camrelizumab in the third cycle			
	(administration delay for >7 days);			
5	Toxicities that resulted in famitinib dose interruption lasted for a longest cumulative			
	duration >14 days.			

AEs, adverse events.

Table S2 Tumor responses by platinum status.

	Primary platinum	Secondary platinum	Primary platinum
	resistant	resistant	refractory
	(n=11)	(n=15)	(n=11)
Best overall response, n (%)			
Complete	0	0	0
response			
Partial response	4 (36.4)	2 (13.3)	3 (27.3)
Stable disease ≥6	4 (36.4)	4 (26.7)	3 (27.3)
weeks			
Progressive	3 (27.3)	9 (60.0)	5 (45.5)
disease			
ORR, % (95% CI)	36.4 (10.9 to 69.2)	13.3 (1.7 to 40.5)	27.3 (6.0 to 61.0)
DCR, % (95% CI)	72.2 (39.0 to 94.0)	40.0 (16.3 to 67.7)	72.7 (39.0 to 94.0)

Patients were categorized as primary platinum resistance (disease progression occurring ≥2 months and <6 months after completing first-line platinum therapy), secondary platinum resistance (progression ≥6 months after completing first-line platinum-based chemotherapy but <6 months after completing second-line or later-line platinum-based chemotherapy) and primary platinum refractory (progression <2 months or no response during the first-line platinum-based chemotherapy).

ORR, objective response rate; CI, confidence interval; DCR, disease control rate.

Table S3 Tumor responses in patients with tumor PD-L1 CPS ≥1 and those with CPS <1.

Mandatory fresh biopsy or archival tissue was not requested at enrollment.

	PD-L1 CPS ≥1	PD-L1 CPS <1	
	(n=8)	(n=11)	
Best overall response, n (%)			
Complete response	0	0	
Partial response	4 (50.0)	2 (18.2)	
Stable disease ≥6 weeks	1 (12.5)	4 (36.4)	
Progressive disease	3 (37.5)	5 (45.5)	
ORR, % (95% CI)	50.0 (15.7 to 84.3)	18.2 (2.3 to 51.8)	
DCR, % (95% CI)	62.5 (24.5 to 91.5)	54.5 (23.4 to 83.3)	

ORR, objective response rate; CI, confidence interval; DCR, disease control rate.

Table S4 TRAEs leading to dose modification.

	All patients (N=37)	
TRAEs, n (%)	Any grade	Grade 3*
TRAEs leading to interruption of camrelizumab		
Platelet count decreased	4 (10.8)	3 (8.1)
Gamma-glutamyltransferase increased	1 (2.7)	1 (2.7)
Neutrophil count decreased	1 (2.7)	1 (2.7)
Decreased appetite	1 (2.7)	1 (2.7)
Staphylococcal infection	1 (2.7)	1 (2.7)
Alanine aminotransferase increased	1 (2.7)	0
Tri-iodothyronine decreased	1 (2.7)	0
Blood thyroid stimulating hormone increased	1 (2.7)	0
Thyroxine free decreased	1 (2.7)	0
Tri-iodothyronine free decreased	1 (2.7)	0
Nausea	1 (2.7)	0
Diarrhoea	1 (2.7)	0
Hepatic function abnormal	1 (2.7)	0
Headache	1 (2.7)	0
Hypothyroidism	1 (2.7)	0
Palmar-plantar erythrodysaesthesia syndrome	1 (2.7)	0
Pyrexia	1 (2.7)	0
Asthenia	1 (2.7)	0
Proteinuria	1 (2.7)	0
Renal impairment	1 (2.7)	0
TRAEs leading to interruption of famitinib		
Hypertension	11 (29.7)	11 (29.7)
Neutrophil count decreased	9 (24.3)	8 (21.6)
Platelet count decreased	6 (16.2)	3 (8.1)
Palmar-plantar erythrodysaesthesia syndrome	4 (10.8)	2 (5.4)

Gamma-glutamyltransferase increased	3 (8.1)	3 (8.1)
Alanine aminotransferase increased	2 (5.4)	1 (2.7)
Pyrexia	2 (5.4)	0
Proteinuria	2 (5.4)	0
White blood cell count decreased	1 (2.7)	1 (2.7)
Aspartate aminotransferase increased	1 (2.7)	1 (2.7)
Abdominal distension	1 (2.7)	1 (2.7)
Mouth ulceration	1 (2.7)	1 (2.7)
Hypomagnesaemia	1 (2.7)	1 (2.7)
Hypertriglyceridemia	1 (2.7)	1 (2.7)
Decreased appetite	1 (2.7)	1 (2.7)
Staphylococcal infection	1 (2.7)	1 (2.7)
Lymphocyte count decreased	1 (2.7)	0
Protein urine present	1 (2.7)	0
Blood thyroid stimulating hormone increased	1 (2.7)	0
Blood pressure increased	1 (2.7)	0
Drug eruption	1 (2.7)	0
Nausea	1 (2.7)	0
Diarrhea	1 (2.7)	0
Abdominal pain upper	1 (2.7)	0
Urinary tract infection	1 (2.7)	0
Asthenia	1 (2.7)	0
Renal impairment	1 (2.7)	0
Headache	1 (2.7)	0
RCCEP	1 (2.7)	0
Hypothyroidism	1 (2.7)	0
Vaginal hemorrhage	1 (2.7)	0
Myocardial ischemia	1 (2.7)	0
FRAEs leading to reduction of famitinib		

Platelet count decreased	2 (5.4)	1 (2.7)
Blood pressure increased	1 (2.7)	1 (2.7)
Neutrophil count decreased	1 (2.7)	1 (2.7)
Gingivitis	1 (2.7)	1 (2.7)
Alanine aminotransferase increased	1 (2.7)	0
Hepatic function abnormal	1 (2.7)	0

TRAEs, treatment-related adverse events; RCCEP, reactive cutaneous capillary endothelial proliferation.

 $[\]ensuremath{^{*}}\mbox{No}$ grade 4 or 5 TRAEs leading to dose modification occurred.

Table S5 Immune-mediated adverse events regardless of attribution to study treatment.

	All patients (N=37)	
Immune-mediated adverse events, n (%)	Any grade	Grade 3*
Any	12 (32.4)	1 (2.7)
Hypothyroidism	5 (13.5)	0
Diarrhea	3 (8.1)	1 (2.7)
Hyperthyroidism	3 (8.1)	0
RCCEP	2 (5.4)	0
Immune-mediated hypothyrodism	1 (2.7)	0
Abdominal pain	1 (2.7)	0
Tri-iodothyronine decreased	1 (2.7)	0
Blood thyroid stimulating hormone increased	1 (2.7)	0
Thyroxine free decreased	1 (2.7)	0
Tri-iodothyronine free decreased	1 (2.7)	0
Papule	1 (2.7)	0
Pyrexia	1 (2.7)	0

^{*}No grade 4 or 5 immune-mediated adverse events occurred.

RCCEP, reactive cutaneous capillary endothelial proliferation.

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Table S6 Treatment-related SAEs.

T	All patients (N=37)	
Treatment-related SAEs, n (%)	Any grade	Grade ≥3
Platelet count decreased	2 (5.4)	2 (5.4)
Peritonitis	1 (2.7)	1 (2.7)
Staphylococcal infection	1 (2.7)	1 (2.7)
White blood cell count decreased	1 (2.7)	1 (2.7)
Intestinal obstruction	1 (2.7)	1 (2.7)
Small intestinal perforation	1 (2.7)	1 (2.7)
Decreased appetite	1 (2.7)	1 (2.7)
Bile duct stone	1 (2.7)	1 (2.7)
Bile duct stenosis	1 (2.7)	1 (2.7)
Hemorrhage	1 (2.7)	1 (2.7)
Neutrophil count decreased	1 (2.7)	0
Arthralgia	1 (2.7)	0
Anemia	1 (2.7)	0

SAEs, serious adverse events.