Supplementary Online Content

Liu G-Y, Li W-Z, Wang D-S, et al. Effect of capecitabine maintenance therapy plus best supportive care vs best supportive care alone on progression-free survival among patients with newly diagnosed metastatic nasopharyngeal carcinoma who had received induction chemotherapy: a phase 3 randomized clinical trial. *JAMA Oncol.* Published online February 17, 2022. doi:10.1001/jamaoncol.2021.7366

- **eTable 1.** Response to the Induction Chemotherapy
- **eTable 2.** Summary of Concomitant Therapy or Medications and Subsequent Therapies for Progressive Patients
- **eTable 3.** Pattern of Failure and Disease Status at Last Assessment and Best Tumor Response to Maintenance Therapy
- eTable 4. Treatment-Emergent Adverse Events During TPC Induction Chemotherapy
- **eFigure 1.** (A) Treatment Scheme. (B) Definition of Duration of Response.
- **eFigure 2.** Kaplan-Meier Analysis of Overall Survival in the Intention-to-Treat Population
- **eFigure 3.** Kaplan-Meier Analysis of Overall Survival Between Maintenance Group and BSC Group Excluded Crossover Treatment

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

eTable 1. Response to the Induction Chemotherapy

Response	No. (%)		
	TPC induction chemotherapy (n=118)		
Best response			
Complete response	13 (11.0)		
Partial response	74 (62.7)		
Stable disease	21 (17.8)		
Progressive disease	10 (8.5)		
Not assessable	0		
Objective response rate	87 (73.7)		
Disease control rate	108 (91.5)		

TPC, taxol, cisplatin, and capecitabine.

eTable 2. Summary of Concomitant Therapy or Medications and Subsequent Therapies for Progressive Patients

Concomitant therapy or medications	Capecitabine plus BSC	BSC alone	
Locoregional radiotherapy	22 (52.8%)	20 (47.6%)	
Bisphosphonates	21 (51.2%)	20 (48.8%)	
Subsequent therapies			
Lines of therapy for progressive disease			
0	6 (26.1%)	10 (27.0%)	
1	9 (39.1%)	8 (21.6%)	
2	3 (13.0%)	11 (29.7%)	
3 or more	5 (21.7%)	8 (21.6%)	
Subsequent chemotherapy			
Gemcitabine plus cisplatin/carboplatin	9 (39.1%)	10 (27.0%)	
Docetaxel plus cisplatin/carboplatin	1 (4.3%)	2 (5.4%)	
Docetaxel plus cisplatin plus capecitabine	4 (17.4%)	9 (24.3%)	
Others	2 (8.7%)	6 (16.2%)	
Locoregional radiotherapy	2 (8.7%)	2 (5.4%)	
Palliative treatment to the metastatic sites			
Bone	2 (8.7%)	2 (5.4%)	
Liver	1 (4.3%)	3 (8.1%)	
Lung	4 (17.4%)	3 (8.1%)	
BSC, best supportive care.			

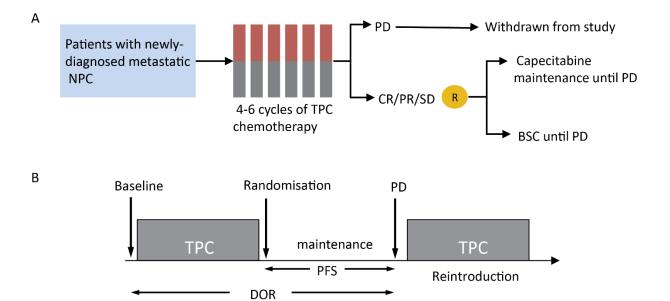
eTable 3. Pattern of Failure and Disease Status at Last Assessment and Best Tumor Response to Maintenance Therapy

Status	No. (%)					
	Capecitabine + BSC (n=52)	BSC alone (n=52)				
Outcome at last assessment						
Disease progression	23 (44.2)	37 (71.2)				
Died	14 (26.9)	23 (44.2)				
Alive	38 (73.1)	29 (55.8)				
Best response to treatment						
Complete response	3 (5.8)	0				
Partial response	10 (19.2)	6 (11.5)				
Stable disease	34 (65.4)	34 (65.4)				
Progressive disease	4 (7.7)	10 (19.2)				
Not evaluable	1 (1.9)	2 (3.8)				
Objective response rate	13 (25.0)	6 (11.5)				
Disease control rate	47 (90.4)	40 (76.9)				
BSC, best supportive care.						

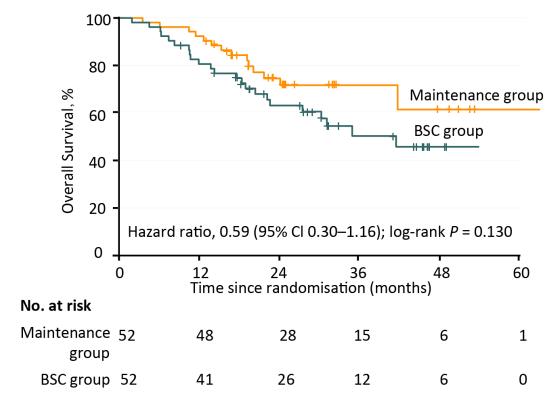
eTable 4. Treatment-Emergent Adverse Events During TPC Induction Chemotherapy

No. (%)							
	Capecitabine + BSC (n=52)			BSC alone (n=52)			
	Grade 1-2	Grade 3	Grade 4	Grade 1-2	Grade 3	Grade 4	
Hematologic toxicities							
Anemia	35 (67.3)	5 (9.6)	2 (3.8)	40 (76.9)	3 (5.8)	0	
Neutropenia	13 (25.0)	10 (19.2)	5 (9.6)	14 (26.9)	9 (17.3)	5 (9.6)	
Thrombocytopenia	12 (23.1)	1 (1.9)	0	5 (9.6)	1 (1.9)	1 (1.9)	
Non-hematologic							
toxicities							
Mucositis	20 (38.5)	3 (5.8)	1 (1.9)	10 (19.2)	1 (1.9)	0	
Nausea/Vomiting	7 (13.5)	7 (13.5)	0	10 (19.2)	4 (7.7)	0	
Fatigue	6 (11.5)	1 (1.9)	0	2 (3.8)	0	0	
Hand-foot syndrome	5 (9.6)	3 (5.8)	0	6 (11.5)	3 (5.8)	0	
Diarrhea	1 (1.9)	0	0	2 (3.8)	0	0	

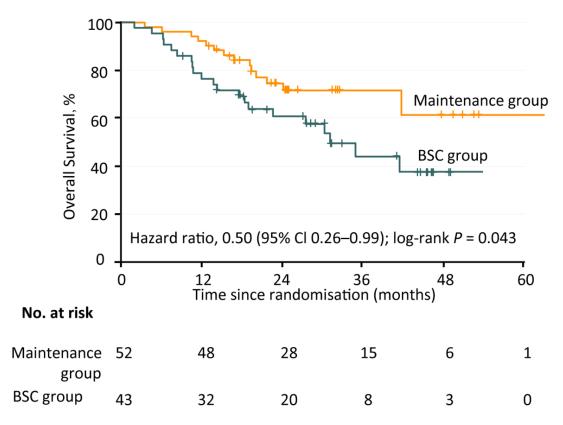
TPC, taxol, cisplatin, and capecitabine. BSC, best supportive care.



eFigure 1. (A) Treatment Scheme. (B) Definition of Duration of Response. (*) Patients included in the final analyses of survival and secondary efficacy variables with intent-to-treat principle. CR, complete response; NPC, nasopharyngeal carcinoma; PD, progressive disease; PR, partial response; R, random assignment; SD, stable disease; BSC, best supportive care.



eFigure 2. Kaplan-Meier Analysis of Overall Survival in the Intention-to-Treat Population



eFigure 3. Kaplan-Meier Analysis of Overall Survival Between Maintenance Group and BSC Group

Excluded Crossover Treatment