

Data Supplement – Online Only Appendix

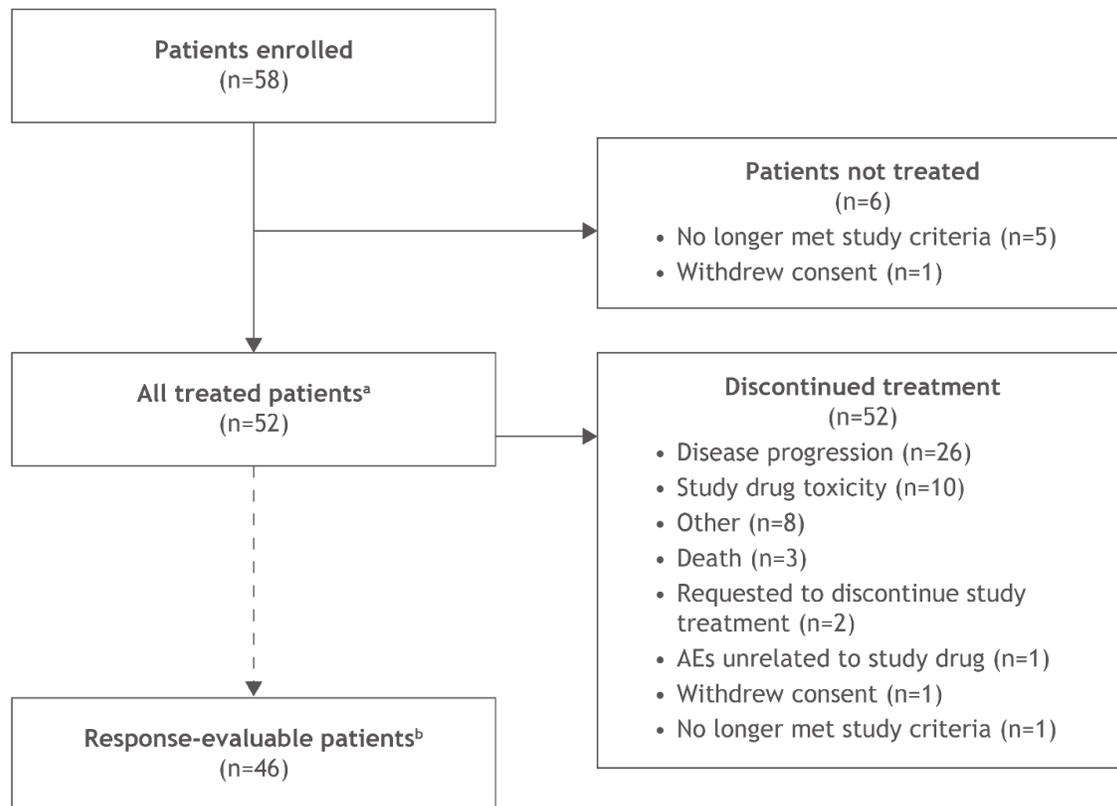
Tykodi SS, et al. Safety and efficacy of nivolumab plus ipilimumab in patients with advanced non-clear cell renal cell carcinoma: results from the phase 3b/4 CheckMate 920 trial

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

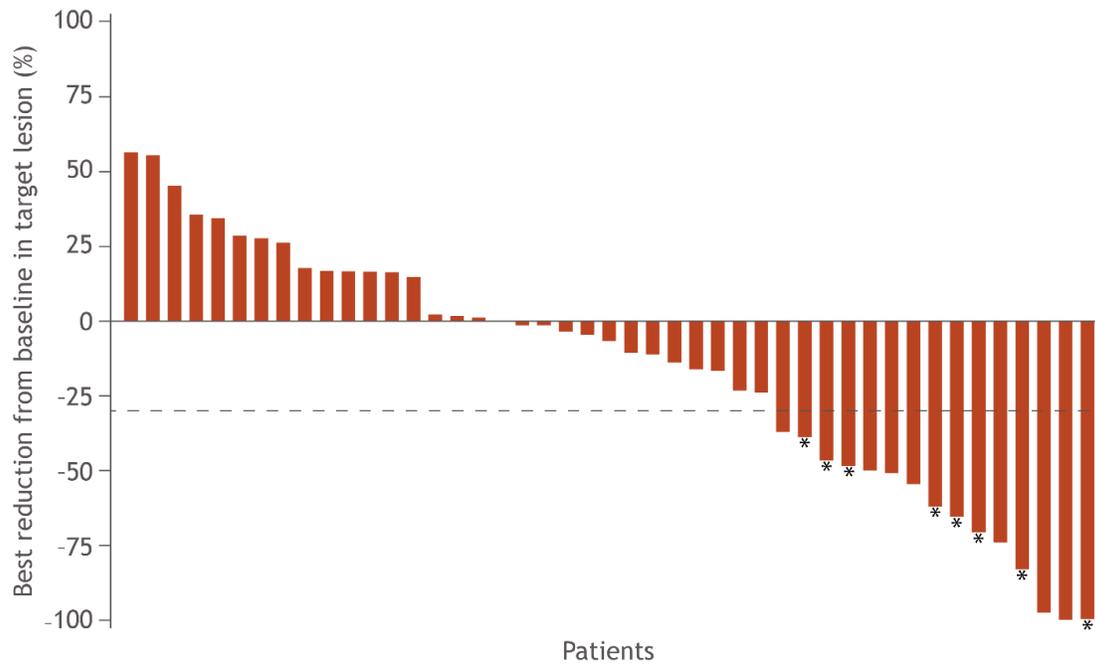
Table S1 Treatment exposure in all treated patients

Exposure	Nivolumab (N=52)	Ipilimumab (N=52)
Median duration of therapy (range), months	3.5 (0.0–25.8)	2.1 (0.0–3.9)
Relative dose intensity, n (%)		
90% to <110%	45 (86.5)	45 (86.5)
70% to <90%	6 (11.5)	6 (11.5)
50% to <70%	0	0
<50	1 (1.9)	1 (1.9)
Median no. of doses (range)	4.5 (1–28)	4.0 (1–4)
No. of doses received, n (%)		
1	5 (9.6)	5 (9.6)
2	4 (7.7)	4 (7.7)
3	6 (11.5)	7 (13.5)
4	11 (21.2)	36 (69.2)
≥5	26 (50.0)	0

Figure S1 Patient disposition

^aAll enrolled patients who received any nivolumab. ^bAll treated patients who had baseline and at least one on-study evaluable tumor measurement.

Figure S2 Best reduction from baseline in the sum of the diameter of target lesions in response-evaluable patients

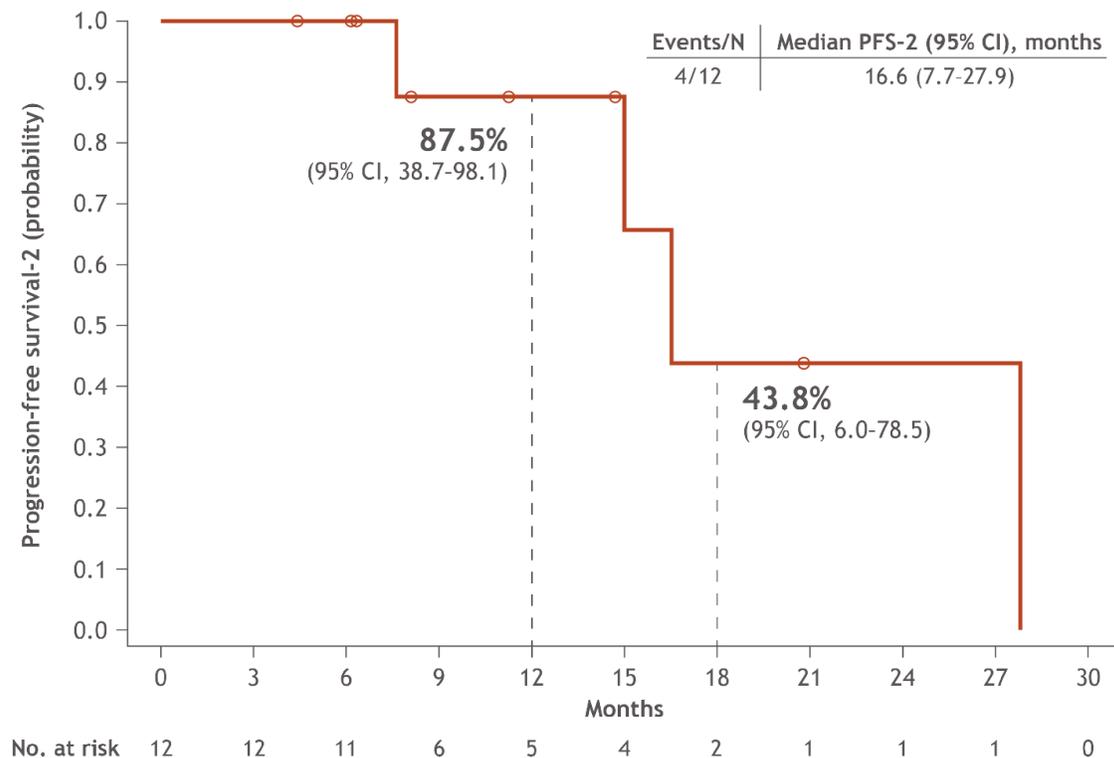


*Responder per RECIST v1.1 criteria, confirmation of response required. Horizontal reference line indicates the 30% reduction consistent with a RECIST v1.1 response.

Includes patients with a target lesion at baseline and ≥ 1 evaluable target lesion assessment on study. Negative/positive value indicates maximum tumor reduction/minimum tumor increase. Best reduction is based on evaluable target lesion measurements up to progression or start of subsequent therapy date (excluding on-treatment palliative radiotherapy of nontarget central nervous system or bone lesions). One response-evaluable patient did not have available data on best reduction from baseline in the sum of the diameter of target lesions.

RECIST, Response Evaluation Criteria in Solid Tumors.

Figure S3 Kaplan–Meier plot of PFS-2 per investigator assessment in patients treated beyond initial RECIST v1.1-defined progression



PFS-2 for patients treated beyond initial RECIST v1.1-defined progression was the time from baseline to the imaging-confirmed second progression (defined as an additional 20% increase in tumor volume from time of initial progression; including the sum of all target lesions and/or the development of new measurable lesions) or death from any cause, whichever occurred first. PFS-2 by IMDC risk is not shown due to small sample sizes (favorable, n=5; intermediate, n=5; poor, n=2).

CI, confidence interval; PFS-2, progression-free survival-2; RECIST, Response Evaluation Criteria in Solid Tumors.