Supplementary Table 3. Criteria for DLT

A DLT will be defined as the occurrence of an adverse event (AE) that is at least possibly related with the investigational product (IP) or investigational regimen (IR), with the two following exceptions: any grade of vitiligo or alopecia. AEs that are at least possibly related with durvalumab- and/ or tremelimumab-containing regimens will be defined as DLTs if the following criteria are met:
If a patient initiated on C-ion RT is unable to complete the C-ion RT within the allowable time period because of AEs that cannot be ruled out as causally related with durvalumab, tremelimumab, or C-ion RT, the AEs will be considered as DLT.

Hematologic toxicity:

- Grade ≥3 neutropenia complicated by fever of >38.3 °C
- Grade 4 neutropenia lasting more than seven days
- Grade ≥3 thrombocytopenia with significant bleeding
- Grade 4 thrombocytopenia, regardless of duration
- Grade 4 anemia, regardless of duration

Nonhematologic toxicity:

- Any grade 4 nonimmune-mediated AE
- Any grade 4 immune-mediated AE, excluding endocrinopathies
- Any grade 3 nonimmune-mediated AE that does not resolve to grade ≤1 or baseline within 30 days of optimal medical management
- Any grade 3 immune-mediated AE, excluding diarrhea/ colitis, pneumonitis, hepatitis, rash, neurotoxicity, myocarditis, myositis/ polymyositis, endocrinopathies and nephritis, which does not resolve to grade ≤1 or baseline within 30 days after onset of the event despite optimal medical management, including systemic corticosteroids
- Grade 3 diarrhea or colitis that does not resolve to grade ≤1 within 14 days
  (both immune- and nonimmune-mediated; the same applies if not specified in the remaining bullet points below]
- Grade 3 noninfectious pneumonitis
- Grade 2 noninfectious pneumonitis that does not resolve to grade ≤1 within three days of initiation of maximal supportive care
- Aspartate aminotransferase (AST) or alanine aminotransferase (ALT) ≥5 × ULN or 5× the baseline, if the baseline is abnormal, with concurrent increase in total bilirubin (TBL) ≥3 × ULN or 3× the baseline, if the baseline is abnormal without evidence of cholestasis or alternative explanations, such as viral hepatitis, disease progression in the liver (i.e., Hy's Law)
- ALT or AST >8 × ULN or 8× the baseline, if the baseline is abnormal, or TBL >5 × ULN or 5× the baseline, if the baseline is abnormal
- Grade 3 immune-mediated rash that does not resolve to grade ≤1 or baseline within 30 days

- Grade 2 rash covering >30% BSA that does not resolve to grade ≤1 or baseline within 30 days
- Any grade of immune-mediated rash with bullous formation
- Grade 3 immune-mediated neurotoxicity, excluding Guillain–Barre and myasthenia gravis, that does not resolve to grade ≤1 within 30 days
- Grade 2 or 3 immune-mediated peripheral neuromotor syndrome, such as Guillain–Barre and myasthenia gravis, that does not resolve to grade ≤1 within 30 days or that exhibits signs of respiratory insufficiency or autonomic instability
- Grade 3 immune-mediated myocarditis
- Any symptomatic immune-mediated myocarditis that does not become asymptomatic within three days of initiating optimal medical management, including systemic corticosteroids
- Grade 2 or 3 immune-mediated myositis/ polymyositis that does not resolve to grade ≤1 within 30 days of initiating optimal medical management, including systemic corticosteroids, or that exhibits signs of respiratory insufficiency, regardless of optimal medical management
- Immune-mediated increase in creatinine >3 × ULN or >3 × the baseline for patients with baseline creatinine that is above the ULN
- Transfusion of red cell concentrate or platelet or use of G-CSF during the DLT period