

# SUPPLEMENTARY MATERIALS

## Supplementary Methods

### Search Terminology & PICOS Question

Pharmalogical Agent	Alternate 1:	Alternate 2:
nivolumab	Opdivo	
pembrolizumab	Keytruda	
pidilizumab		
BMS 936559	anti-PD-L1	Anti-PD-L1 Antibody BMS-936559
durvalumab	Imfinzi	
Atezolizumab	Tecentriq	
Avelumab	Bavencio	
Ipilimumab	Yervoy	
Tremelimumab	ticilimumab	

PICOS (P = participants/population, I = Interventions/exposures, C = comparators/controls, and O = outcomes; primary and secondary outcomes, S= study type)

P = Adult cancer patients

I = Immune checkpoint inhibitors administered (alemtuzumab, nivolumab, pembrolizumab, pidilizumab, BMS 936559, durvalumab, Atezolizumab, Avelumab, Ipilimumab, Tremelimumab, rituximab, ofatumumab)

C = N/A

O = Primary outcome: PRO (patient-reported outcome) Secondary outcome: Quality of Life (wellness, wellbeing, QoL, etc.)

S = Original data (not a review, meta-analysis, secondary data analysis, case report, case series, commentary, retrospective, registry studies, etc...). Clinical Trials, Randomized Control Trials, etc. Expanded access trials are acceptable.

### Search Strings

PubMed Search	
Search #	PubMed Keywords & Translations
1.	"nivolumab"[Supplementary Concept] OR "nivolumab"[All Fields] OR "opdivo"[All Fields]
2.	pembrolizumab[Supplementary Concept] OR "pembrolizumab"[All Fields]
3.	pidilizumab[Supplementary Concept] OR "pidilizumab"[All Fields]
4.	a[All Fields] OR anti-PD-L1[All Fields] OR (Anti-PD-L1[All Fields] AND ("immunoglobulins"[MeSH Terms] OR "immunoglobulins"[All Fields] OR "antibody"[All Fields] OR "antibodies"[MeSH Terms] OR "antibodies"[All Fields]) AND BMS-936559[All Fields])
5.	durvalumab[Supplementary Concept] OR "durvalumab"[All Fields]
6.	atezolizumab[Supplementary Concept] OR "atezolizumab"[All Fields] OR "tecentriq"[All Fields]
7.	avelumab[Supplementary Concept] OR "avelumab"[All Fields] OR Bavencio[All Fields]
8.	ipilimumab[Supplementary Concept] OR "ipilimumab"[All Fields] OR "yervoy"[All Fields]
9.	tremelimumab[Supplementary Concept] OR "tremelimumab"[All Fields] OR "ticilimumab"[All Fields] OR "cp 675,206"[All Fields]
<b>Final Action:</b>	Export results for 1, 2, 3, 4, 5, 6, 7, 8, & 9 to EndNote & deduplicate

### Web of Science Search

Search #	# of Results	Web of Science Search String
1	2,765	TS=(nivolumab OR opdivo)
2	1,673	TS=(pembrolizumab OR keytruda)
3	33	TS=(pidilizumab)
4	846	TS=(BMS 936559 OR anti-PD-L1 OR Anti-PD-L1 Antibody BMS-936559)
5	143	TS=(durvalumab OR imfinzi)
6	275	TS=(Atezolizumab OR Tecentriq)
7	130	TS=(Avelumab OR Bavencio)
8	47	TS=(Ipiliumumab OR Yervoy)
9	269	TS=(Tremelimumab OR Ticilimumab)
10	4,844	#9 OR #8 OR #7 OR #6 OR #5 OR #4 OR #3 OR #2 OR #1

**Final Action:** Export results to EndNote & deduplicate

### Embase Search

Search #	Embase Search String
#1	'nivolumab'/exp OR 'pembrolizumab'/exp OR 'pidilizumab'/exp OR 'bms 936559'/exp OR 'durvalumab'/exp OR 'atezolizumab'/exp OR 'avelumab'/exp OR 'ipilimumab'/exp OR 'ticilimumab'/exp OR 'anti-pd-l1' OR 'anti-pd-l1 antibody bms-936559'

**Final Action:** Export results to EndNote & deduplicate

### PRISMA Checklist

Section/topic	#	Checklist item	Reported on page #
<b>TITLE</b>			
Title	1	Identify the report as a systematic review, meta-analysis, or both.	1
<b>ABSTRACT</b>			
Structured summary	2	Provide a structured summary including, as applicable: background; objectives; data sources; study eligibility criteria, participants, and interventions; study appraisal and synthesis methods; results; limitations; conclusions and implications of key findings; systematic review registration number.	2
<b>INTRODUCTION</b>			
Rationale	3	Describe the rationale for the review in the context of what is already known.	3
Objectives	4	Provide an explicit statement of questions being addressed with reference to participants, interventions, comparisons, outcomes, and study design (PICOS).	3, Appendix A
<b>METHODS</b>			
Protocol and registration	5	Indicate if a review protocol exists, if and where it can be accessed (e.g., Web address), and, if available, provide registration information including registration number.	4
Eligibility criteria	6	Specify study characteristics (e.g., PICOS, length of follow-up) and report characteristics (e.g., years considered, language, publication status) used as criteria for eligibility, giving rationale.	4, Appendix A

Information sources	7	Describe all information sources (e.g., databases with dates of coverage, contact with study authors to identify additional studies) in the search and date last searched.	4, Appendix B
Search	8	Present full electronic search strategy for at least one database, including any limits used, such that it could be repeated.	Appendix B
Study selection	9	State the process for selecting studies (i.e., screening, eligibility, included in systematic review, and, if applicable, included in the meta-analysis).	5
Data collection process	10	Describe method of data extraction from reports (e.g., piloted forms, independently, in duplicate) and any processes for obtaining and confirming data from investigators.	4
Data items	11	List and define all variables for which data were sought (e.g., PICOS, funding sources) and any assumptions and simplifications made.	4, Appendix A
Risk of bias in individual studies	12	Describe methods used for assessing risk of bias of individual studies (including specification of whether this was done at the study or outcome level), and how this information is to be used in any data synthesis.	5
Summary measures	13	State the principal summary measures (e.g., risk ratio, difference in means).	5
Synthesis of results	14	Describe the methods of handling data and combining results of studies, if done, including measures of consistency (e.g., $I^2$ ) for each meta-analysis.	5

Section/topic	#	Checklist item	Reported on page #
Risk of bias across studies	15	Specify any assessment of risk of bias that may affect the cumulative evidence (e.g., publication bias, selective reporting within studies).	5
Additional analyses	16	Describe methods of additional analyses (e.g., sensitivity or subgroup analyses, meta-regression), if done, indicating which were pre-specified.	5, 6
<b>RESULTS</b>			
Study selection	17	Give numbers of studies screened, assessed for eligibility, and included in the review, with reasons for exclusions at each stage, ideally with a flow diagram.	6, Figure 1
Study characteristics	18	For each study, present characteristics for which data were extracted (e.g., study size, PICOS, follow-up period) and provide the citations.	Table 1
Risk of bias within studies	19	Present data on risk of bias of each study and, if available, any outcome level assessment (see item 12).	Appendix D
Results of individual studies	20	For all outcomes considered (benefits or harms), present, for each study: (a) simple summary data for each intervention group (b) effect estimates and confidence intervals, ideally with a forest plot.	Figure 2, Figure 3
Synthesis of results	21	Present results of each meta-analysis done, including confidence intervals and measures of consistency.	6, 7
Risk of bias across studies	22	Present results of any assessment of risk of bias across studies (see Item 15).	6, 7
Additional analysis	23	Give results of additional analyses, if done (e.g., sensitivity or subgroup analyses, meta-regression [see Item 16]).	6, 7
<b>DISCUSSION</b>			

Summary of evidence	24	Summarize the main findings including the strength of evidence for each main outcome; consider their relevance to key groups (e.g., healthcare providers, users, and policy makers).	8
Limitations	25	Discuss limitations at study and outcome level (e.g., risk of bias), and at review-level (e.g., incomplete retrieval of identified research, reporting bias).	10
Conclusions	26	Provide a general interpretation of the results in the context of other evidence, and implications for future research.	10
<b>FUNDING</b>			
Funding	27	Describe sources of funding for the systematic review and other support (e.g., supply of data); role of funders for the systematic review.	1

Adapted From: Moher D, Liberati A, Tetzlaff J, Altman DG, The PRISMA Group (2009). Preferred Reporting Items for Systematic Reviews and Meta-Analyses: The PRISMA Statement. PLoS Med 6(7): e1000097. doi:10.1371/journal.pmed1000097

### Potential Moderators Examined

Potential moderators that were examined included: ICI regimen, disease site, follow-up duration, comparator group, mean sample age, Percent female, risk of bias, and quality of patient-reported outcomes reporting.

## Supplementary Tables

**Supplementary Table 1: Targeted Abstract Searches<sup>a,b</sup>**

Organization/Conference Name	URL
American Association of Cancer Research (AACR)	<a href="http://aacrjournals.org/site/Meetings/meeting_abs.xhtml">http://aacrjournals.org/site/Meetings/meeting_abs.xhtml</a>
American Association for Cancer Research (AACR) and International Association for the Study of Lung Cancer (IASLC) Joint Conference	<a href="http://aacrjournals.org/site/Meetings/meeting_abs.xhtml">http://aacrjournals.org/site/Meetings/meeting_abs.xhtml</a>
Proceedings of the Fourth AACR-IASLC International Joint Conference on Lung Cancer Translational Science from the Bench to the Clinic	<a href="http://www.jto.org/issue/S1556-0864(15)X0004-9">http://www.jto.org/issue/S1556-0864(15)X0004-9</a>
Third AACR–IASLC Joint Conference on Molecular Origins of Lung Cancer	<a href="http://clincancerres.aacrjournals.org/content/20/2_Supplement.toc">http://clincancerres.aacrjournals.org/content/20/2_Supplement.toc</a>
AACR– IASLC Joint Conference on Molecular Origins of Lung Cancer: Biology, Therapy, and Personalized Medicine	<a href="http://clincancerres.aacrjournals.org/content/18/3_Supplement.toc">clincancerres.aacrjournals.org/content/18/3_Supplement.toc</a>
AACR-NCI-EORTC	<a href="http://mct.aacrjournals.org/search">http://mct.aacrjournals.org/search</a>
American Cancer Society Biannual Survivorship Conference	<a href="https://survivorshipconference.cancer.org/">https://survivorshipconference.cancer.org/</a>
American Society of Clinical Oncology (ASCO)	<a href="http://meetinglibrary.asco.org/">http://meetinglibrary.asco.org/</a>
ASCO Genitourinary (GU)	<a href="http://meetinglibrary.asco.org/">http://meetinglibrary.asco.org/</a>
ASCO Head and Neck	
ASCO Thoracic	
American Society of Hematology (ASH)	
American Society of Radiation Oncology (ASTRO)	<a href="http://www.redjournal.org/content/astro_abstracts">http://www.redjournal.org/content/astro_abstracts</a>
American Society of Psychosocial Oncology (APOS)	<a href="http://onlinelibrary.wiley.com/journal/10.1002/(ISSN)1099-1611">http://onlinelibrary.wiley.com/journal/10.1002/(ISSN)1099-1611</a>
European Association for Cancer Research (EACR)	<a href="http://eacr24.eacr.org/">http://eacr24.eacr.org/</a>
European Lung Cancer Conference (ELCC)	<a href="http://www.esmo.org/Conferences/Past-Conferences/ELCC-2017-Lung-Cancer">http://www.esmo.org/Conferences/Past-Conferences/ELCC-2017-Lung-Cancer</a>
European Society for Medical Oncology (ESMO)	<a href="http://www.esmo.org/">http://www.esmo.org/</a>
ESMO Immunooncology conference	<a href="http://www.esmo.org/Conferences/ESMO-Immuno-Oncology-Congress-2017">http://www.esmo.org/Conferences/ESMO-Immuno-Oncology-Congress-2017</a>
ESMO World Congress on Gastrointestinal Cancer	<a href="http://www.esmo.org/Conferences/Past-Conferences/World-GI-2017-Gastrointestinal-Cancer">http://www.esmo.org/Conferences/Past-Conferences/World-GI-2017-Gastrointestinal-Cancer</a>
European Society for Radiotherapy & Oncology (ESTRO)	<a href="http://oncologypro.esmo.org/Meeting-Resources">http://oncologypro.esmo.org/Meeting-Resources</a>
International Association for the Study of Lung Cancer (IASLC)	
International Society of Psychosocial Oncology (IPOS)	<a href="http://ipos-society.org/">http://ipos-society.org/</a>
Multinational Association for Supportive Care in Cancer (MASCC)	<a href="http://www.mascc.org/">http://www.mascc.org/</a>
Society of Behavioral Medicine	<a href="http://www.sbm.org/">http://www.sbm.org/</a>
Society for Melanoma Research	<a href="https://www.societymelanomaresearch.org/">https://www.societymelanomaresearch.org/</a>
Society for Immunotherapy in Oncology (SITC)	<a href="https://www.sitcancer.org/home">https://www.sitcancer.org/home</a>

<sup>a</sup>Keywords used: alemtuzumab, nivolumab, pembrolizumab, pidilizumab, BMS 936559, durvalumab, Atezolizumab, Avelumab, Ipilimumab, Tremelimumab, rituximab, ofatumumab

<sup>b</sup>Keywords were searched one at a time, and results for each search were exported into EndNote.

**Supplementary Table 2: Ratings of Potential for Study Bias**

Publication	Random Sequence Generation	Allocation concealment	Blinding of participants and personnel	Blinding of outcome assessors	Incomplete outcome data	Selective outcome reporting	Other sources of bias	Overall Risk of bias
Ascierto, et al. 2017 (1)	low	low	low	low	low	low	low	low
Barlesi, et al. 2019 (2)	low	low	high	low	low	low	low	high
Bordoni, et al. 2017 (3)	low	low	high	low	low	low	low	high
Brahmer, et al. 2017 (4)	low	low	high	low	low	low	low	high
Cella, et al. 2016 (5)	low	low	high	low	low	low	low	high
Coens, et al. 2017 (6)	low	low	low	low	low	low	low	low
El-Khoueiry, et al. 2017 (7)	high	high	high	low	low	low	low	high
Harrington, et al. 2017 (8)	low	low	high	low	low	low	low	high
Hui, et al. 2019 (9)	low	low	low	low	low	low	low	low
Kaufman, et al. 2017 (10)	high	high	high	low	low	unclear	low	high
Larkin, et al. 2018 (11)	low	low	high	low	high	low	unclear	high
Long, et al. 2016 (12)	low	low	low	low	unclear	low	low	low
Mathias, et al. 2015 (13)	high	high	high	unclear	unclear	unclear	unclear	high
Mazieres, et al. 2018 (14)	low	low	low	low	low	unclear	unclear	low
O'Donnell, et al. 2018 (15)	high	high	high	low	unclear	low	unclear	high
Perol, et al. 2019 (16)	high	high	high	low	unclear	low	unclear	high
Petrella, et al. 2017 (17)	low	low	high	low	low	low	unclear	high
Powles, et al. 2018 (18)	low	low	high	low	low	low	unclear	high
Reck, et al. 2018 (19)	low	low	high	low	low	low	low	high
Revicki, et al. 2012 (20)	low	low	low	low	low	unclear	low	low
Schadendorf, et al. 2016 (21)	low	low	high	low	low	low	low	high
Schadendorf, et al. 2017 (22)	low	low	low	low	low	low	low	low
Sharma, et al. 2017 (23)	high	high	high	low	low	low	low	high
Vaughn, et al. 2018 (24)	low	low	high	low	low	low	low	high
Weber, et al. 2017 (25)	low	low	low	low	unclear	unclear	low	low
Younes, et al. 2016 (26)	high	high	high	low	low	low	low	high

**Supplementary Table 3: Ratings of Quality of Patient-Reported Outcomes (PRO) Reporting<sup>a</sup>**

Publication	PRO identified in abstract as primary or secondary outcomes	PRO hypothesis and relevant domains	PRO validity or reliability provided or cited	Method of data collection	Statistical approaches for missing data described	PRO-specific limitations and implications presented	Sum
Ascierto, et al. 2017 (1)	0	0	1	0	1	1	3
Barlesi, et al. 2019 (2)	1	0	1	1	1	1	5
Bordoni, et al. 2017 (3)	1	0	1	0	0	1	3
Brahmer, et al. 2017 (4)	1	0	1	0	1	1	4
Cella, et al. 2016 (5)	1	0	1	0	1	1	4
Coens, et al. 2017 (6)	1	1	1	0	1	1	5
El-Khoueiry, et al. 2017 (7)	0	0	1	1	1	0	3
Harrington, et al. 2017 (8)	1	0	1	1	1	1	5
Hui, et al. 2019 (9)	1	0	1	1	1	1	5
Kaufman, et al. 2017 (10)	1	0	1	1	0	1	4
Larkin, et al. 2018 (11)	0	0	1	0	0	0	1
Long, et al. 2016 (12)	1	0	1	1	1	1	5
Mathias, et al. 2015 (13)	1	0	0	0	0	0	1
Mazieres, et al. 2018 (14)	1	0	0	0	0	0	1
O'Donnell, et al. 2018 (15)	1	0	0	0	0	0	1
Perol, et al. 2019 (16)	1	0	0	0	0	0	1
Petrella, et al. 2017 (17)	1	1	1	1	1	1	6
Powles, et al. 2018 (18)	0	0	1	1	0	0	2
Reck, et al. 2018 (19)	1	0	1	1	1	1	5
Revicki, et al. 2012 (20)	1	0	1	1	0	1	4
Schadendorf, et al. 2016 (21)	1	0	0	0	1	1	3
Schadendorf, et al. 2017 (22)	1	0	0	0	1	1	3
Sharma, et al. 2017 (23)	0	0	1	0	0	0	1
Vaughn, et al. 2018 (24)	1	0	0	1	1	1	4
Weber, et al. 2017 (25)	0	0	1	0	1	0	2
Younes, et al. 2016 (26)	0	0	0	0	0	0	0

<sup>a</sup>0=absent, 1=present

## Supplementary Figures

**Supplementary Figure 1: Meta-Analysis of Within-Group Change in Physical Functioning in Patients Receiving Immune Checkpoint Inhibitor Therapy.** Positive values indicate improvement. Error bars represent 95% confidence intervals (CIs). Random effect models were used with a two-sided alpha level of .05. NSCLC = non-small cell lung cancer.

Model	Group by Drug type	Study name	Cancer type	Drug type	Outcome	Statistics for each study				Sample size	Difference in means and 95% CI				
						Difference in means	Lower limit	Upper limit	p-Value		Total	-20.00	-10.00	0.00	10.00
Random	Atezolizumab	Bordoni 2017	NSCLC	Atezolizumab	Physical functioning	4.470	2.902	6.038	0.000	413					
	Atezolizumab	Powles 2018	Urothelial	Atezolizumab	Physical functioning	-3.810	-5.966	-1.654	0.001	254					
Random	Atezolizumab					0.364	-7.750	8.478	0.930						
	Durvalumab	Hui 2019	NSCLC	Durvalumab	Physical functioning	2.300	0.732	3.868	0.004	476					
Random	Durvalumab					2.300	0.732	3.868	0.004						
	Ipilimumab	Revicki 2012	Melanoma	Ipilimumab	Physical functioning	-5.100	-9.337	-0.863	0.018	83					
Random	Ipilimumab	Mathias 2015	Melanoma	Ipilimumab	Physical functioning	-15.900	-27.072	-4.728	0.005	101					
	Ipilimumab	Coens 2017	Melanoma	Ipilimumab	Physical functioning	-1.640	-2.424	-0.856	0.000	475					
Random	Ipilimumab					-5.014	-10.144	0.115	0.055						
	Nivolumab	Harrington 2017	Head & Neck	Nivolumab	Physical functioning	-1.900	-5.688	1.888	0.326	43					
Random	Nivolumab	Long 2016	Melanoma	Nivolumab	Physical functioning	-4.400	-7.536	-1.264	0.006	136					
	Nivolumab	Younes 2016	Hodgkin	Nivolumab	Physical functioning	5.500	1.188	9.812	0.012	60					
Random	Nivolumab	Schadendorf 2017	Melanoma	Nivolumab	Physical functioning	-4.500	-6.460	-2.540	0.000	266					
	Nivolumab					-1.630	-5.523	2.263	0.412						
Random	Pembrolizumab	Petrella 2017	Melanoma	Pembrolizumab	Physical functioning	-3.460	-6.033	-0.887	0.008	270					
	Pembrolizumab	Brahmer 2017	NSCLC	Pembrolizumab	Physical functioning	1.180	-1.776	4.136	0.434	150					
Random	Pembrolizumab	Vaughn 2018	Urothelial	Pembrolizumab	Physical functioning	-6.180	-9.345	-3.015	0.000	266					
	Pembrolizumab	Schadendorf 2016	Melanoma	Pembrolizumab	Physical functioning	-4.200	-7.428	-0.972	0.011	176					
Random	Pembrolizumab					-3.132	-6.124	-0.139	0.040						
	Overall					0.460	-0.792	1.712	0.472						

**Supplementary Figure 2. Meta-Analysis of Differences in Mean Change in Physical Functioning from Baseline to Follow-Up in Physical Functioning at Follow-up in Patients Treated with Immune Checkpoint Inhibitors versus Other Regimens.** Positive values favor immune checkpoint inhibitors. Error bars represent 95% confidence intervals (CIs). Random effect models were used with a two-sided alpha level of .05. NSCLC = non-small cell lung cancer.

Model	Group by Drug type	Study name	Outcome	Sample size		Cancer type	Drug type	Statistics for each study				Difference in means and 95% CI				
				ID	Standard of care			Difference in means	Lower limit	Upper limit	p-Value	-20.00	-10.00	0.00	10.00	20.00
Random	Atezolizumab	Powles 2018	Physical functioning	202	254	Urothelial	Atezolizumab	0.600	-0.385	1.585	0.233					
	Atezolizumab	Bordonni 2017	Physical functioning	413	390	NSCLC	Atezolizumab	6.640	3.295	9.985	0.000					
Random	Durvalumab	Hui 2019	Physical functioning	476	237	NSCLC	Durvalumab	-0.400	-1.157	0.357	0.301					
Random	Durvalumab							-0.400	-1.157	0.357	0.301					
Random	Ipilimumab	Coens 2017	Physical functioning	449	444	Melanoma	Ipilimumab	-2.720	-3.115	-2.325	0.000					
	Ipilimumab	Revicki 2012	Physical functioning	83	78	Melanoma	Ipilimumab	5.000	-0.905	10.905	0.097					
Random	Ipilimumab	Mathias 2015	Physical functioning	101	28	Melanoma	Ipilimumab	6.900	0.730	13.070	0.028					
Random	Ipilimumab							2.549	-4.483	9.581	0.477					
Random	Nivolumab	Long 2016	Physical functioning	136	123	Melanoma	Nivolumab	-1.700	-7.124	3.724	0.539					
	Nivolumab	Harrington 2017	Physical functioning	43	14	Head & Neck	Nivolumab	18.000	15.847	20.153	0.000					
Random	Nivolumab							8.314	-10.989	27.617	0.399					
Random	Pembrolizumab	Schadendorf 2016	Physical functioning	176	167	Melanoma	Pembrolizumab	1.000	-0.487	2.487	0.187					
	Pembrolizumab	Vaughn 2018	Physical functioning	266	253	Urothelial	Pembrolizumab	5.660	4.100	7.220	0.000					
Random	Pembrolizumab	Brahmer 2017	Physical functioning	150	147	NSCLC	Pembrolizumab	5.230	3.840	6.620	0.000					
Random	Pembrolizumab							3.963	1.071	6.856	0.007					
Random	Overall							-0.027	-0.750	0.696	0.941					

**Supplementary Figure 3: Change From Baseline to Follow-up in Symptomatology in Patients Receiving Immune Checkpoint Inhibitors.** Analyses were done for A) appetite loss, B) constipation, C) diarrhea, D) dyspnea, E) fatigue, F) insomnia, G) nausea and vomiting, and H) pain. Error bars represent 95% confidence intervals (CIs). Random effect models were used with a two-sided alpha level of .05. NSCLC = non-small cell lung cancer.

**A. Appetite Loss**

Model	Group by Drug type	Study name	Cancer type	Drug type	Outcome	Statistics for each study				Sample size	Difference in means and 95% CI				
						Difference in means	Lower limit	Upper limit	p-Value		Total	-20.00	-10.00	0.00	10.00
Random	Atezolizumab	Bordoni 2017	NSCLC	Atezolizumab	Appetite loss	-8.040	-10.392	-5.688	0.000	413					
	Atezolizumab					-8.040	-10.392	-5.688	0.000						
Random	Durvalumab	Hui 2019	NSCLC	Durvalumab	Appetite loss	-5.100	-7.648	-2.552	0.000	476					
	Durvalumab					-5.100	-7.648	-2.552	0.000						
Random	Ipilimumab	Revicki 2012	Melanoma	Ipilimumab	Appetite loss	11.600	5.393	17.807	0.000	83					
	Ipilimumab	Mathias 2015	Melanoma	Ipilimumab	Appetite loss	15.000	-0.092	30.092	0.051	101					
	Ipilimumab	Coens 2017	Melanoma	Ipilimumab	Appetite loss	4.870	3.694	6.046	0.000	475					
	Ipilimumab					8.459	2.382	14.537	0.006						
	Ipilimumab														
Random	Nivolumab	Harrington 2017	Head & Neck	Nivolumab	Appetite loss	-2.200	-9.581	5.181	0.559	43					
	Nivolumab	Long 2016	Melanoma	Nivolumab	Appetite loss	-3.600	-7.520	0.320	0.072	136					
	Nivolumab	Younes 2016	Hodgkin	Nivolumab	Appetite loss	-6.600	-12.872	-0.328	0.039	60					
	Nivolumab	Schadendorf 2017	Melanoma	Nivolumab	Appetite loss	3.200	0.848	5.552	0.008	266					
	Nivolumab					-1.866	-6.835	3.103	0.462						
Random	Pembrolizumab	Petrella 2017	Melanoma	Pembrolizumab	Appetite loss	0.130	-3.419	3.679	0.943	270					
	Pembrolizumab	Barlesi 2019	NSCLC	Pembrolizumab	Appetite loss	-3.780	-6.681	-0.879	0.011	331					
	Pembrolizumab	Brahmer 2017	NSCLC	Pembrolizumab	Appetite loss	-10.920	-15.830	-6.010	0.000	150					
	Pembrolizumab	Vaughn 2018	Urothelial	Pembrolizumab	Appetite loss	2.380	-2.060	6.820	0.293	266					
	Pembrolizumab	Schadendorf 2016	Melanoma	Pembrolizumab	Appetite loss	-1.700	-6.566	3.166	0.494	176					
	Pembrolizumab					-2.681	-6.581	1.219	0.178						
Random	Overall					-4.832	-6.293	-3.370	0.000						

**B. Constipation**

Model	Group by Drug type	Study name	Cancer type	Drug type	Outcome	Statistics for each study				Sample size	Difference in means and 95% CI				
						Difference in means	Lower limit	Upper limit	p-Value		Total	-20.00	-10.00	0.00	10.00
Random	Atezolizumab	Bordoni 2017	NSCLC	Atezolizumab	Constipation	-3.610	-5.766	-1.454	0.001	410					
	Atezolizumab					-3.610	-5.766	-1.454	0.001						
Random	Durvalumab	Hui 2019	NSCLC	Durvalumab	Constipation	-5.500	-7.852	-3.148	0.000	476					
	Durvalumab					-5.500	-7.852	-3.148	0.000						
Random	Ipilimumab	Revicki 2012	Melanoma	Ipilimumab	Constipation	1.900	-3.371	7.171	0.480	83					
	Ipilimumab	Mathias 2015	Melanoma	Ipilimumab	Constipation	-1.700	-13.264	9.864	0.773	100					
	Ipilimumab	Coens 2017	Melanoma	Ipilimumab	Constipation	0.400	-0.384	1.184	0.317	475					
	Ipilimumab					0.423	-0.351	1.197	0.284						
	Ipilimumab														
Random	Nivolumab	Harrington 2017	Head & Neck	Nivolumab	Constipation	-3.400	-9.134	2.334	0.245	44					
	Nivolumab	Long 2016	Melanoma	Nivolumab	Constipation	0.100	-4.016	4.216	0.962	136					
	Nivolumab	Younes 2016	Hodgkin	Nivolumab	Constipation	-3.000	-9.468	3.468	0.363	60					
	Nivolumab	Schadendorf 2017	Melanoma	Nivolumab	Constipation	1.400	-0.560	3.360	0.162	266					
	Nivolumab					0.101	-2.027	2.230	0.926						
Random	Pembrolizumab	Petrella 2017	Melanoma	Pembrolizumab	Constipation	1.040	-2.121	4.201	0.519	270					
	Pembrolizumab	Barlesi 2019	NSCLC	Pembrolizumab	Constipation	-4.450	-7.314	-1.586	0.002	331					
	Pembrolizumab	Brahmer 2017	NSCLC	Pembrolizumab	Constipation	-2.950	-6.496	0.596	0.103	150					
	Pembrolizumab	Vaughn 2018	Urothelial	Pembrolizumab	Constipation	-4.620	-8.821	-0.419	0.031	266					
	Pembrolizumab	Schadendorf 2016	Melanoma	Pembrolizumab	Constipation	2.500	-1.671	6.671	0.240	176					
	Pembrolizumab					-1.752	-4.553	1.049	0.220						
Random	Overall					-0.524	-1.168	0.120	0.110						

**C. Diarrhea**

Model	Group by Drug type	Study name	Cancer type	Drug type	Outcome	Statistics for each study				Sample size	Difference in means and 95% CI				
						Difference in means	Lower limit	Upper limit	p-Value		Total	-20.00	-10.00	0.00	10.00
Random	Atezolizumab	Bordoni 2017	NSCLC	Atezolizumab	Diarrhea	-0.910	-2.282	0.462	0.194	411					
	Atezolizumab					-0.910	-2.282	0.462	0.194						
Random	Durvalumab	Hui 2019	NSCLC	Durvalumab	Diarrhea	1.100	-0.664	2.864	0.222	476					
	Durvalumab					1.100	-0.664	2.864	0.222						
Random	Ipilimumab	Revicki 2012	Melanoma	Ipilimumab	Diarrhea	9.100	3.534	14.666	0.001	82					
	Ipilimumab	Mathias 2015	Melanoma	Ipilimumab	Diarrhea	3.100	-7.680	13.880	0.573	101					
	Ipilimumab	Coens 2017	Melanoma	Ipilimumab	Diarrhea	1.820	1.036	2.604	0.000	475					
	Ipilimumab					4.426	-0.922	9.775	0.105						
	Ipilimumab														
Random	Nivolumab	Harrington 2017	Head & Neck	Nivolumab	Diarrhea	-1.200	-5.185	2.785	0.555	44					
	Nivolumab	Long 2016	Melanoma	Nivolumab	Diarrhea	-0.500	-3.636	2.636	0.755	136					
	Nivolumab	Younes 2016	Hodgkin	Nivolumab	Diarrhea	3.000	-3.664	9.664	0.378	60					
	Nivolumab	Schadendorf 2017	Melanoma	Nivolumab	Diarrhea	-0.400	-1.576	0.776	0.505	266					
	Nivolumab					-0.382	-1.431	0.666	0.475						
Random	Pembrolizumab	Petrella 2017	Melanoma	Pembrolizumab	Diarrhea	2.020	-1.230	5.270	0.223	270					
	Pembrolizumab	Barlesi 2019	NSCLC	Pembrolizumab	Diarrhea	-0.160	-2.337	2.017	0.885	331					
	Pembrolizumab	Brahmer 2017	NSCLC	Pembrolizumab	Diarrhea	-0.740	-3.195	1.715	0.555	150					
	Pembrolizumab	Vaughn 2018	Urothelial	Pembrolizumab	Diarrhea	0.290	-2.691	3.271	0.849	266					
	Pembrolizumab	Schadendorf 2016	Melanoma	Pembrolizumab	Diarrhea	-1.700	-4.779	1.379	0.279	176					
	Pembrolizumab					-0.163	-1.367	1.042	0.791						
Random	Overall					-0.175	-0.809	0.459	0.588						

## D. Dyspnea

Model	Group by Drug type	Study name	Cancer type	Drug type	Outcome	Statistics for each study				Sample size	Difference in means and 95% CI				
						Difference in means	Lower limit	Upper limit	p-Value		Total	-20.00	-10.00	0.00	10.00
Random	Atezolizumab	Bordoni 2017	NSCLC	Atezolizumab	Dyspnea	-5.160	-7.512	-2.808	0.000	412					
	Atezolizumab					-5.160	-7.512	-2.808	0.000						
Random	Durvalumab	Hui 2019	NSCLC	Durvalumab	Dyspnea	0.800	-1.748	3.348	0.538	476					
	Durvalumab					0.800	-1.748	3.348	0.538						
Random	Ipilimumab	Revicki 2012	Melanoma	Ipilimumab	Dyspnea	5.300	-0.018	10.618	0.051	81					
	Ipilimumab	Mathias 2015	Melanoma	Ipilimumab	Dyspnea	8.400	-3.752	20.552	0.175	101					
	Ipilimumab	Coens 2017	Melanoma	Ipilimumab	Dyspnea	6.530	5.354	7.706	0.000	475					
	Ipilimumab					6.490	5.347	7.633	0.000						
	Ipilimumab														
Random	Nivolumab	Harrington 2017	Head & Neck	Nivolumab	Dyspnea	-1.500	-7.230	4.230	0.608	43					
	Nivolumab	Long 2016	Melanoma	Nivolumab	Dyspnea	0.500	-3.616	4.616	0.812	136					
	Nivolumab	Younes 2016	Hodgkin	Nivolumab	Dyspnea	-4.800	-9.896	0.296	0.065	60					
	Nivolumab	Schadendorf 2017	Melanoma	Nivolumab	Dyspnea	-0.300	-2.260	1.660	0.764	266					
	Nivolumab					-0.734	-2.375	0.906	0.380						
Random	Pembrolizumab	Petrella 2017	Melanoma	Pembrolizumab	Dyspnea	-0.420	-3.561	2.721	0.793	270					
	Pembrolizumab	Barlesi 2019	NSCLC	Pembrolizumab	Dyspnea	-0.280	-3.493	2.933	0.864	331					
	Pembrolizumab	Brahmer 2017	NSCLC	Pembrolizumab	Dyspnea	-8.800	-13.075	-4.525	0.000	150					
	Pembrolizumab	Vaughn 2018	Urothelial	Pembrolizumab	Dyspnea	2.380	-1.194	5.954	0.192	266					
	Pembrolizumab	Schadendorf 2016	Melanoma	Pembrolizumab	Dyspnea	1.700	-2.421	5.821	0.419	176					
Random	Pembrolizumab														
Random	Overall					2.443	1.641	3.244	0.000						

## E. Fatigue

Model	Group by Drug type	Study name	Cancer type	Drug type	Outcome	Statistics for each study				Sample size	Difference in means and 95% CI				
						Difference in means	Lower limit	Upper limit	p-Value		Total	-20.00	-10.00	0.00	10.00
Random	Atezolizumab	Bordoni 2017	NSCLC	Atezolizumab	Fatigue	-7.320	-9.280	-5.360	0.000	413					
	Atezolizumab	Powles 2018	Urothelial	Atezolizumab	Fatigue	3.670	0.769	6.571	0.013	254					
Random	Durvalumab	Hui 2019	NSCLC	Durvalumab	Fatigue	-1.879	-12.649	8.890	0.732	476					
	Durvalumab					-4.000	-5.960	-2.040	0.000	476					
Random	Ipilimumab	Revicki 2012	Melanoma	Ipilimumab	Fatigue	12.500	7.033	17.967	0.000	82					
	Ipilimumab	Mathias 2015	Melanoma	Ipilimumab	Fatigue	15.200	3.048	27.352	0.014	101					
	Ipilimumab	Coens 2017	Melanoma	Ipilimumab	Fatigue	6.970	5.598	8.342	0.000	475					
	Ipilimumab					9.869	4.916	14.823	0.000						
	Ipilimumab														
Random	Nivolumab	Harrington 2017	Head & Neck	Nivolumab	Fatigue	-1.100	-5.859	3.659	0.651	43					
	Nivolumab	Long 2016	Melanoma	Nivolumab	Fatigue	2.000	-1.724	5.724	0.293	136					
	Nivolumab	Younes 2016	Hodgkin	Nivolumab	Fatigue	-6.900	-12.780	-1.020	0.021	60					
	Nivolumab	Schadendorf 2017	Melanoma	Nivolumab	Fatigue	4.700	2.544	6.856	0.000	266					
	Nivolumab					0.244	-4.223	4.712	0.915						
Random	Pembrolizumab	Petrella 2017	Melanoma	Pembrolizumab	Fatigue	3.740	0.639	6.841	0.018	270					
	Pembrolizumab	Barlesi 2019	NSCLC	Pembrolizumab	Fatigue	1.020	-1.864	3.904	0.488	331					
	Pembrolizumab	Brahmer 2017	NSCLC	Pembrolizumab	Fatigue	-7.160	-10.845	-3.475	0.000	150					
	Pembrolizumab	Vaughn 2018	Urothelial	Pembrolizumab	Fatigue	2.140	-1.314	5.594	0.225	266					
	Pembrolizumab	Schadendorf 2016	Melanoma	Pembrolizumab	Fatigue	3.300	-0.474	7.074	0.087	176					
Random	Pembrolizumab														
Random	Overall					-1.365	-2.881	0.151	0.078						

## F. Insomnia

Model	Group by Drug type	Study name	Cancer type	Drug type	Outcome	Statistics for each study				Sample size	Difference in means and 95% CI				
						Difference in means	Lower limit	Upper limit	p-Value		Total	-20.00	-10.00	0.00	10.00
Random	Atezolizumab	Bordoni 2017	NSCLC	Atezolizumab	Insomnia	-2.740	-5.092	-0.388	0.022	413					
	Atezolizumab					-2.740	-5.092	-0.388	0.022						
Random	Durvalumab	Hui 2019	NSCLC	Durvalumab	Insomnia	1.300	-1.248	3.848	0.317	476					
	Durvalumab					1.300	-1.248	3.848	0.317						
Random	Ipilimumab	Revicki 2012	Melanoma	Ipilimumab	Insomnia	10.100	3.696	16.504	0.002	83					
	Ipilimumab	Mathias 2015	Melanoma	Ipilimumab	Insomnia	12.100	-2.208	26.408	0.097	98					
	Ipilimumab	Coens 2017	Melanoma	Ipilimumab	Insomnia	0.220	-1.152	1.592	0.753	475					
	Ipilimumab					6.126	-2.447	14.699	0.161						
	Ipilimumab														
Random	Nivolumab	Harrington 2017	Head & Neck	Nivolumab	Insomnia	-4.400	-10.713	1.913	0.172	43					
	Nivolumab	Long 2016	Melanoma	Nivolumab	Insomnia	-7.200	-11.512	-2.888	0.001	136					
	Nivolumab	Younes 2016	Hodgkin	Nivolumab	Insomnia	-4.200	-12.040	3.640	0.294	60					
	Nivolumab	Schadendorf 2017	Melanoma	Nivolumab	Insomnia	-4.000	-6.156	-1.844	0.000	266					
	Nivolumab					-4.598	-6.393	-2.802	0.000						
Random	Pembrolizumab	Petrella 2017	Melanoma	Pembrolizumab	Insomnia	-2.570	-6.442	1.302	0.193	270					
	Pembrolizumab	Barlesi 2019	NSCLC	Pembrolizumab	Insomnia	-3.740	-6.641	-0.839	0.012	331					
	Pembrolizumab	Brahmer 2017	NSCLC	Pembrolizumab	Insomnia	-7.810	-12.492	-3.128	0.001	150					
	Pembrolizumab	Vaughn 2018	Urothelial	Pembrolizumab	Insomnia	-1.030	-4.932	2.872	0.605	266					
	Pembrolizumab	Schadendorf 2016	Melanoma	Pembrolizumab	Insomnia	-0.600	-5.317	4.117	0.803	176					
Random	Pembrolizumab														
Random	Overall					-2.635	-3.710	-1.560	0.000						

## G. Nausea and Vomiting

Model	Group by Drug type	Study name	Cancer type	Drug type	Outcome	Statistics for each study				Sample size	Difference in means and 95% CI				
						Difference in means	Lower limit	Upper limit	p-Value		Total	-20.00	-10.00	0.00	10.00
Random	Atezolizumab	Bordoni 2017	NSCLC	Atezolizumab	Nausea and vomiting	-1.150	-2.522	0.222	0.100	413					
	Atezolizumab					-1.150	-2.522	0.222	0.100						
Random	Durvalumab	Hui 2019	NSCLC	Durvalumab	Nausea and vomiting	-3.400	-4.576	-2.224	0.000	476					
	Durvalumab					-3.400	-4.576	-2.224	0.000						
Random	Ipilimumab	Revicki 2012	Melanoma	Ipilimumab	Nausea and vomiting	3.100	-0.989	7.189	0.137	83					
	Ipilimumab	Mathias 2015	Melanoma	Ipilimumab	Nausea and vomiting	-0.700	-8.736	7.336	0.864	101					
	Ipilimumab	Coens 2017	Melanoma	Ipilimumab	Nausea and vomiting	1.560	0.972	2.148	0.000	475					
	Ipilimumab					1.579	0.999	2.160	0.000						
	Ipilimumab	Harrington 2017	Head & Neck	Nivolumab	Nausea and vomiting	2.100	-2.270	6.470	0.346	43					
Random	Nivolumab	Long 2016	Melanoma	Nivolumab	Nausea and vomiting	-2.600	-4.560	-0.640	0.009	136					
	Nivolumab	Younes 2016	Hodgkin	Nivolumab	Nausea and vomiting	0.000	-3.724	3.724	1.000	60					
	Nivolumab	Schadendorf 2017	Melanoma	Nivolumab	Nausea and vomiting	1.300	0.124	2.476	0.030	266					
	Nivolumab					0.019	-2.385	2.423	0.987						
	Nivolumab	Petrella 2017	Melanoma	Pembrolizumab	Nausea and vomiting	-1.900	-3.935	0.335	0.099	270					
Random	Pembrolizumab	Barlesi 2019	NSCLC	Pembrolizumab	Nausea and vomiting	-0.280	-2.417	1.857	0.797	331					
	Pembrolizumab	Brahmer 2017	NSCLC	Pembrolizumab	Nausea and vomiting	-2.120	-4.803	0.563	0.121	150					
	Pembrolizumab	Vaughn 2018	Urothelial	Pembrolizumab	Nausea and vomiting	1.000	-1.713	3.713	0.470	266					
	Pembrolizumab	Schadendorf 2016	Melanoma	Pembrolizumab	Nausea and vomiting	1.500	-1.231	4.231	0.282	176					
	Pembrolizumab					-0.437	-1.790	0.917	0.527						
Random	Overall				0.280	-0.170	0.730	0.223							

## H. Pain

Model	Group by Drug type	Study name	Cancer type	Drug type	Outcome	Statistics for each study				Sample size	Difference in means and 95% CI				
						Difference in means	Lower limit	Upper limit	p-Value		Total	-20.00	-10.00	0.00	10.00
Random	Atezolizumab	Bordoni 2017	NSCLC	Atezolizumab	Pain	-8.350	-10.702	-5.998	0.000	413					
	Atezolizumab					-8.350	-10.702	-5.998	0.000						
Random	Durvalumab	Hui 2019	NSCLC	Durvalumab	Pain	-0.700	-3.052	1.652	0.560	476					
	Durvalumab					-0.700	-3.052	1.652	0.560						
Random	Ipilimumab	Revicki 2012	Melanoma	Ipilimumab	Pain	7.900	2.284	13.516	0.006	83					
	Ipilimumab	Mathias 2015	Melanoma	Ipilimumab	Pain	7.400	-5.144	19.944	0.248	103					
	Ipilimumab	Coens 2017	Melanoma	Ipilimumab	Pain	0.160	-1.016	1.336	0.790	475					
	Ipilimumab					4.120	-2.279	10.519	0.207						
	Ipilimumab	Harrington 2017	Head & Neck	Nivolumab	Pain	-2.600	-8.723	3.523	0.405	44					
Random	Nivolumab	Long 2016	Melanoma	Nivolumab	Pain	-1.100	-6.000	3.800	0.660	136					
	Nivolumab	Younes 2016	Hodgkin	Nivolumab	Pain	-6.300	-11.984	-0.616	0.030	60					
	Nivolumab	Schadendorf 2017	Melanoma	Nivolumab	Pain	0.900	-1.452	3.252	0.453	266					
	Nivolumab					-1.558	-4.700	1.585	0.331						
	Nivolumab	Petrella 2017	Melanoma	Pembrolizumab	Pain	-0.680	-4.188	2.828	0.704	270					
Random	Pembrolizumab	Barlesi 2019	NSCLC	Pembrolizumab	Pain	-0.280	-3.533	2.973	0.866	331					
	Pembrolizumab	Brahmer 2017	NSCLC	Pembrolizumab	Pain	-11.200	-15.019	-7.381	0.000	150					
	Pembrolizumab	Vaughn 2018	Urothelial	Pembrolizumab	Pain	-0.910	-4.693	2.873	0.637	266					
	Pembrolizumab	Schadendorf 2016	Melanoma	Pembrolizumab	Pain	0.900	-3.222	4.822	0.697	176					
	Pembrolizumab					-2.435	-6.606	1.737	0.253						
Random	Overall				-3.365	-4.720	-2.010	0.000							

**Supplementary Figure 4: Comparing Mean Change in Symptomatology From Baseline to Follow-Up in Patients Receiving Immune Checkpoint Inhibitors (ICIs) Compared to Patients Not Treated With ICI.** Analyses were done for A) appetite loss, B) constipation, C) diarrhea, D) dyspnea, E) fatigue, F) insomnia, G) nausea, and H) pain. Error bars represent 95% confidence intervals (CIs). Random effect models were used with a two-sided alpha level of .05. IO = immune checkpoint inhibitor group. NSCLC = non-small cell lung cancer

**A. Appetite Loss**

Model	Group by Drug type	Study name	Outcome	Sample size		Cancer type	Drug type	Statistics for each study				Difference in means and 95% CI				
				IO	Standard of care			Difference in means	Lower limit	Upper limit	p-Value	-30.00	-15.00	0.00	15.00	30.00
Random	Atezolizumab	Bordoni 2017	Appetite loss	413	390	NSCLC	Atezolizumab	-0.440	-1.246	0.366	0.285					
	Atezolizumab							-0.440	-1.246	0.366	0.285					
Random	Durvalumab	Hui 2019	Appetite loss	476	237	NSCLC	Durvalumab	3.700	2.468	4.932	0.000					
	Durvalumab							3.700	2.468	4.932	0.000					
Random	Ipilimumab	Coens 2017	Appetite loss	448	444	Melanoma	Ipilimumab	4.690	4.196	5.184	0.000					
	Ipilimumab	Revicki 2012	Appetite loss	83	78	Melanoma	Ipilimumab	1.300	-7.383	9.983	0.769					
	Ipilimumab	Mathias 2015	Appetite loss	101	28	Melanoma	Ipilimumab	-8.500	-16.856	-0.144	0.046					
Random	Ipilimumab							-0.098	-8.043	7.848	0.981					
	Nivolumab	Long 2016	Appetite loss	136	123	Melanoma	Nivolumab	-5.200	-12.167	1.767	0.144					
Random	Nivolumab	Harrington 2017	Appetite loss	43	14	Head & Neck	Nivolumab	-23.100	-27.304	-18.896	0.000					
	Nivolumab							-14.374	-31.911	3.162	0.108					
Random	Pembrolizumab	Schadendorf 2016	Appetite loss	176	167	Melanoma	Pembrolizumab	-5.000	-7.248	-2.752	0.000					
	Pembrolizumab	Barlesi 2019	Appetite loss	331	293	NSCLC	Pembrolizumab	-4.020	-5.665	-2.375	0.000					
	Pembrolizumab	Vaughn 2019	Appetite loss	266	253	Urothelial	Pembrolizumab	-6.590	-8.720	-4.440	0.000					
	Pembrolizumab	Brahmer 2017	Appetite loss	150	147	NSCLC	Pembrolizumab	-7.610	-9.902	-5.318	0.000					
Random	Pembrolizumab						-5.696	-7.329	-4.062	0.000						
Random	Overall						-0.162	-0.783	0.459	0.609						

**B. Constipation**

Model	Group by Drug type	Study name	Outcome	Sample size		Cancer type	Drug type	Statistics for each study				Difference in means and 95% CI				
				IO	Standard of care			Difference in means	Lower limit	Upper limit	p-Value	-20.00	-10.00	0.00	10.00	20.00
Random	Atezolizumab	Bordoni 2017	Constipation	410	388	NSCLC	Atezolizumab	-0.330	-4.673	4.013	0.882					
	Atezolizumab							-0.330	-4.673	4.013	0.882					
Random	Durvalumab	Hui 2019	Constipation	476	237	NSCLC	Durvalumab	-0.100	-1.265	1.065	0.866					
	Durvalumab							-0.100	-1.265	1.065	0.866					
Random	Ipilimumab	Coens 2017	Constipation	448	444	Melanoma	Ipilimumab	0.750	0.368	1.132	0.000					
	Ipilimumab	Revicki 2012	Constipation	83	77	Melanoma	Ipilimumab	-9.900	-17.343	-2.457	0.009					
	Ipilimumab	Mathias 2015	Constipation	100	28	Melanoma	Ipilimumab	-4.700	-11.080	1.680	0.149					
Random	Ipilimumab							-3.819	-10.378	2.740	0.254					
	Nivolumab	Long 2016	Constipation	136	123	Melanoma	Nivolumab	-1.700	-9.712	6.312	0.678					
Random	Nivolumab	Harrington 2017	Constipation	44	13	Head & Neck	Nivolumab	-1.000	-4.242	2.242	0.545					
	Nivolumab							-1.098	-4.104	1.907	0.474					
Random	Pembrolizumab	Schadendorf 2016	Constipation	176	167	Melanoma	Pembrolizumab	-2.600	-4.535	-0.665	0.008					
	Pembrolizumab	Barlesi 2019	Constipation	331	293	NSCLC	Pembrolizumab	-2.360	-3.754	-0.966	0.001					
	Pembrolizumab	Vaughn 2018	Constipation	266	253	Urothelial	Pembrolizumab	-7.660	-9.668	-5.652	0.000					
	Pembrolizumab	Brahmer 2017	Constipation	150	147	NSCLC	Pembrolizumab	-6.510	-8.206	-4.814	0.000					
Random	Pembrolizumab						-4.749	-7.381	-2.116	0.000						
Random	Overall						-0.923	-1.891	0.044	0.061						

**C. Diarrhea**

Model	Group by Drug type	Study name	Outcome	Sample size		Cancer type	Drug type	Statistics for each study				Difference in means and 95% CI				
				IO	Standard of care			Difference in means	Lower limit	Upper limit	p-Value	-20.00	-10.00	0.00	10.00	20.00
Random	Atezolizumab	Bordoni 2017	Diarrhea	411	388	NSCLC	Atezolizumab	-2.050	-5.012	0.912	0.175					
	Atezolizumab							-2.050	-5.012	0.912	0.175					
Random	Durvalumab	Hui 2019	Diarrhea	476	237	NSCLC	Durvalumab	1.900	1.045	2.755	0.000					
	Durvalumab							1.900	1.045	2.755	0.000					
Random	Ipilimumab	Coens 2017	Diarrhea	445	443	Melanoma	Ipilimumab	0.950	0.529	1.371	0.000					
	Ipilimumab	Revicki 2012	Diarrhea	82	78	Melanoma	Ipilimumab	6.900	-0.890	14.690	0.083					
	Ipilimumab	Mathias 2015	Diarrhea	101	29	Melanoma	Ipilimumab	1.300	-4.593	7.193	0.665					
Random	Ipilimumab							1.218	-0.394	2.830	0.139					
	Nivolumab	Long 2016	Diarrhea	136	123	Melanoma	Nivolumab	-0.300	-6.322	5.722	0.922					
Random	Nivolumab	Harrington 2017	Diarrhea	44	13	Head & Neck	Nivolumab	-7.100	-9.420	-4.780	0.000					
	Nivolumab							-4.291	-10.853	2.271	0.200					
Random	Pembrolizumab	Schadendorf 2016	Diarrhea	176	167	Melanoma	Pembrolizumab	-3.100	-4.520	-1.680	0.000					
	Pembrolizumab	Barlesi 2019	Diarrhea	331	293	NSCLC	Pembrolizumab	-3.980	-5.037	-2.923	0.000					
	Pembrolizumab	Vaughn 2018	Diarrhea	266	253	Urothelial	Pembrolizumab	-4.960	-6.428	-3.492	0.000					
	Pembrolizumab	Brahmer 2017	Diarrhea	150	147	NSCLC	Pembrolizumab	-1.190	-2.356	-0.024	0.045					
Random	Pembrolizumab						-3.283	-4.874	-1.693	0.000						
Random	Overall						0.628	-0.033	1.290	0.063						

## D. Dyspnea

Model	Group by Drug type	Study name	Outcome	Sample size		Cancer type	Drug type	Statistics for each study				Difference in means and 95% CI						
				IO	Standard of care			Difference in means	Lower limit	Upper limit	p-Value	-30.00	-15.00	0.00	15.00	30.00		
Random	Atezolizumab	Bordoni 2017	Dyspnea	412	389	NSCLC	Atezolizumab	-1.680	-2.476	-0.884	0.000							
	Atezolizumab							-1.680	-2.476	-0.884	0.000							
Random	Durvalumab	Hui 2019	Dyspnea	476	237	NSCLC	Durvalumab	3.900	2.592	5.208	0.000							
	Durvalumab							3.900	2.592	5.208	0.000							
Random	Ipilimumab	Coens 2017	Dyspnea	449	443	Melanoma	Ipilimumab	4.920	4.372	5.468	0.000							
	Ipilimumab	Revicki 2012	Dyspnea	81	77	Melanoma	Ipilimumab	-3.800	-11.192	3.592	0.314							
	Ipilimumab	Mathias 2015	Dyspnea	101	28	Melanoma	Ipilimumab	-6.200	-12.910	0.510	0.070							
	Ipilimumab							-1.128	-9.315	7.059	0.787							
Random	Nivolumab	Long 2016	Dyspnea	136	123	Melanoma	Nivolumab	-6.900	-14.166	0.366	0.063							
	Nivolumab	Harrington 2017	Dyspnea	43	14	Head &	Nivolumab	-25.200	-28.450	-21.950	0.000							
	Nivolumab							-16.350	-34.274	1.574	0.074							
Random	Pembrolizumab	Schadendorf 2016	Dyspnea	176	167	Melanoma	Pembrolizumab	-5.100	-7.001	-3.199	0.000							
	Pembrolizumab	Barlesi 2019	Dyspnea	331	293	NSCLC	Pembrolizumab	-2.760	-4.332	-1.188	0.001							
	Pembrolizumab	Vaughn 2018	Dyspnea	266	253	Urothelial	Pembrolizumab	-9.760	-11.508	-8.012	0.000							
	Pembrolizumab	Brahmer 2017	Dyspnea	150	147	NSCLC	Pembrolizumab	-8.330	-10.337	-6.323	0.000							
	Pembrolizumab							-6.469	-9.745	-3.192	0.000							
Random	Overall						-0.457	-1.120	0.207	0.177								

## E. Fatigue

Model	Group by Drug type	Study name	Outcome	Sample size		Cancer type	Drug type	Statistics for each study				Difference in means and 95% CI						
				IO	Standard of care			Difference in means	Lower limit	Upper limit	p-Value	-30.00	-15.00	0.00	15.00	30.00		
Random	Atezolizumab	Powles 2018	Fatigue	202	254	Urothelial	Atezolizumab	-3.810	-5.153	-2.467	0.000							
	Atezolizumab	Bordoni 2017	Fatigue	413	390	NSCLC	Atezolizumab	-6.010	-6.679	-5.341	0.000							
Random	Durvalumab	Hui 2019	Fatigue	476	237	NSCLC	Durvalumab	2.100	1.160	3.040	0.000							
	Durvalumab							2.100	1.160	3.040	0.000							
Random	Ipilimumab	Coens 2017	Fatigue	449	444	Melanoma	Ipilimumab	5.380	4.806	5.954	0.000							
	Ipilimumab	Revicki 2012	Fatigue	82	78	Melanoma	Ipilimumab	-2.000	-9.591	5.591	0.606							
	Ipilimumab	Mathias 2015	Fatigue	101	27	Melanoma	Ipilimumab	-14.300	-21.021	-7.579	0.000							
	Ipilimumab							-3.353	-15.869	9.163	0.600							
Random	Nivolumab	Long 2016	Fatigue	136	123	Melanoma	Nivolumab	-0.200	-6.819	6.419	0.953							
	Nivolumab	Harrington 2017	Fatigue	43	14	Head &	Nivolumab	-22.900	-25.594	-20.206	0.000							
	Nivolumab							-11.760	-34.001	10.482	0.300							
Random	Pembrolizumab	Schadendorf 2016	Fatigue	176	167	Melanoma	Pembrolizumab	-3.700	-5.445	-1.955	0.000							
	Pembrolizumab	Barlesi 2019	Fatigue	331	293	NSCLC	Pembrolizumab	-5.360	-6.663	-4.057	0.000							
	Pembrolizumab	Vaughn 2018	Fatigue	266	253	Urothelial	Pembrolizumab	-10.000	-11.668	-8.332	0.000							
	Pembrolizumab	Brahmer 2017	Fatigue	150	147	NSCLC	Pembrolizumab	-10.270	-11.975	-8.565	0.000							
	Pembrolizumab							-7.322	-10.448	-4.196	0.000							
Random	Overall						0.345	-0.482	1.173	0.413								

## F. Insomnia

Model	Group by Drug type	Study name	Outcome	Sample size		Cancer type	Drug type	Statistics for each study				Difference in means and 95% CI					
				IO	Standard of care			Difference in means	Lower limit	Upper limit	p-Value	-30.00	-15.00	0.00	15.00	30.00	
Random	Atezolizumab	Bordoni 2017	Insomnia	413	388	NSCLC	Atezolizumab	4.130	3.333	4.927	0.000						
	Atezolizumab							4.130	3.333	4.927	0.000						
Random	Durvalumab	Hui 2019	Insomnia	476	237	NSCLC	Durvalumab	0.500	-0.718	1.718	0.421						
	Durvalumab							0.500	-0.718	1.718	0.421						
Random	Ipilimumab	Coens 2017	Insomnia	449	444	Melanoma	Ipilimumab	1.250	0.579	1.921	0.000						
	Ipilimumab	Revicki 2012	Insomnia	83	76	Melanoma	Ipilimumab	-0.900	-9.930	8.130	0.845						
	Ipilimumab	Mathias 2015	Insomnia	98	28	Melanoma	Ipilimumab	-1.300	-9.250	6.650	0.749						
	Ipilimumab							1.220	0.553	1.887	0.000						
Random	Nivolumab	Long 2016	Insomnia	136	123	Melanoma	Nivolumab	-2.600	-10.662	5.462	0.527						
	Nivolumab	Harrington 2017	Insomnia	43	14	Head &	Nivolumab	-28.900	-32.505	-25.295	0.000						
	Nivolumab							-16.007	-41.776	9.761	0.223						
Random	Pembrolizumab	Schadendorf 2016	Insomnia	176	167	Melanoma	Pembrolizumab	-2.800	-4.981	-0.619	0.012						
	Pembrolizumab	Barlesi 2019	Insomnia	331	293	NSCLC	Pembrolizumab	-2.200	-3.845	-0.555	0.009						
	Pembrolizumab	Vaughn 2018	Insomnia	266	253	Urothelial	Pembrolizumab	-5.270	-7.163	-3.377	0.000						
	Pembrolizumab	Brahmer 2017	Insomnia	150	147	NSCLC	Pembrolizumab	-3.310	-5.489	-1.131	0.003						
	Pembrolizumab							-3.378	-4.770	-1.985	0.000						
Random	Overall						1.559	1.113	2.006	0.000							

## G. Nausea

Model	Group by Drug type	Study name	Outcome	Sample size		Cancer type	Drug type	Statistics for each study				Difference in means and 95% CI					
				IO	Standard of care			Difference in means	Lower limit	Upper limit	p-Value	-20.00	-10.00	0.00	10.00	20.00	
Random	Atezolizumab	Bordoni 2017	Nausea and vomiting	413	389	NSCLC	Atezolizumab	-0.180	-3.104	2.744	0.904						
	Atezolizumab							-0.180	-3.104	2.744	0.904						
Random	Durvalumab	Hui 2019	Nausea and vomiting	476	237	NSCLC	Durvalumab	1.600	0.912	2.288	0.000						
	Durvalumab							1.600	0.912	2.288	0.000						
Random	Ipilimumab	Coens 2017	Nausea and vomiting	449	444	Melanoma	Ipilimumab	0.740	0.495	0.985	0.000						
	Ipilimumab	Revicki 2012	Nausea and vomiting	83	78	Melanoma	Ipilimumab	-1.300	-7.105	4.505	0.661						
	Ipilimumab	Mathias 2015	Nausea and vomiting	101	28	Melanoma	Ipilimumab	-12.200	-16.662	-7.738	0.000						
	Ipilimumab							-4.143	-12.502	4.215	0.331						
Random	Nivolumab	Long 2016	Nausea and vomiting	136	123	Melanoma	Nivolumab	-2.600	-5.984	0.784	0.132						
	Nivolumab	Harrington 2017	Nausea and vomiting	43	14	Head &	Nivolumab	-7.800	-10.290	-5.310	0.000						
	Nivolumab							-5.331	-10.421	-0.242	0.040						
Random	Pembrolizumab	Schadendorf 2016	Nausea and vomiting	176	167	Melanoma	Pembrolizumab	-3.700	-4.964	-2.436	0.000						
	Pembrolizumab	Barlesi 2019	Nausea and vomiting	331	293	NSCLC	Pembrolizumab	-2.680	-3.643	-1.717	0.000						
	Pembrolizumab	Vaughn 2018	Nausea and vomiting	266	253	Urothelial	Pembrolizumab	-0.840	-2.160	0.480	0.212						
	Pembrolizumab	Brahmer 2017	Nausea and vomiting	150	147	NSCLC	Pembrolizumab	-3.850	-5.092	-2.608	0.000						
	Pembrolizumab							-2.778	-4.024	-1.531	0.000						
Random	Overall						0.446	-0.139	1.031	0.135							

## H. Pain

Model	Group by Drug type	Study name	Outcome	Sample size		Cancer type	Drug type	Statistics for each study				Difference in means and 95% CI						
				IO	Standard of care			Difference in means	Lower limit	Upper limit	p-Value	-20.00	-10.00	0.00	10.00	20.00		
Random	Atezolizumab	Bordonio 2017	Pain	413	390	NSCLC	Atezolizumab	-1.060	-1.839	-0.281	0.008							
	Atezolizumab							-1.060	-1.839	-0.281	0.008							
Random	Durvalumab	Hui 2019	Pain	476	237	NSCLC	Durvalumab	1.800	0.631	2.969	0.003							
	Durvalumab							1.800	0.631	2.969	0.003							
Random	Ipilimumab	Coens 2017	Pain	449	444	Melanoma	Ipilimumab	1.540	1.008	2.072	0.000							
	Ipilimumab	Fleivicki 2012	Pain	83	78	Melanoma	Ipilimumab	-4.000	-11.840	3.840	0.317							
	Ipilimumab	Mathias 2015	Pain	103	29	Melanoma	Ipilimumab	-11.900	-18.835	-4.965	0.001							
	Ipilimumab							-4.310	-12.998	4.378	0.331							
Random	Nivolumab	Long 2016	Pain	136	123	Melanoma	Nivolumab	0.400	-9.055	9.855	0.934							
	Nivolumab	Harrington 2017	Pain	44	14	Head &	Nivolumab	-12.400	-15.908	-8.892	0.000							
Random	Nivolumab							-6.784	-19.233	5.665	0.286							
Random	Pembrolizumab	Schadendorf 2016	Pain	176	167	Melanoma	Pembrolizumab	-2.600	-4.456	-0.744	0.006							
	Pembrolizumab	Barlesi 2019	Pain	331	293	NSCLC	Pembrolizumab	0.070	-1.502	1.642	0.930							
	Pembrolizumab	Vaughn 2018	Pain	266	253	Urothelial	Pembrolizumab	-7.720	-9.525	-5.915	0.000							
	Pembrolizumab	Brahmer 2017	Pain	150	147	NSCLC	Pembrolizumab	-7.800	-9.577	-6.023	0.000							
Random	Pembrolizumab							-4.501	-8.459	-0.543	0.026							
Random	Overall							-0.332	-0.969	0.305	0.306							

## References

1. Ascierto PA, Del Vecchio M, Robert C, *et al.* Ipilimumab 10 mg/kg versus ipilimumab 3 mg/kg in patients with unresectable or metastatic melanoma: a randomised, double-blind, multicentre, phase 3 trial. *Lancet Oncol* 2017;18(5):611-622.
2. Barlesi F, Garon EB, Kim DW, *et al.* Health-Related Quality of Life in KEYNOTE-010: a Phase II/III Study of Pembrolizumab Versus Docetaxel in Patients With Previously Treated Advanced, Programmed Death Ligand 1-Expressing NSCLC. *J Thorac Oncol* 2019;14(5):793-801.
3. Bordoni R, Ciardiello F, Von Pawel J, *et al.* Patient-Reported Outcomes (PROs) in OAK: A Phase III Study of Atezolizumab vs Docetaxel in Non-Small-Cell Lung Cancer (NSCLC). *Journal of Thoracic Oncology* 2017;12(11):S1913-S1914.
4. Brahmer JR, Rodriguez-Abreu D, Robinson AG, *et al.* Health-related quality-of-life results for pembrolizumab versus chemotherapy in advanced, PD-L1-positive NSCLC (KEYNOTE-024): a multicentre, international, randomised, open-label phase 3 trial. *Lancet Oncol* 2017;18(12):1600-1609.
5. Cella D, Grunwald V, Nathan P, *et al.* Quality of life in patients with advanced renal cell carcinoma given nivolumab versus everolimus in CheckMate 025: a randomised, open-label, phase 3 trial. *Lancet Oncol* 2016;17(7):994-1003.
6. Coens C, Suciuc S, Chiarion-Sileni V, *et al.* Health-related quality of life with adjuvant ipilimumab versus placebo after complete resection of high-risk stage III melanoma (EORTC 18071): secondary outcomes of a multinational, randomised, double-blind, phase 3 trial. *Lancet Oncol* 2017;18(3):393-403.
7. El-Khoueiry AB, Sangro B, Yau T, *et al.* Nivolumab in patients with advanced hepatocellular carcinoma (CheckMate 040): an open-label, non-comparative, phase 1/2 dose escalation and expansion trial. *Lancet* 2017;389(10088):2492-2502.
8. Harrington KJ, Ferris RL, Blumenschein G, Jr., *et al.* Nivolumab versus standard, single-agent therapy of investigator's choice in recurrent or metastatic squamous cell carcinoma of the head and neck (CheckMate 141): health-related quality-of-life results from a randomised, phase 3 trial. *Lancet Oncol* 2017;18(8):1104-1115.
9. Hui R, Ozguroglu M, Villegas A, *et al.* Patient-reported outcomes with durvalumab after chemoradiotherapy in stage III, unresectable non-small-cell lung cancer (PACIFIC): a randomised, controlled, phase 3 study. *Lancet Oncol* 2019;20(12):1670-1680.
10. Kaufman HL, Hunger M, Hennessy M, *et al.* Nonprogression with avelumab treatment associated with gains in quality of life in metastatic Merkel cell carcinoma. *Future Oncol* 2018;14(3):255-266.
11. Larkin J, Minor D, D'Angelo S, *et al.* Overall Survival in Patients With Advanced Melanoma Who Received Nivolumab Versus Investigator's Choice Chemotherapy in CheckMate 037: A Randomized, Controlled, Open-Label Phase III Trial. *Journal of Clinical Oncology* 2018;36(4):383-+.
12. Long GV, Atkinson V, Ascierto PA, *et al.* Effect of nivolumab on health-related quality of life in patients with treatment-naive advanced melanoma: results from the phase III CheckMate 066 study. *Ann Oncol* 2016;27(10):1940-6.
13. Mathias SD, Kotapati S, Le TK, *et al.* Health-related quality of life (HRQoL) and patient experience in advanced melanoma: 6-month results from the image study. *Quality of Life Research* 2015;24:17-18.
14. Mazieres J, Kowalski D, Luft A, *et al.* Health-related quality of life (HRQoL) for pembrolizumab or placebo plus carboplatin and paclitaxel or nab-paclitaxel in patients with metastatic squamous NSCLC: Data from KEYNOTE-407. *Annals of Oncology* 2018;29.
15. O'Donnell PH, Arkenau HT, Sridhar SS, *et al.* Patient-reported outcomes (PROs) in patients with urothelial carcinoma (UC) treated with durvalumab (second-line or above) in phase 1/2 dose-escalation study 1108. *Journal of Clinical Oncology* 2018;36(15).

16. Perol M, Dixmier A, Barlesi F, *et al.* Health-related quality of life (HRQoL) of non-small cell lung cancer (NSCLC) patients treated with nivolumab in real-life: The EVIDENS study. *Ann Oncol* 2019;30 Suppl 2:ii48.
17. Petrella TM, Robert C, Richtig E, *et al.* Patient-reported outcomes in KEYNOTE-006, a randomised study of pembrolizumab versus ipilimumab in patients with advanced melanoma. *Eur J Cancer* 2017;86:115-124.
18. Powles T, Duran I, van der Heijden MS, *et al.* Atezolizumab versus chemotherapy in patients with platinum-treated locally advanced or metastatic urothelial carcinoma (IMvigor211): a multicentre, open-label, phase 3 randomised controlled trial. *Lancet* 2018;391(10122):748-757.
19. Reck M, Taylor F, Penrod JR, *et al.* Impact of Nivolumab versus Docetaxel on Health-Related Quality of Life and Symptoms in Patients with Advanced Squamous Non-Small Cell Lung Cancer: Results from the CheckMate 017 Study. *J Thorac Oncol* 2018;13(2):194-204.
20. Revicki DA, van den Eertwegh AJ, Lorigan P, *et al.* Health related quality of life outcomes for unresectable stage III or IV melanoma patients receiving ipilimumab treatment. *Health Qual Life Outcomes* 2012;10:66.
21. Schadendorf D, Dummer R, Hauschild A, *et al.* Health-related quality of life in the randomised KEYNOTE-002 study of pembrolizumab versus chemotherapy in patients with ipilimumab-refractory melanoma. *Eur J Cancer* 2016;67:46-54.
22. Schadendorf D, Larkin J, Wolchok J, *et al.* Health-related quality of life results from the phase III CheckMate 067 study. *Eur J Cancer* 2017;82:80-91.
23. Sharma P, Retz M, Siefker-Radtke A, *et al.* Nivolumab in metastatic urothelial carcinoma after platinum therapy (CheckMate 275): a multicentre, single-arm, phase 2 trial. *Lancet Oncol* 2017;18(3):312-322.
24. Vaughn DJ, Bellmunt J, Fradet Y, *et al.* Health-Related Quality-of-Life Analysis From KEYNOTE-045: A Phase III Study of Pembrolizumab Versus Chemotherapy for Previously Treated Advanced Urothelial Cancer. *J Clin Oncol* 2018;36(16):1579-1587.
25. Weber J, Mandala M, Del Vecchio M, *et al.* Adjuvant Nivolumab versus Ipilimumab in Resected Stage III or IV Melanoma. *N Engl J Med* 2017;377(19):1824-1835.
26. Younes A, Santoro A, Shipp M, *et al.* Nivolumab for classical Hodgkin's lymphoma after failure of both autologous stem-cell transplantation and brentuximab vedotin: a multicentre, multicohort, single-arm phase 2 trial. *Lancet Oncology* 2016;17(9):1283-1294.