# **Supplemental Online Content**

Xu J, Liu Z, Bai H, et al. Evaluation of clinical outcomes of icotinib in patients with clinically diagnosed advanced lung cancer with *EGFR*-sensitizing variants assessed by circulating tumor DNA testing: a phase 2 nonrandomized clinical trial. *JAMA Oncol.* Published online July 21, 2022. doi:10.1001/jamaoncol.2022.2719

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

## eMethods.

#### The justification of sample size

According to previous literatures, it is estimated that the objective response rate (ORR) of icotinib treatment in treatment-naive advanced non-small-cell lung cancer (NSCLC) patients with *epidermal growth factor receptor* (*EGFR*) sensitive mutation as detected by blood test is approximately 60%, with an allowable error of 10% and a significance level of 0.05%. It is estimated that at least 93 evaluable subjects are needed. Therefore, considering a dropout rate of not more than 20%, at least 117 subjects should be enrolled.

## The statistical methods

ORR and disease control rate (DCR) were defined according to Response Evaluation Criteria In Solid Tumors (RECIST) 1.1 as evaluated by independent review committee, and the 95% Confidence Intervals (CI) for ORR and DCR were estimated by Clopper-pearson method. The median progression-free survival (mPFS), median overall survival (mOS), the median duration of response (mDOR) and the corresponding 95% CIs were analyzed using Kaplan-Meier estimation. The follow-up duration was calculated by reverse Kaplan-Meier estimation. The analyses were conducted from September 9th 2021 to December 31th 2021 using SAS 9.4 (SAS Institute Inc., Cary, NC) software.

## The concordance of SuperARMS, ddPCR and NGS

The concordance of the three platforms is the sum of positive concordance and negative concordance among three platforms (SuperARMS<sup>1</sup>, ddPCR<sup>2</sup> and NGS<sup>3</sup>). The positive concordance refers to the percentage of cases detected with positive *EGFR* 19Del, L858R, and

T790M by all three platforms among all cases detected, while the negative concordance refers to the percentage of cases detected with negative *EGFR* 19Del, L858R, and T790M by all three platforms among all cases detected.

Items	
Best response	
CR (n, %)	1 (0.9%)
PR (n, %)	60 (51.7%)
SD (n, %)	37 (31.9%)
PD (n, %)	16 (13.8%)
NE (n, %)	2 (1.7%)
ORR (95% CI)	52.6% (43.1%, 61.9%)
DCR (95% CI)	84.5 % (76.6%, 90.5%)
Median PFS (95% CI)	10.3 (8.3, 12.2)
PFS rate (95% CI)	
1-year	42.2% (33.2%, 51.0%)
2-year	22.4% (15.3%, 30.3%)
3-year	12.2% (6.6%, 19.7%)
Median OS (95% CI)	23.2 (17.7, 28.0)
OS rate (95% CI)	
1-year	75.7% (66.8%, 82.5%)
2-year	48.4% (39.0%, 57.2%)
3-year	30.6% (21.9%, 39.7%)
Median DOR (95% CI)	9.1 (7.3, 11.7)

**eTable 1.** The Clinical Outcomes Evaluated by Independent Review Committee (N = 116)

**Abbreviation:** CR, complete response; PR, partial response; SD, stable disease; PD, progressed disease; NE, not evaluable; ORR, objective response rate; DCR, disease control rate; PFS, progression-free survival; OS, overall survival; DOR, duration of response; CI, confidence interval.

	N (%)						
TRAE	Grade 1	Grade 2	Grade 3	Grade 4	NA	Total	
Rash	53 (45.7)	6 (5.2)	0 (0.0)	1 (0.9)	0 (0.0)	60 (51.7)	
Fatigue	48 (41.4)	7 (6.0)	3 (2.6)	0 (0.0)	0 (0.0)	58 (50.0)	
Diarrhea	33 (28.4)	4 (3.4)	0 (0.0)	0 (0.0)	0 (0.0)	37 (31.9)	
Pruritus	32 (27.6)	6 (5.2)	2 (1.7)	0 (0.0)	0 (0.0)	40 (34.5)	
Dry skin	30 (25.9)	8 (6.9)	0 (0.0)	0 (0.0)	0 (0.0)	38 (32.8)	
Alopecia	27 (23.3)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	27 (23.3)	
Stomatitis	26 (22.4)	11 (9.5)	1 (0.9)	0 (0.0)	0 (0.0)	38 (32.8)	
Hepatic function abnormal	20 (17.2)	2 (1.7)	2 (1.7)	0 (0.0)	0 (0.0)	24 (20.7)	
Nausea	16 (13.8)	5 (4.3)	0 (0.0)	0 (0.0)	0 (0.0)	21 (18.1)	
Dyspnea	12 (10.3)	4 (3.4)	1 (0.9)	0 (0.0)	0 (0.0)	17 (14.7)	
Dysphagia	10 (8.6)	2 (1.7)	0 (0.0)	0 (0.0)	0 (0.0)	12 (10.3)	
White blood cell count decreased	3 (2.6)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	3 (2.6)	
Neutrophil count decreased	2 (1.7)	1 (0.9)	0 (0.0)	0 (0.0)	0 (0.0)	3 (2.6)	
Paronychia	2 (1.7)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	2 (1.7)	
Anemia	1 (0.9)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	1 (0.9)	
Bilirubin increased	1 (0.9)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	1 (0.9)	
Blood alkaline phosphatase increased	1 (0.9)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	1 (0.9)	
Blood urine present	1 (0.9)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	1 (0.9)	
Gastrointestinal pain	1 (0.9)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	1 (0.9)	
Protein urine	1 (0.9)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	1 (0.9)	
Chronic gastritis	0 (0.0)	1 (0.9)	0 (0.0)	0 (0.0)	0 (0.0)	1 (0.9)	
Creatinine increased	0 (0.0)	1 (0.9)	0 (0.0)	0 (0.0)	0 (0.0)	1 (0.9)	
Dyspepsia	0 (0.0)	1 (0.9)	0 (0.0)	0 (0.0)	0 (0.0)	1 (0.9)	
Headache	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	1 (0.9)	1 (0.9)	

eTable 2. The Treatment-Related Adverse Events of 116 Patients

Abbreviations: TRAE, treatment-related adverse event; NA, not applicable.

**eTable 3.** The Clinical Outcomes of Patients With *EGFR* Variants Detected Using 3 Independent Platforms

SuperARMS	ddPCR	NGS	Ν	ORR	DCR	mPFS	mOS	mDOR
-				(95%CI)	(95%CI)	(95%CI)	(95%CI)	(95%CI)
				(%)	(%)	(months)	(months)	(months)
+			84	60.7 (49.5,	90.5 (82.1,	10.4 (7.7,	22.2	8.2 (7.3,
				71.2)	95.8)	12.4)	(17.5,	11.7)
							28.0)	
	+		86	61.6 (50.5,	87.2 (78.3,	8.8 (7.2,	23.6	8.2 (7.3,
				71.9)	93.4)	12.0)	(17.7,	11.7)
							28.2)	
		+	95	56.8 (46.3,	85.3 (76.5,	9.7 (7.3,	22.2	8.6 (6.2,
				67.0)	91.7)	11.9)	(17.3,	11.7)
							28.0)	
+	+		73	65.8 (53.7,	90.4 (81.2,	8.6 (7.1,	22.2	8.2(6.2,
				76.5)	96.1)	12.0)	(17.5,	11.7)
							28.0)	
+		+	71	64.8 (52.5,	91.5 (82.5,	10.3 (7.3,	21.4	8.2 (6.2,
				75.8)	96.8)	12.0)	(17.3,	11.3)
							28.0)	
	+	+	70	67.1 (54.9,	88.6 (78.7,	8.5 (7.1,	21.8	8.2 (6.2,
				77.9)	94.9)	11.9)	(17.3,	11.7)
							28.0)	
+	+	+	65	67.7 (54.9,	90.8 (81.0,	8.6 (7.2,	21.4	8.0 (6.2,
				78.8)	96.5)	12.0)	(17.3,	11.3)
							28.0)	

Abbreviations: EGFR, epidermal growth factor receptor; SuperARMS, Super-Amplification Refractory Mutation System; ddPCR, digital Polymerase Chain Reaction; NGS, next-generation sequencing; ORR, overall response rate; CI, confidence interval; DCR, disease control rate; mPFS, median progression-free survival; mOS, median overall survival; mDOR, median duration of response. **eFigure.** Venn Diagram Exhibiting the Distribution and Clinical Outcomes of Patients With *EGFR* Variants Detected Using 3 Independent Platforms



**Abbreviations**: EGFR, epidermal growth factor receptor; SuperARMS, Super-Amplification Refractory Mutation System; ddPCR, digital Polymerase Chain Reaction; NGS, next-generation sequencing; ORR, overall response rate; DCR, disease control rate; mPFS, median progressionfree survival; mOS, median overall survival; mDOR, median duration of response.

# eReferences.

 Li Y, Xu H, Su S, et al. Clinical validation of a highly sensitive assay to detect EGFR mutations in plasma cell-free DNA from patients with advanced lung adenocarcinoma. PLoS ONE. 2017; 12(8): e0183331.

 Zhu G, Ye X, Dong Z, et al. Highly Sensitive Droplet Digital PCR Method for Detection of EGFR-Activating Mutations in Plasma Cell-Free DNA from Patients with Advanced Non-Small Cell Lung Cancer. J Mol Diagn. 2015; 17(3): 265-72.

3.Yang Y, Huang J, Wang T, et al. Decoding the Evolutionary Response to Ensartinib in Patients With ALK-Positive NSCLC by Dynamic Circulating Tumor DNA Sequencing. 2021; 16 (5): 827-839.