Supplementary

Table S1 Treatment regimens in IMpower110

Regimen	Histologic type at diagnosis	Therapy	Dose	Frequency	Duration	Maintenance	Distribution
Atezolizumab alone	–	Atezolizumab	1,200 mg	Day 1 of every 3-week cycle	Maximum 35 cycles		
Platinum-based chemotherapy	Nonsquamous	Pemetrexed + Cisplatin	500 mg/m^2 + 75 mg/m^2	Day 1 of every 3-week cycle	4 or 6 cycles	Pemetrexed	69.7%
		Pemetrexed + Carboplatin	500 mg/m^2 + AUC 6	Day 1 of every 3-week cycle	4 or 6 cycles		
	Squamous	Gemcitabine + Cisplatin	1,250 mg/m^2 + 75 mg/m^2	Gemcitabine Day 1, 8 and Cisplatin Day 1 of every 3-week cycle	4 or 6 cycles	Best supportive care	30.3%
		Gemcitabine + Carboplatin	1,000 mg/m^2 + AUC 5	Gemcitabine Day 1, 8 and Carboplatin Day 1 of every 3-week cycle	4 or 6 cycles		

\AUC, area under the curve; IV, intravenous infusion.

Table S2 Summary of subsequent therapy

Type of therapy	Atezolizumab alone		Platinum-based chemotherapy	
	Therapy*	Proportion	Therapy*	Proportion
Anticancer therapy[#]	–	29.6%	–	49.5%
Chemotherapy	Carboplatin	17%	Carboplatin	5.8%
	Gemcitabine	7.9%	Docetaxel	12.3%
	Pemetrexed	10.1%		
	Cisplatin	7.6%		
	Paclitaxel	5.8%		
Immunotherapy			Nivolumab	15.9%
			Pembrolizumab	11.2%
Best supportive care	–	70.4%	–	50.5%

[#], participants may have received more than 1 subsequent anticancer therapy and only the treatments with frequency greater than 5% were considered; *, the details of subsequent therapy were assumed based on data from IMpower110.

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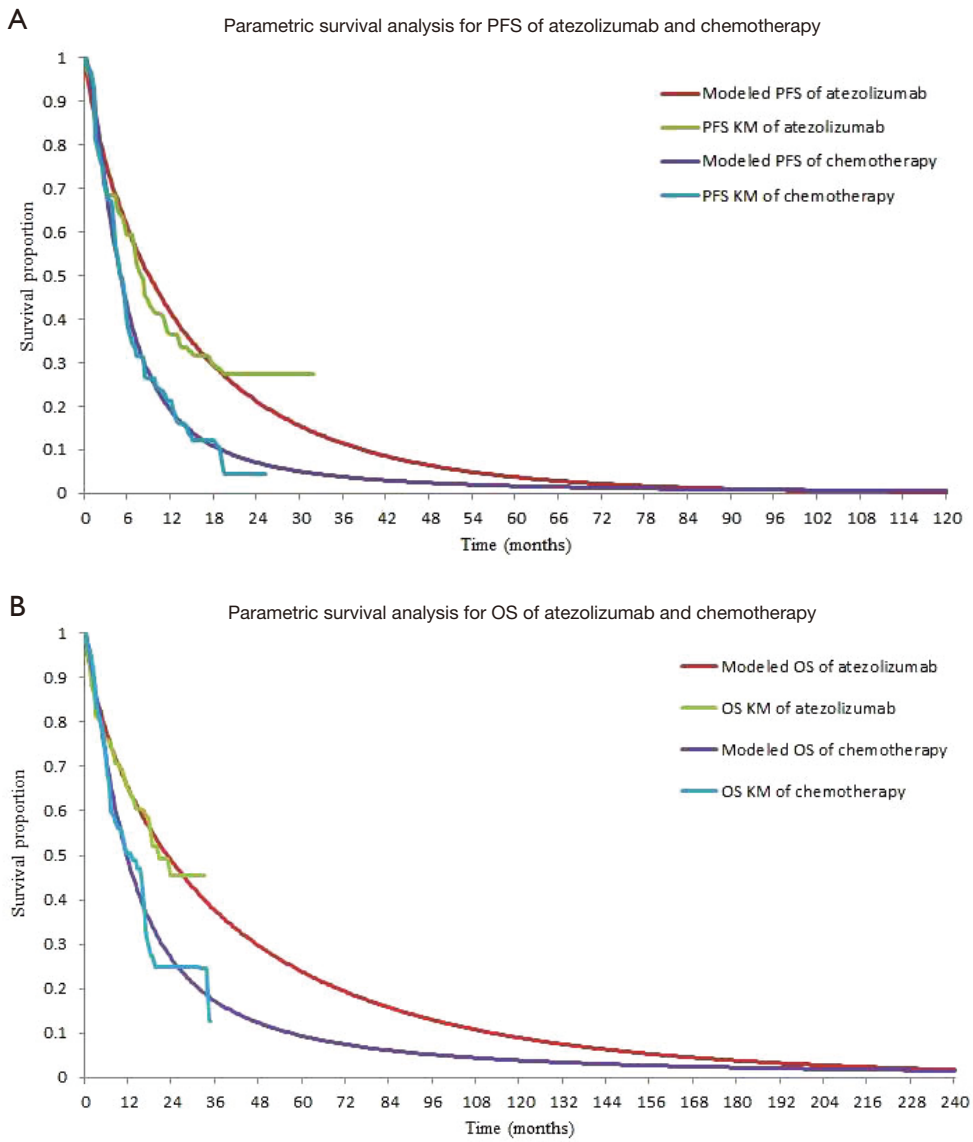

Figure S1 Parametric survival analysis. OS, overall survival; PFS, progression-free survival; KM, Kaplan-Meier.

Table S3 Grade 3–5 adverse events with a frequency greater than 5% in IMpower110

Adverse event	Atezolizumab alone, n (%)	Platinum-based chemotherapy, n (%)
Anemia	5 (1.7)	48 (18.3)
Thrombocytopenia	1 (0.3)	19 (7.2)
Neutropenia	2 (0.7)	46 (17.5)

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