Study ID	Inclusion criteria	Exclusion criteria
Jeremic 2001[63]	Age ≥ 18 years, histologically or cytologically confirmed advanced NSCLC classified as stage IIIA or IIIB by the UICC, a KPS score of at least 50% and no previous therapy	Postoperative thoracic recurrence or a history of any previous or concurrent cancer (except that of the skin) unless the patient had shown no evidence of disease for > 5 years. Patients with malignant pleural effusion were also excluded
Komaki 2002[50]	At least 18 years old and histologically or cytologically confirmed diagnosis of NSCLC, classified as medically inoperable stage II tumours or locally unresectable stage IIIA or IIIB disease according to the American Joint Committee on Cancer. The primary tumour and/or regional lymph node metastases had to be measurable or at least able to be evaluated by imaging studies. The KPS was required to be ≥ 70 and weight loss was limited to ≤ 5% in the 3 months before the diagnosis	Patients with pleural effusion or distant metastases were not eligible. Patients were excluded if they had had previous invasive malignant tumours other than squamous or basal cell carcinoma of the skin within 5 years of randomisation or previous RT or CTX
Schild 2002[62]	Patients must have been diagnosed with unresectable stage III NSCLC that had not spread beyond the site of origin or ipsilateral hilum, mediastinum or ipsilateral supraclavicular nodes. If bilateral mediastinal adenopathy was present the disease had to be encompassable within reasonable off-cord oblique boost fields. All patients had a pretreatment absolute neutrophil count > 1500/μl, a platelet count > 100,000/μl, serum creatinine level < 1.5 times the upper limit of normal, FEV_1 > 1 l or > 40% of the predicted value, and an ECOG PS of 0 or 1	Myocardial infarction within the past 3 months, uncontrolled congestive heart failure, uncontrolled arrhythmia, more than a minimal pleural effusion, previous CTX or RT for this malignancy, weight loss > 5% within the past 3 months, pregnant or lactating women
Vokes 2002[47]	Had histological or cytological documentation of NSCLC, including squamous cell carcinoma, adenocarcinoma (including bronchoalveolar cell carcinoma) and large cell and anaplastic carcinoma (including giant- and clear-cell carcinomas). Patients included those who had unresectable or inoperable stage III disease, including N2–N3 disease and any T stage, or those with T4 disease and any nodal stage. Patients with N3 disease were eligible if all gross disease could be encompassed in the radiation boost field. All patients had measurable or assessable disease as measured by chest radiography, CT or MRI performed within 28 days of registration. Assessable lesions included ill-defined masses associated with postobstructive changes or mediastinal or hilar lymphadenopathy measurable only in one dimension. All patients were seen by a radiation oncologist before registration onto the study. Additional eligibility criteria included a CALGB PS of 0–1, weight loss of < 5% in the 3 months before diagnosis, a life expectancy > 2 months, age ≥ 18 years. Required initial laboratory tests included an absolute granulocyte count of 1800/μl, haemoglobin level 10 g/dl, platelet count of 100,000/μl, serum creatinine 1.5 times the upper limit of normal or a 24-hour creatinine clearance of at least 60 ml/minute. In addition, liver function tests had to be 1.5 times the upper limit of normal and the FEV_1 had to be > 800 ml	Patients with stage T3N0 or N1 were not eligible. Patients with scalene, supraclavicular or contralateral hilar lymph node involvement or direct invasion of the vertebral body or with a pleural effusion that was exudative, bloody or cytologically proven to contain malignant cells were ineligible. Patients with completely resected tumours, who were pregnant or who had previously received CTX or RT were also excluded
Zatloukal 2004[51]	Histologically or cytologically confirmed diagnosis of inoperable IIIA or IIIB NSCLC suitable for radical RT, WHO/ECOG PS 0–2, a measurable or evaluable neoplastic lesion according to WHO criteria, adequate bone marrow	Previous CTX or RT, history of other malignancy (except for in situ cervical carcinoma or non-melanoma skin carcinoma), pregnancy

Study ID	Inclusion criteria	Exclusion criteria
Belani 2005[52]	Histological or cytological determination of stage IIIA or IIIB NSCLC (including squamous cell carcinoma, adenocarcinoma, large cell anaplastic carcinoma and poorly differentiated NSCLC) was required. Patients with T1–T3 with N2 disease if medically inoperable, T4 with any node size and extent, and N3 disease with any tumour involvement were eligible. Patients were required to have measurable disease, be aged > 18 years and to have a KPS > 70%, weight loss < 10% in the 3 months before diagnosis, granulocyte count 2000/ml, platelet count 100,000/ml, haemoglobin level > 8 mg/dl, bilirubin level < 1.5 times the upper limit of normal, creatinine clearance > 50 ml/minute and FEV_1 > 800 ml	Significant pleural effusions, previous systemic CTX, previous RT to the thorax or total surgical resection, brain metastases, active concurrent malignancy, serious medical or psychiatric illness, history of serious cardiac disease
Fournel 2005[49]	Age 18–70 years, ECOG PS ≤ 1, ≤ 10% weight loss in the 3 months before inclusion, previously untreated histologically or cytologically proven NSCLC, unresectable stage IIIA–N2 disease or stage IIIB disease without pleural involvement, neutrophils 1500/μl, platelets 100,000/μl, AST and ALT 2 times the upper limit of the institutional normal range, total bilirubin 1.25 times the upper limit of the institutional normal range and creatinine concentration 120 mol/l. One unidimensionally measurable target lesion 2 cm by CT scan. Adequate pulmonary function was required, with FEV_1 40% of normal and partial arterial oxygen pressure 60 mmHg	Active uncontrolled infection or a fever > 38.3ºC, unstable cardiovascular disease, previous malignancy (except for in situ carcinoma of the cervix or adequately treated cutaneous basal or squamous cell carcinoma)
Reinfuss 2005[46]	Microscopically confirmed NSCLC not qualifying for surgical treatment, age < 70 years, grade of malignancy III°A (N2 feature) and III°B acc. To TNM without pleural effusion, KPS ≥ 70, decrease in body weight not exceeding 5% of calculated body mass, haemoglobin level > 11 g/dl, white blood cell count > 4000/μl, platelet count > 150,000/μl, no respiratory insufficiency: spirometry and blood gas analysis values as for radical RT, adequate hepatic and renal function (in biochemical analysis), no circulatory insufficiency (on clinical examination and ECG), no previous history of malignancy, no previous causative treatment	
Dasgupta 2006[56]	Patients up to 75 years at diagnosis, KPS ≥ 60, absence of distant metastasis, no previous therapy for cancer and no haematological, cardiac, renal or liver function abnormalities contraindicating combined modality therapy	
Gouda 2006[59]	Histologically documented stage IIIA or IIIB disease, measurable or assessable disease, age > 18 years, ECOG PS ≤ 1, weight loss < 10% during the 6 months preceding diagnosis, no previous CTX or lung RT, platelet count > 100,000/μl, absolute neutrophil count > 1800/μl, haemoglobin level > 10 g/dl, blood urea nitrogen < 1.5 times the upper limit of normal, creatinine level < 1.5 mg/dl, bilirubin < 1.5 times the upper limit of normal, AST < 2 times the upper limit of normal, no other serious medical or psychiatric illness	Patients with malignant pleural effusions were not eligible
Belderbos 2007[54]	Patients with inoperable NSCLC stage T1–4N0–3 disease (excluding N3 disease based on supraclavicular nodes). All patients had good prognostic features (weight loss < 10% in the preceding 3 months and WHO PS 0 or 1). All patients had a FEV_1 ≥ 1 l and a diffusion capacity of at least 60%	
Vokes 2007[48]	Histological or cytological documentation of NSCLC. Patients had previously untreated, unresectable or inoperable stage III disease. Patients with N3 disease were eligible if all gross disease could be encompassed in the radiation boost field. All patients had measurable or assessable disease, CALGB PS of 0–1, life expectancy > 2 months, age ≥ 18 years, forced expiratory volume in 1 second > 800 ml	Patients with scalene, supraclavicular or contralateral hilar lymph node involvement, with direct invasion of the vertebral body or with a pleural effusion. Also, pregnancy or previous surgery

Study ID	Inclusion criteria	Exclusion criteria
Liu 2008[53]	NR	NR
Socinski 2008[55]	Histological or cytological diagnosis of stage IIIA or IIIB NSCLC, ECOG PS of 0–1, absolute neutrophil count 1500/μl, platelet count 100,000/μl, haemoglobin level 10 g/dl, calculated creatinine clearance (estimated by the Cockcroft–Gault formula) 20 ml/minute, AST $<$ 2 times the upper limit of institutional normal, bilirubin $<$ 1.5 mg/dl, FEV_1 had to be $>$ 1.2 l	Palpable supraclavicular adenopathy, malignant pleural effusions or direct invasion of vertebral bodies. Also, previous CXT for lung cancer or RT to the chest
Berghmans 2009[45]	Previously untreated initially unresectable (or inoperable for medical reasons) non-metastatic NSCLC (histologically or cytologically confirmed) without homolateral malignant pleural effusion and homolateral (except for upper lobe lesion) or heterolateral supraclavicular lymph node involvement; no functional or anatomical contraindication to chest irradiation; an assessable or measurable lesion had to be present. Patients should not have a previous history of malignancy except non-melanoma skin cancer or in situ carcinoma of the cervix and 'cured' malignant tumour ($>$ 5-year disease-free interval). Other eligibility criteria included KPS $\geq$60 and good renal (serum creatinine level $\leq$1.5 mg/dl and/or creatinine clearance $>$ 60 ml/minute), hepatic (serum bilirubin level $\leq$1.5 mg/dl) and haematological (neutrophil count $\geq$2000/μl and platelet count $\geq$100,000/μl) functions	Patients presenting with recent ($<$ 3 months before the date of treatment) myocardial infarction, active congestive heart failure or cardiac arrhythmia requiring medical treatment, uncontrolled infectious disease, symptomatic polyneuropathy or other serious medical or psychiatric illness precluding adherence to the study
Crvenkova 2009[57]	Aged between 18 and 70 years, ECOG PS $\leq$1 and $\leq$10% weight loss in the 3 months before inclusion. Patients had to have previously untreated histologically or cytologically proven NSCLC with unresectable stage IIIA–N2 disease or stage IIIB disease without pleural effusion. Stage IIIB disease was assigned either by N3 (contralateral mediastinal or supraclavicular nodes) or by T4 from invasion of mediastinal structures. The following laboratory values were required: leucocytes $\geq 1.5 \times 10^3$/l, platelets $\geq 100 \times 10$/l, AST and ALT $\leq$2 times the upper limit of the referent range (data reproduced exactly as given in publication)	Uncontrolled infection or a fever $>$ 38°C, unstable cardiovascular disease and previous malignancy
Nyman 2009[58]	Non-resectable or medically inoperable patients with histologically or cytologically confirmed NSCLC stage IIIA or IIIB disease according to the TNM classification. There must be at least one bidimensional measurable lesion on CT scan. Patients must be $>$ 18 years and have a PS of 0–1 according to the WHO scale and a lung function with FEV_1 $\geq$1 l or $\geq$40% of the expected volume. White blood cell count should exceed 3000/μl, granulocyte count 1500μl and platelet count 100,000/μl. Creatinine clearance measured by chromium-ethylenediaminetetraacetic acid (Cr-EDTA) or iohexol should exceed 40 ml/minute and bilirubin should be $\leq$1.5 times the upper normal limit	Stage IIIB with malignant pleural effusion, any history of breast cancer and malignant melanoma or history of other malignancy treated within the last 5 years, significant history of cardiac disease, serious active infection and previous treatment with CTX or RT for the present disease
Zhu 2009[60]	Diagnosed as stage IIIA/IIIB (UICC 2002) on pathology and cytology, and also by chest CT, brain CT, ECT (electrochemical tumour therapy?) and abdominal ultrasound before receiving treatments. In all selected patients white blood cells count $\geq$4000/μl, platelet count $\geq$80,000/μl, no significant hepatic or renal dysfunction, electrocardiogram normal and KPS $\geq$80. Patients with no previous cancer history or no serious medical disease that may affect the completion of the scheduled treatment plan were included	

Study ID	Inclusion criteria	Exclusion criteria
Movsas 2010[61]	Patients had histological or cytological proof of a single, primary bronchogenic NSCLC. Pathological diagnosis from involved mediastinal or supraclavicular lymph nodes alone was accepted if a distinct primary lesion was evident on radiographs. Patients with two distinct parenchymal primary lesions were ineligible. Inoperable stage IIIA disease was determined by the presence of multiple or bulky N2 mediastinal lymph nodes. Stage IIIB disease was determined either by N3 involvement from pathologically documented contralateral mediastinal or by supraclavicular nodes not extending into the cervical region or by T4 invasion of mediastinal structures, including the heart, great vessels, trachea, carina, oesophagus or vertebral body. Patients who had a separate satellite nodule in the same lobe as the primary lesion (T4/stage IIIB disease) were eligible if the nodule could be encapsulated within a tolerable radiation portal. Initial staging included brain imaging (either CT or MRI) and a bone scan. Patients with pleural effusions were eligible only if there was negative cytology or the effusion was inaccessible to thoracentesis. Patients with pericardial effusions or weight loss of 10% within the previous 6 months were ineligible. Patients were required to have measurable disease by chest radiography or CT scan. Previous CTX or RT for lung cancer was not permitted. Previous exploratory diagnostic surgery was permitted. Pulmonary function requirements included a FEV_1 of 1 l by spirometry. Organ function requirements included an absolute neutrophil count of 1500/μl, platelet count of 100,000/μl, serum bilirubin 1.5 mg/dl and serum glutamic oxaloacetic transaminase 1.5 times the institutional upper limits of normal (IULN), unless the abnormality was caused by documented benign disease. Patients with benign disease required a serum glutamic oxaloacetic transaminase < 2.5 times the IULN and alkaline phosphatase 2.5 times the IULN. Patients were also required to have adequate organ and bone marrow function including an estimated creatinine clearance of 50 ml/minute (using the modified Cockcroft–Gault formula). Patients were required to be 18 years of age	Patients who were breastfeeding or pregnant or who had serious concomitant disorders were ineligible

ALT, alanine aminotransferase; AST, aspartate aminotransferase; FEV_1, forced expiratory volume in 1 second; MRI, magnetic resonance imaging.