| Study ID | Aim | Phase | Funding | Multicentre | International | Country | Sufficiently powered | Follow-up, median (months) |
|---|---|---|---|---|---|---|---|---|
| Jeremic 2001[63] | To investigate whether or not the addition of weekend CTX consisting of CARB + ETOP to HFXRT and concurrent daily CARB + ETOP offers an advantage over the same HFXRT/daily CARB + ETOP | III | Grant-in-Aid for Scientific Research (B) from the Japanese Ministry of Education, Science and Culture | No | No | Yugoslavia | Yes | 60 |
| Komaki 2002[50] | To evaluate the toxicity and efficacy of induction CTX followed by once-daily RT and concurrent CTX and HFXRT | II | National Cancer Institute | Yes | No | USA | Unclear | NS |
| Schild 2002[62] | To compare CTX + RT twice daily or four times daily | III | Public Health Service Grants | Yes | No | USA | Yes | 43 |
| Vokes 2002[47] | To evaluate new drugs in combination with CIS in unresectable NSCLC stage III | II | National Cancer Institute | Yes | No | USA | Yes | 43 |
| Zatloukal 2004[51] | To compare the safety and efficacy of concurrent and sequential CTX-RT with CTX consisting of a CIS and VNB regimen, in patients with locally advanced NSCLC | NS | Ministry of Health of the Czech Republic | Yes | No | Czech Republic | No | 39 |
| Belani 2005[52] | To determine the optimal sequencing and integration of PAX + CARB with standard daily thoracic RT in patients with locally advanced unresected stage III NSCLC | II | Bristol-Myers Squibb | Yes | No | USA | Unclear | 39.6 |
| Fournel 2005[49] | To compare the survival impact of concurrent vs sequential treatment with RT and CTX in unresectable stage III NSCLC | III | Pierre Fabre Institute of Oncology, France | Yes | No | France | No | 57.6 |
| Reinfuss 2005[46] | To compare the results of sequential and concurrent CTX-RT | NS | NS | No | No | Poland | Unclear | 29 (mean) |
| Dasgupta 2006[56] | To evaluate different combination regimens of RT and CTX in unresectable NSCLC | III | NS | No | No | India | Unclear | 24 (mean) |

| Study ID | Aim | Phase | Funding | Multicentre | International | Country | Sufficiently powered | Follow-up, median (months) |
|---|---|---|---|---|---|---|---|---|
| Gouda 2006[59] | To evaluate the results of combination CARB + PAX concomitantly with RT and also the benefit of two cycles of induction CTX | NS | NS | Yes | No | Egypt | Unclear | 24 |
| Belderbos 2007[54] | To compare concurrent CTX-RT and sequential CTX-RT for inoperable NSCLC patients stages I–III | II | National Cancer Institute | Yes | Yes | Germany, Netherlands, France, Belgium | No | 16.5 |
| Vokes 2007[48] | To evaluate whether or not induction CTX before concurrent CTX-RT would result in improved survival | III | National Cancer Institute | Yes | No | USA | Yes | 38 |
| Liu 2008[53] | To evaluate the efficacy and toxicity of concurrent CTX-RT with low-dose weekly DOC followed by consolidation CTX with DOC + CIS in stage III NSCLC | NS | NS | No | No | China | Unclear | 20 |
| Socinski 2008[55] | To evaluate 74-Gy thoracic RT with induction and concurrent CTX in stage IIIA/B NSCLC | II | National Cancer Institute | Yes | No | USA | Unclear | 42/49 |
| Berghmans 2009[45] | To determine the best sequence and safety of CTX and CTX-RT, using a regimen CIS + GEM + VNB | III | NS | Yes | Yes | Belgium, France, Spain, Greece | No | NS |
| Crvenkova 2009[57] | To compare the survival impact of concurrent vs sequential treatment with RT and CTX in inoperable stage III NSCLC | NS | NS | No | No | Former Yugoslav Republic of Macedonia | Unclear | NS |
| Nyman 2009[58] | To improve locoregional control by testing accelerated RT or concurrent daily or weekly CTX with conventional RT | II | Bristol-Myers Squibb Scandinavia | Yes | No | Sweden | Yes | 52 |
| Zhu 2009[60] | To compare sequential vs concurrent CTX-RT for stage III NSCLC | NS | NS | No | No | China | Unclear | 24 |
| Movsas 2010[61] | To assess consolidation with either GEM alone or with DOC after CTX-RT | II | Lilly, USA | Yes | Yes | USA, China, Argentina, Republic of Korea | No | 36 |

HFXRT, hyperfractionated RT; NS, not stated.