Study ID	Arm 1	Arm 2	Arm 3
Jeremic 2001[63]	**Concurrent without weekend CTX** HFXRT to a total tumour dose of 69.6 Gy via 1.2 Gy b.i.d. fractionation and daily 50 mg each of CARB + ETOP during the RT course (Mondays to Fridays). Weekly dose CARB 250 mg	**Concurrent with weekend CTX** Same HFXRT as arm 1 with daily 30 mg each of CARB + ETOP (Mondays to Fridays), with weekend (Saturdays and Sundays) 100 mg each of CARB + ETOP during the RT course. Weekly dose CARB 350 mg	
Komaki 2002[50]	**Induction/concurrent (standard RT)** Induction CTX (VBL 5 mg/m^2 i.v. bolus weekly for the first 5 weeks, and CIS 100 mg/m^2 i.v days 1 and 29) followed by concurrent CTX-RT (CIS 75 mg/m^2 i.v. days 50, 71 and 92) during thoracic RT (63 Gy in 34 fractions during 7 weeks starting day 50)	**Concurrent (HFXRT)** Concurrent CTX and HFXRT starting day 1, total dose 69.6 Gy in 58 fractions during 6 weeks, 1.2 Gy/fraction b.i.d. CTX consisting of CIS 50 mg/m^2 i.v. days 1 and 8 and oral ETOP 50 mg b.i.d. for 10 days only on days of thoracic RT, repeated day 29	
Schild 2002[62]	**Concurrent** Concurrent ETOP (100 mg/m^2) and CIS (30 mg/m^2) days 1–3 and 28–30 during RT. 60 Gy in 30 daily fractions	**Concurrent** Concurrent ETOP (100 mg/m^2) and CIS (30 mg/m^2) days 1–3 and 28–30 during RT. 30 Gy in 20 (1.5-Gy) fractions b.i.d. followed by 14-day break then same again; 6-hour gap between RT doses	
Vokes 2002[47]	**Induction/concurrent** CIS: four cycles 80 mg/m^2 i.v., 30–60 minutes, days 1 and 22 (induction) and days 43 and 64 (concomitant). GEM: during induction CTX (cycles 1 and 2) at 1250 mg/m^2 i.v., 30 minutes, days 1, 8, 22 and 29; during concomitant CTX (cycles 3 and 4) at 600 mg/m^2 i.v., 30 minutes, days 43, 50, 64 and 71. 66 Gy (44 Gy in 22 fractions of 2 Gy/fraction, 22 Gy in 11 fractions of 2 Gy/fraction)	**Induction/concurrent** CIS: same as arm 1. PAX: 225 mg/m^2 i.v. over 3 hours days 1 and 22 during induction (before CIS),135 mg/m^2 i.v. over 3 hours days 43 and 64 (concomitant)	**Induction/concurrent** CIS: same as arm 1. VNB: 25 mg/m^2 i.v. for 12 minutes days 1, 8, 15, 22 and 29 (induction) and 15 mg/m^2 i.v. for 12 minutes days 43, 50, 64 and 71 (concomitant)
Zatloukal 2004[51]	**Concurrent** CIS 80 mg/m^2 day 1, VNB 25 mg/m^2 days 1, 8 and 15 (reduced to 12.5 mg/m^2 during cycles 2 and 3). Cycles repeated every 28 days, maximum four cycles. RT started on day 4 of cycle 2; 60 Gy in 30 fractions, five fractions per week for 6 weeks	**Sequential** CIS 80 mg/m^2 day 1, VNB 25 mg/m^2 days 1, 8 and 15 (reduced to 12.5 mg/m^2 during cycles 2 and 3). Cycles repeated every 28 days, maximum four cycles. RT started within 2 weeks of completion of CTX; 60 Gy in 30 fractions, five fractions per week for 6 weeks	

Study ID	Arm 1	Arm 2	Arm 3
Belani 2005[52]	**Sequential** Two 3-week cycles of PAX 200 mg/m^2 over 3 hours, then CARB AUC 6 mg/ml minute i.v. over 30 minutes. RT day 42,1.8 Gy daily, five times a week (45.0 Gy target dose in 5 weeks to the initial field), followed by a total of 18.0-Gy fractions delivered at 2.0-Gy fractions daily to the initial tumour volume with reduced fields but including enlarged lymph nodes > 2.0 cm (total dose 63.0 Gy in 34 fractions over 7 weeks)	**Induction/concurrent** Induction – same CTX as arm 1, start RT after 2 cycles concurrent with weekly PAX 45 mg/m^2 i.v. over 1 hour followed by CARB AUC 2 mg/ml minute over 30 minutes – RT as for arm 1	**Concurrent/consolidation** RT concurrent with weekly PAX 45 mg/m^2 i.v. over 1 hour followed by CARB AUC 2 mg/ml minute over 30 minutes – RT as for arm 1
Fournel 2005[49]	**Sequential** Induction CTX: CIS 120 mg/m^2 day 1 and VNB 30 mg/m^2 on days 1, 8, 15 and 21, repeated every 4 weeks. RT: for patients with an objective response or no change after CTX, RT began 4 weeks after the third CIS administration. 66 Gy in 33 fractions of 2 Gy each, for 5 days a week over 6.5 weeks	**Concurrent/consolidation** Same RT as arm 1 started day 1 [with 2 concurrent cycles CIS 20 mg/m^2/day and ETOP 50 mg/m^2/day (days 1–5 and days 29–33)]; day 78 consolidation therapy – CIS 80 mg/m^2 on days 78 and 106 and VNB 30 mg/m^2/week from day 78 to day 127	
Reinfuss 2005[46]	**Sequential** Two series of induction CTX (CIS 100 mg/m^2 on day 1; VNB 20 mg/m^2 on days 1 and 8; a 28-day gap between courses). Conformal RT began on day 8 of the second course	**Concurrent** CIS 100 mg/m^2 administered on day 1 and day 36 of irradiation, VNB 20 mg/m^2 on days 1, 8, 36 and 43 of irradiation	
Dasgupta 2006[56]	**Sequential** CIS 80 mg/m^2 day 1 and ETOP 120 mg/m^2 days 1–3 i.v. repeated every 3 weeks for three cycles; 3–4 weeks after the third cycle – RT 6000 cGy/30 fractions and three more cycles of CTX with the same regimen	**Concurrent/consolidation** RT 5000 cGy/25 fractions over 5 weeks with CIS 20 mg/m^2 i.v. days 1–5 and ETOP 50 mg/m^2 i.v. days 1–5. Same schedule repeated after 3 weeks from day 22 to day 26. Day 1 CTX started from first day RT. Then two more cycles of CTX using same drugs and regimen at 3-week intervals	

Study ID	Arm 1	Arm 2	Arm 3
Gouda 2006[59]	**Induction/concurrent** Induction two cycles of PAX 175 mg/m^2 and CARB AUC 6 on days 1 and 28 then concomitant PAX 45 mg/m^2 and CARB AUC 2 weekly with RT (initial large-field target included the primary tumour, the mediastinum at least 5 cm below the carina and ipsilateral supraclavicular region; boost target volume encompassed primary tumour with 2-cm margin; max. dose not to exceed prescribed dose by > 15%)	**Concurrent** Concomitant PAX 45 mg/m^2 and CARB AUC 2 weekly with RT (initial large-field target included the primary tumour, the mediastinum at least 5 cm below the carina and ipsilateral supraclavicular region; boost target volume encompassed primary tumour with 2-cm margin; max. dose not to exceed prescribed dose by > 15%)	
Belderbos 2007[54]	**Sequential** Two courses of GEM 1250 mg/m^2 days 1 and 8 and CIS 75 mg/m^2 day 2 with 3-week interval. Accelerated high-dose conformal RT: 66 Gy in 24 fractions (2.75 Gy/fraction) in 32 days	**Concurrent** Daily low-dose CIS (6 mg/m^2) 1–2 hours before each fraction. RT as for arm 1	
Vokes 2007[48]	**Induction/concurrent** CARB AUC 2 i.v. over 30 minutes and PAX 50 mg/m^2 during 66 Gy of chest RT, started on day 1 at five fractions per week for 7 consecutive weeks at 2 Gy/fraction	**Concurrent** Two cycles of PAX 200 mg/m^2 i.v. over 3 hours and CARB AUC 6 i.v. over 30 minutes every 21 days, concurrent CTX-RT started day 43 (same as arm 1)	
Liu 2008[53]	**Concurrent/consolidation** Low-dose weekly DOC 20 mg/m^2 i.v. for 1 hour and 4 mg DOC i.v. to prevent allergy, concomitant with standard fractionation schedule with 3D conformal RT. Involved-field irradiation; gross tumour and metastatic lymph nodes irradiated to total dose 66–70 Gy. Consolidation CTX with DOC and CIS for no more than four cycles	**Concurrent/consolidation** DOC 60 mg/m^2 day 1 and CIS 30 mg/m^2 days 1–3 every 21 days. DOC 8 mg b.i.d. for successive 3 days as oral medication for allergy, concomitant with standard fractionation schedule with 3D conformal RT. Involved-field irradiation; gross tumour and metastatic lymph nodes irradiated to total dose 66–70 Gy. Consolidation CTX with DOC and CIS for no more than four cycles	

Study ID	Arm 1	Arm 2	Arm 3
Socinski 2008[55]	**Induction/concurrent** Induction CARB i.v. AUC 6 and PAX 225 mg/m^2 i.v. over 3 hours days 1 and 22. Day 43: weekly CARB i.v. AUC 2 and PAX 45 mg/m^2 i.v. for 7 weeks during RT. 74 Gy – 40 Gy to PTV and 34 Gy to boost volume PTV – 2 Gy/day	**Induction/concurrent** Two cycles induction CARB i.v. AUC 5 and GEM 1000 mg/m^2 i.v. over 30 minutes on days 1 and 8 of each cycle. Day 43: twice-weekly GEM 35 mg/m^2 i.v. for 7 weeks during RT (same as arm 1)	
Berghmans 2009[45]	**Induction/concurrent** CIS 60 mg/m^2, GEM 1 g/m^2, days 1 and 8, and VNB 25 mg/m^2, days 1 and 8, with reduced dosage of both during RT (66 Gy). Two cycles of CTX with RT followed by two further cycles of CTX alone	**Concurrent/consolidation** CTX and RT same as arm 1. Two cycles of CTX alone followed by two further cycles of CTX with RT	
Crvenkova 2009[57]	**Sequential** CARB AUC 6 day 1 and ETOP 100 mg/m^2 days 1–3, repeated every 3 weeks. RT began 4 weeks after the fourth cycle of CTX. Conformal RT 60 Gy in 30 fractions of 2 Gy/fraction for 5 days a week for 6 weeks	**Concurrent/consolidation** CIS 30 mg/m^2 and ETOP 100 mg/m^2 days 1–3 for first cycle and second 3-day cycle administered in last 3 days of RT. After 4 weeks of concurrent CTX-RT, two cycles of consolidation CTX began: CARB AUC 6 and ETOP 100 mg/m^2 on days 1–3. Conformal RT same as arm 1	
Nyman 2009[58]	**Induction/concurrent** Induction two cycles of PAX 200 mg/m^2 and CARB AUC 6 then third identical cycle concomitant with start of accelerated RT, 1.7 Gy b.i.d. to 64.6 Gy in 4.5 weeks	**Induction/concurrent** Induction two cycles of PAX 200 mg/m^2 and CARB AUC 6 then daily concomitant PAX 12 mg/m^2 with conventionally fractionated RT, 2 Gy to 60 Gy in 6 weeks	**Induction/concurrent** Induction two cycles of PAX 200 mg/m^2 and CARB AUC 6 then weekly concomitant PAX 60 mg/m^2 and identical RT as arm 2

Study ID	Arm 1	Arm 2	Arm 3
Zhu 2009[60]	**Concurrent** VNB 25 mg/m^2 i.v. days 1 and 8, and CIS 20 mg/m^2 i.v. days 1–5; four cycles, 28 days per cycle. 3D conformal RT Dγ1.8∼2 Gy daily, five times a week. After the total dose reached 50 Gy, reduced fields to the residual tumour and increased dosage of radiation; as far as possible set one fixed field unless the distance of two adjacent lesions was > 2 cm then set as different fields, with total dose Dγ60∼66 Gy	**Sequential** VNB 25 mg/m^2 i.v. days 1 and 8, and CIS 20 mg/m^2 i.v. days 1–5; four cycles, 28 days per cycle. 3D conformal RT same as arm 1	
Movsas 2010[61]	**Concurrent/consolidation** Concurrent CIS 50 mg/m^2 days 1 and 8 plus ETOP 50 mg/m^2 days 1–5 for two 28-day cycles plus RT (62 Gy, 2 Gy daily in 31 fractions over 7 weeks), followed by GEM 1000 mg/m^2 on days 1 and 8 every 21 days for three cycles	**Concurrent/consolidation** Same CTX-RT as arm 1 followed by GEM 1000 mg/m^2 on days 1 and 8 plus DOC 75 mg/m^2 day 1 every 21 days for three cycles	

AUC, area under the curve; b.i.d., twice daily; HFXRT, hyperfractionated RT; i.v., intravenously; PTV, planning target volume; VBL, vinblastine.