

Study ID	Arm 1	Arm 2	Arm 3
Jeremic 2001 <sup>63</sup>	NR	NR	
Komaki 2002 <sup>50</sup>	58/81 (72%) completed CTX; 49/80 (61%) completed RT per protocol	62/82 (76%) completed CTX; 48/81(59%) completed RT per protocol	
Schild 2002 <sup>62</sup>	NR	NR	NR
Vokes 2002 <sup>47</sup>	NR	NR	NR
Zatloukal 2004 <sup>51</sup>	83% of patients received all four courses of CTX; mean number of CTX courses was 3.65. RT was delivered to 94% of patients; 85% received a dose > 50 Gy (median dose 59.4 Gy)	58% of patients received all four courses of CTX; mean number of CTX courses was 3.14. RT was delivered to 64% of patients; 60% received a dose > 50 Gy (median dose 60 Gy). A significantly higher proportion of patients ( $p = 0.0002$ ) received RT in the concurrent schedule (arm 1). The number of patients who completed four cycles of CTX was also significantly higher in arm 1 ( $p = 0.007$ ). The number of CTX courses administered was not significantly different between arms	
Belani 2005 <sup>52</sup>	95% of patients received planned two cycles of induction CTX; 76% received scheduled RT dose	93% of patients received planned two cycles of induction CTX; during concurrent CTX-RT 46% received seven weekly cycles of CTX; 65% completed at least six cycles; 70% received scheduled RT dose	During concurrent CTX-RT 70% of patients received seven weekly cycles of CTX; 85% completed at least six cycles; 81% received scheduled RT dose; 67% received planned two cycles of consolidation CTX
Fournel 2005 <sup>49</sup>	59.4% of patients received at least 60 Gy RT; 23% received less than three cycles	88% of patients received at least 60 Gy RT ( $p < 0.001$ ); 54% received two planned cycles of consolidation CTX, 7% received only one course, 39% received no consolidation CTX	

Study ID	Arm 1	Arm 2	Arm 3
Reinfuss 2005 <sup>46</sup>	Complete combined modality treatment had been administered to 86/89 patients (96.6%). This difference achieves extreme statistical significance (log-rank test $p < 0.01$ ). Because of toxicity treatment was not completed in 2.2% of patients	Complete combined modality treatment had been administered to 63/84 patients (75%). This difference achieves extreme statistical significance (log-rank test $p < 0.01$ ). There was statistically significantly higher toxicity of concurrent treatment than sequential treatment. Because of this toxicity the treatment was not completed in 21.4% of patients	
Dasgupta 2006 <sup>56</sup>	RT interrupted in four patients (11%); CTX not altered, modified or delayed for any patient	RT interrupted in six patients (17%); CTX not altered, modified or delayed for any patient	
Gouda 2006 <sup>59</sup>	NR	NR	
Belderbos 2007 <sup>54</sup>	97.4% started protocol treatment. Full-dose CTX 84%; full-dose RT 97%. Overall treatment time RT 32 (12–42) days	82.5% started protocol treatment. Full-dose CTX 82%; full-dose RT 97%. Overall treatment time RT 32 (22–38) days	
Vokes 2007 <sup>48</sup>	NR by arm	NR by arm	NR by arm
Liu 2008 <sup>53</sup>	Both groups completed concurrent CTX-RT. At the following consolidation CTX three cases were withdrawn (one progressed, two decided to quit). Four, seven and eight patients received two, three and four cycles respectively; therefore, 19 cases completed follow-up and survival analysis	Both groups completed concurrent CTX-RT. At the following consolidation CTX one patient dropped out because of disease progression. Five patients received three cycles of treatment and 16 patients received four cycles of treatment; therefore, 21 cases completed follow-up and survival analysis	

Study ID	Arm 1	Arm 2	Arm 3
Socinski 2008 <sup>55</sup>	During induction CTX 95% of patients completed both cycles. Initiation of concurrent CTX beginning on day 43 was accomplished in 92.8% of patients. During concurrent CTX-RT 76% of patients completed all seven weekly treatments of CARB and PAX. A total of 92.8% received combined CTX-RT. Median volume of lung receiving 20 Gy (V20) was 32% (range 18–52%). Median dose of TRT delivered was 74 Gy with an average dose delivered of 72.7 Gy (range 34.0–77.9 Gy); 87.2% completed therapy to at least 74 Gy	During induction CTX 92% of patients completed both cycles. Initiation of concurrent CTX beginning on day 43 was accomplished in 88.4% of patients. During concurrent CTX-RT 69% of patients completed all 7 weeks of twice-weekly GEM. A total of 88.4% received combined CTX-RT. Median volume of lung receiving 20 Gy (V20) was 32% (range 20–50%). Median dose of TRT delivered was 74 Gy with an average dose delivered of 70.6 Gy (range 22.0–77.7 Gy); 78.3% completed therapy to at least 74 Gy	
Berghmans 2009 <sup>45</sup>	62% of patients completed protocol treatment; median duration of whole treatment 100 days; RDI for CIS 65%, GEM 61% and VNB 61%. One patient did not start RT; total RT dose 60–66 Gy; median duration of RT 46 days (27–53 days)	86% of patients completed protocol treatment; median duration of whole treatment 95 days; RDI for CIS 82% ( $p = 0.02$ ), GEM 80% ( $p < 0.001$ ) and VNB 79% ( $p < 0.001$ ). Three patients did not start RT; total RT dose 60–66 Gy; median duration of RT 46 days (43–67 days)	
Crvenkova 2009 <sup>57</sup>	NR	NR	
Nyman 2009 <sup>58</sup>	NR	NR	
Zhu 2009 <sup>60</sup>	The required time for completing treatments was statistically significantly different between the two groups; on average the concurrent group took 31 days less than the sequential group ( $p < 0.05$ )	The required time for completing treatments was statistically significantly different between the two groups; on average, the concurrent group took 31 days less than the sequential group ( $p < 0.05$ )	
Movsas 2010 <sup>61</sup>	78.0% of patients proceeded to consolidation therapy with 32 patients receiving GEM; 90.6% received all three planned cycles of GEM	78.0% of patients proceeded to consolidation therapy with 32 patients receiving GEM + DOC; 68.8% received all three planned cycles of GEM + DOC	

NR, not reported; TRT, thoracic radiation therapy.