Figure S1: Study flow diagram



**EMBASE 1974 to 2018 Week 06; Search executed: 08, February, 2018**

Table S1: Search strategy for EMBASE

| **No** | **Criteria** | **Strings** | **Hits** |
| --- | --- | --- | --- |
| 1 | Population terms | exp skin tumor/ or exp skin neoplasms/ | 167259 |
| 2 | Population terms | exp melanoma/ | 138182 |
| 3 | Population terms | ((skin adj neoplasm$) or (skin adj cancer$) or (skin adj tumour$) or (skin adj tumor$) or (skin adj carcinoma$) or (skin adj adenocarcinoma$) or (skin adj sarcoma$) or melanoma).ti,ab. | 154936 |
| 4 | Population terms | 1 or 2 or 3 | 308939 |
| 5 | Intervention terms | exp adjuvant chemotherapy/ or exp adjuvant chemoradiotherapy/ | 42062 |
| 6 | Intervention terms | exp adjuvants, immunologic/ | 29291 |
| 7 | Intervention terms | adjuvant.ti,ab. | 171656 |
| 8 | Intervention terms | exp pembrolizumab/ | 5043 |
| 9 | Intervention terms | (pembrolizumab or lambrolizumab or Keytruda or MK-3475 or MK3475 or MK 3475 or L01XC18).ti,ab. | 2661 |
| 10 | Intervention terms | exp dabrafenib/ | 2640 |
| 11 | Intervention terms | (dabrafenib or tafinlar or tafinalar or gsk 2118436 or gsk2118436).ti,ab. | 1264 |
| 12 | Intervention terms | exp trametinib/ | 2884 |
| 13 | Intervention terms | (trametinib or mekinist or gsk 1120212 or gsk 1120212b or gsk1120212 or gsk1120212b or jtp 74057 or jtp74057).ti,ab. | 1413 |
| 14 | Intervention terms | (vemurafenib or Zelboraf or R05185426 or RG7204 or RG-7204 or PLX4032 or PLX 4032).ti,ab. | 3207 |
| 15 | Intervention terms | exp nivolumab/ | 6368 |
| 16 | Intervention terms | (nivolumab or Opdivo or ONO-4538 or ONO4538 or ONO 4538 or BMS-936558 or BMS936558 or BMS 936558 or MDX-1106 or MDX1106 or MDX 1106 or L01XC17).ti,ab. | 3585 |
| 17 | Intervention terms | exp ipilimumab/ | 8295 |
| 18 | Intervention terms | (ipilimumab or bms 734016 or bms734016 or mdx 101 or mdx101 or "mdx 010" or mdx010 or Yervoy or MDX CTLA 4).ti,ab. | 3971 |
| 19 | Intervention terms | exp alpha2a interferon/ | 5345 |
| 20 | Intervention terms | exp alpha2b interferon/ | 8350 |
| 21 | Intervention terms | exp peginterferon alpha2a/ | 7854 |
| 22 | Intervention terms | exp peginterferon alpha2b/ | 6189 |
| 23 | Intervention terms | (((interferon\* or IFN\* or peginterferon\* or pegIFN\*) adj2 (alfa or alpha) adj2 (2a or 2b)) or roferon-a or intron-a or pegasys or pegintron or sylatron).ti,ab. | 10452 |
| 24 | Intervention terms | or/5-23 | 248824 |
| 25 | Study Design | Clinical Trial/ | 967990 |
| 26 | Study Design | Randomized Controlled Trial/ | 485520 |
| 27 | Study Design | controlled clinical trial/ | 454028 |
| 28 | Study Design | multicenter study/ | 174733 |
| 29 | Study Design | Phase 3 clinical trial/ | 32218 |
| 30 | Study Design | Phase 4 clinical trial/ | 2812 |
| 31 | Study Design | exp RANDOMIZATION/ | 76914 |
| 32 | Study Design | Single Blind Procedure/ | 30257 |
| 33 | Study Design | Double Blind Procedure/ | 145845 |
| 34 | Study Design | Crossover Procedure/ | 54170 |
| 35 | Study Design | PLACEBO/ | 317873 |
| 36 | Study Design | randomi?ed controlled trial$.tw. | 171512 |
| 37 | Study Design | rct.tw. | 26781 |
| 38 | Study Design | (random$ adj2 allocat$).tw. | 35649 |
| 39 | Study Design | single blind$.tw. | 20511 |
| 40 | Study Design | double blind$.tw. | 185575 |
| 41 | Study Design | ((treble or triple) adj blind$).tw. | 764 |
| 42 | Study Design | placebo$.tw. | 266610 |
| 43 | Study Design | Prospective Study/ | 42787 |
| 44 | Study Design | or/25-43 | 1930366 |
| 45 | Study Design | Case Study/ | 51735 |
| 46 | Study Design | case report.tw. | 354576 |
| 47 | Study Design | abstract report/ or letter/ | 1040162 |
| 48 | Study Design | Conference proceeding.pt. | 0 |
| 49 | Study Design | Conference abstract.pt. | 2877344 |
| 50 | Study Design | Editorial.pt. | 553803 |
| 51 | Study Design | Letter.pt. | 999754 |
| 52 | Study Design | Note.pt. | 699493 |
| 53 | Study Design | or/45-52 | 5534959 |
| 54 | Study Design | 44 not 53 | 1507246 |
| 55 | Combined criteria | 4 and 24 and 54 | 2918 |
| 56 | Limits | limit 55 to english | 2775 |

Ovid MEDLINE(R) In-Process & Other Non-Indexed Citations, Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present; Search executed: 08, February, 2018

Table S2: Search strategy for MEDLINE

| **No** | **Criteria** | **Strings** | **Hits** |
| --- | --- | --- | --- |
| 1 | Population | skin tumor/ or skin neoplasms/ | 109616 |
| 2 | Population | melanoma/ | 75925 |
| 3 | Population | ((skin adj neoplasm$) or (skin adj cancer$) or (skin adj tumour$) or (skin adj tumor$) or (skin adj carcinoma$) or (skin adj adenocarcinoma$) or (skin adj sarcoma$) or melanoma).ti,ab. | 115345 |
| 4 | Population | 1 or 2 or 3 | 193800 |
| 5 | Interventions | adjuvant chemotherapy/ or adjuvant chemoradiotherapy/ or adjuvant pharmaceutic/ | 39164 |
| 6 | Interventions | adjuvants, immunologic/ | 35195 |
| 7 | Interventions | adjuvant.ti,ab. | 117871 |
| 8 | Interventions | (pembrolizumab or lambrolizumab or Keytruda or MK-3475 or MK3475 or MK 3475 or L01XC18).ti,ab. | 1048 |
| 9 | Interventions | (dabrafenib or tafinlar or tafinalar or gsk 2118436 or gsk2118436).ti,ab. | 609 |
| 10 | Interventions | (trametinib or mekinist or gsk 1120212 or gsk 1120212b or gsk1120212 or gsk1120212b or jtp 74057 or jtp74057).ti,ab. | 586 |
| 11 | Interventions | (vemurafenib or Zelboraf or R05185426 or RG7204 or RG-7204 or PLX4032 or PLX 4032).ti,ab. | 1506 |
| 12 | Interventions | (nivolumab or Opdivo or ONO-4538 or ONO4538 or ONO 4538 or BMS-936558 or BMS936558 or BMS 936558 or MDX-1106 or MDX1106 or MDX 1106 or L01XC17).ti,ab. | 1544 |
| 13 | Interventions | (ipilimumab or bms 734016 or bms734016 or mdx 101 or mdx101 or "mdx 010" or mdx010 or Yervoy or MDX CTLA 4).ti,ab. | 1816 |
| 14 | Interventions | (((interferon\* or IFN\* or peginterferon\* or pegIFN\*) adj2 (alfa or alpha) adj2 (2a or 2b)) or roferon-a or intron-a or pegasys or pegintron or sylatron).ti,ab. | 7375 |
| 15 | Interventions | or/5-14 | 175073 |
| 16 | Study Design | Randomized Controlled Trials as Topic/ | 113859 |
| 17 | Study Design | randomized controlled trial/ | 452908 |
| 18 | Study Design | Random Allocation/ | 93172 |
| 19 | Study Design | Double Blind Method/ | 143933 |
| 20 | Study Design | Single Blind Method/ | 24570 |
| 21 | Study Design | clinical trial/ | 508300 |
| 22 | Study Design | clinical trial, phase i.pt | 17700 |
| 23 | Study Design | clinical trial, phase ii.pt | 28590 |
| 24 | Study Design | clinical trial, phase iii.pt | 13308 |
| 25 | Study Design | clinical trial, phase iv.pt | 1456 |
| 26 | Study Design | controlled clinical trial.pt | 92136 |
| 27 | Study Design | randomized controlled trial.pt | 452908 |
| 28 | Study Design | multicenter study.pt | 227904 |
| 29 | Study Design | clinical trial.pt | 508300 |
| 30 | Study Design | exp Clinical Trials as topic/ | 310017 |
| 31 | Study Design | or/16-30 | 1216973 |
| 32 | Study Design | (clinical adj trial$).tw | 299270 |
| 33 | Study Design | ((singl$ or doubl$ or treb$ or tripl$) adj (blind$3 or mask$3)).tw | 154370 |
| 34 | Study Design | PLACEBOS/ | 33792 |
| 35 | Study Design | placebo$.tw | 192192 |
| 36 | Study Design | randomly allocated.tw | 23588 |
| 37 | Study Design | (allocated adj2 random$).tw | 26592 |
| 38 | Study Design | or/32-37 | 1433108 |
| 39 | Study Design | 31 or 38 | 265399 |
| 40 | Study Design | case report.tw | 265399 |
| 41 | Study Design | letter/ | 975328 |
| 42 | Study Design | historical article/ | 343202 |
| 43 | Study Design | or/25-27 | 540913 |
| 44 | Study Design | 39 not 43 | 892195 |
| 45 | Combined criteria | 4 and 15 and 44 | 1856 |
| 46 | Limits | limit 45 to english | 1749 |

EBM Reviews - Cochrane Central Register of Controlled Trials; Search executed: 08, February, 2018

Table S3: Search strategy for Cochrane Register of Controlled Trials

| **No** | **Criteria** | **Strings** | **Hits** |
| --- | --- | --- | --- |
| 1 | Population | exp skin neoplasms/ | 1232 |
| 2 | Population | exp melanoma/ | 1098 |
| 3 | Population | ((skin adj neoplasm$) or (skin adj cancer$) or (skin adj tumour$) or (skin adj tumor$) or (skin adj carcinoma$) or (skin adj adenocarcinoma$) or (skin adj sarcoma$) or melanoma).ti,ab. | 3565 |
| 4 | Population | 1 or 2 or 3 | 4029 |
| 5 | Interventions | exp adjuvant chemotherapy/ or exp adjuvant chemoradiotherapy/ or exp adjuvant pharmaceutic/ | 3736 |
| 6 | Interventions | adjuvant.ti,ab. | 15754 |
| 7 | Interventions | (pembrolizumab or lambrolizumab or Keytruda or MK-3475 or MK3475 or MK 3475 or L01XC18).ti,ab. | 340 |
| 8 | Interventions | (vemurafenib or Zelboraf or R05185426 or RG7204 or RG-7204 or PLX4032 or PLX 4032).ti,ab. | 112 |
| 9 | Interventions | (dabrafenib or tafinlar or tafinalar or gsk 2118436 or gsk2118436).ti,ab. | 92 |
| 10 | Interventions | (trametinib or mekinist or gsk 1120212 or gsk 1120212b or gsk1120212 or gsk1120212b or jtp 74057 or jtp74057).ti,ab. | 110 |
| 11 | Interventions | (nivolumab or Opdivo or ONO-4538 or ONO4538 or ONO 4538 or BMS-936558 or BMS936558 or BMS 936558 or MDX-1106 or MDX1106 or MDX 1106 or L01XC17).ti,ab. | 438 |
| 12 | Interventions | (ipilimumab or bms 734016 or bms734016 or mdx 101 or mdx101 or "mdx 010" or mdx010 or Yervoy or MDX CTLA 4).ti,ab. | 406 |
| 13 | Interventions | (((interferon\* or IFN\* or peginterferon\* or pegIFN\*) adj2 (alfa or alpha) adj2 (2a or 2b)) or roferon-a or intron-a or pegasys or pegintron or sylatron).ti,ab. | 3121 |
| 14 | Interventions | or/5-13 | 21284 |
| 15 | Combined criteria | 4 and 14 | 1038 |
| 16 | Limit | limit 15 to English language | 872 |
| 17 | Limit | limit 16 to Randomized Controlled Trials | 333 |

AACR conference – Northern Lights; Search executed: 19, February, 2018

Table S4: Search strategy for Northern Lights (AACR Conference)

| **No** | **Criteria** | **Strings** | **Hits** |
| --- | --- | --- | --- |
| 1 | Population | exp skin neoplasms/ | 4088 |
| 2 | Population | exp melanoma/ | 22602 |
| 3 | Population | ((skin adj neoplasm$) or (skin adj cancer$) or (skin adj tumour$) or (skin adj tumor$) or (skin adj carcinoma$) or (skin adj adenocarcinoma$) or (skin adj sarcoma$) or melanoma).ti,ab. | 17088 |
| 4 | Population | 1 or 2 or 3 | 25267 |
| 5 | Interventions | exp adjuvant chemotherapy/ or exp adjuvant chemoradiotherapy/ | 0 |
| 6 | Interventions | exp adjuvants, immunologic/ | 4260 |
| 7 | Interventions | adjuvant.ti,ab. | 17543 |
| 8 | Interventions | (pembrolizumab or lambrolizumab or Keytruda or MK-3475 or MK3475 or MK 3475 or L01XC18).ti,ab. | 763 |
| 9 | Interventions | (dabrafenib or tafinlar or tafinalar or gsk 2118436 or gsk2118436).ti,ab. | 287 |
| 10 | Interventions | (trametinib or mekinist or gsk 1120212 or gsk 1120212b or gsk1120212 or gsk1120212b or jtp 74057 or jtp74057).ti,ab. | 408 |
| 11 | Interventions | (vemurafenib or Zelboraf or R05185426 or RG7204 or RG-7204 or PLX4032 or PLX 4032).ti,ab. | 836 |
| 12 | Interventions | (nivolumab or Opdivo or ONO-4538 or ONO4538 or ONO 4538 or BMS-936558 or BMS936558 or BMS 936558 or MDX-1106 or MDX1106 or MDX 1106 or L01XC17).ti,ab. | 1007 |
| 13 | Interventions | (ipilimumab or bms 734016 or bms734016 or mdx 101 or mdx101 or "mdx 010" or mdx010 or Yervoy or MDX CTLA 4).ti,ab. | 1208 |
| 14 | Interventions | (((interferon\* or IFN\* or peginterferon\* or pegIFN\*) adj2 (alfa or alpha) adj2 (2a or 2b)) or roferon-a or intron-a or pegasys or pegintron or sylatron).ti,ab. | 906 |
| 15 | Interventions | or/5-14 | 26188 |
| 16 | AACR Conference | American Association for Cancer Research.cf. | 44449 |
| 17 | Combined criteria | 4 and 15 and 16 | 287 |
| 18 | Limit | limit 17 to yr="2017" | 33 |
| 19 | Limit | limit 17 to yr="2016" | 46 |
| 20 | Combined criteria | 18 or 19 | 79 |

SMR conference – Northern Lights; Search executed: 19, February, 2018

Table S5: Search strategy for Northern Lights (SMR Conference)

| **No** | **Criteria** | **Strings** | **Hits** |
| --- | --- | --- | --- |
| 1 | Population | exp skin neoplasms/ | 4088 |
| 2 | Population | exp melanoma/ | 22602 |
| 3 | Population | ((skin adj neoplasm$) or (skin adj cancer$) or (skin adj tumour$) or (skin adj tumor$) or (skin adj carcinoma$) or (skin adj adenocarcinoma$) or (skin adj sarcoma$) or melanoma).ti,ab. | 17088 |
| 4 | Population | 1 or 2 or 3 | 25267 |
| 5 | Interventions | exp adjuvant chemotherapy/ or exp adjuvant chemoradiotherapy/ | 0 |
| 6 | Interventions | exp adjuvants, immunologic/ | 4260 |
| 7 | Interventions | adjuvant.ti,ab. | 17543 |
| 8 | Interventions | (pembrolizumab or lambrolizumab or Keytruda or MK-3475 or MK3475 or MK 3475 or L01XC18).ti,ab. | 763 |
| 9 | Interventions | (dabrafenib or tafinlar or tafinalar or gsk 2118436 or gsk2118436).ti,ab. | 287 |
| 10 | Interventions | (trametinib or mekinist or gsk 1120212 or gsk 1120212b or gsk1120212 or gsk1120212b or jtp 74057 or jtp74057).ti,ab. | 408 |
| 11 | Interventions | (vemurafenib or Zelboraf or R05185426 or RG7204 or RG-7204 or PLX4032 or PLX 4032).ti,ab. | 836 |
| 12 | Interventions | (nivolumab or Opdivo or ONO-4538 or ONO4538 or ONO 4538 or BMS-936558 or BMS936558 or BMS 936558 or MDX-1106 or MDX1106 or MDX 1106 or L01XC17).ti,ab. | 1007 |
| 13 | Interventions | (ipilimumab or bms 734016 or bms734016 or mdx 101 or mdx101 or "mdx 010" or mdx010 or Yervoy or MDX CTLA 4).ti,ab. | 1208 |
| 14 | Interventions | (((interferon\* or IFN\* or peginterferon\* or pegIFN\*) adj2 (alfa or alpha) adj2 (2a or 2b)) or roferon-a or intron-a or pegasys or pegintron or sylatron).ti,ab. | 906 |
| 15 | Interventions | or/5-14 | 26188 |
| 16 | SMR Conference | "Society for Melanoma Research (SMR)".cs. | 1175 |
| 17 | Combined criteria | 4 and 15 and 16 | 312 |
| 18 | Limit | limit 17 to yr="2017" | 0 |
| 19 | Limit | limit 17 to yr="2016" | 77 |
| 20 | Combined criteria | 18 or 19 | **77** |

*At the time of search executing SMR 2017 had not been updated. SMR 2017 searched manually using congress website.*

Table S6: Cochrane risk of bias assessment of randomized controlled trials, part 1

| **Trial** | **Author, Year** | **Random sequence - judgement** | **Random sequence - support** | **Allocation concealment - judgement** | **Allocation concealment - support** | **Blinding of participants - judgement** | **Blinding of participants - support** | **Blinding of outcomes - judgement** | **Blinding of outcomes - support** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| BRIM-8 | Maio 2018 | Low risk | Patients were randomly assigned to receive placebo or vemurafenib through the use of an interactive voice or web response system. | Low risk | Patients were randomly assigned to receive placebo or vemurafenib through the use of an interactive voice or web response system. | Low risk | Double-blinded | Low risk | Double-blinded; The investigator, patient, and Sponsor will be blinded to treatment assignment |
| Caraceni 1998 | Caraceni 1998 | Low risk | Patient stratification for randomization was done by center, clinical lymph node involvement, number of positive lymph nodes, and pattern of pathologic diffusion (intracapsular or extracapsular). | Unclear risk | Procedures used to maintain allocation concealment was not described. | Unclear risk | Procedures used to maintain blinding was not described. | Low risk | All members of the evaluation team were blinded |
| WHO MPT 16 | Cascinelli 2001 | Low risk | Randomisation was done by phone, and patients were stratified by collaborating centre, clinical or pathological detectability of nodal involvement, number of nodes seen by microscopy to contain melanoma cells, and pattern of metastatic spread within the lymph nodes. | Unclear risk | Procedures used to maintain allocation concealment was not described. | Unclear risk | Procedures used to maintain blinding was not described. | Unclear risk | Procedures used to maintain blinding was not described. |
| EORTC 18952 | Eggermont 2005 | Low risk | Randomisation was done centrally from the EORTC data centre in Brussels, with the minimisation technique. | Unclear risk | Procedures used to maintain allocation concealment was not described. | Unclear risk | Procedures used to maintain blinding was not described. | Unclear risk | Procedures used to maintain blinding was not described. |
| EORTC 18991 | Eggermont 2008 | Low risk | Randomisation was done centrally at the EORTC data centre with minimisation techniques; the sequence was generated by computer | Low risk | Randomisation was done centrally at the EORTC data centre with minimisation techniques; the sequence was generated by computer | Unclear risk | Procedures used to maintain blinding was not described. | Low risk | An independent review committee used a blinded review process to determine the dates of events and censoring from individual patient data |
| EORTC 18071 | Eggermont 2015 | Low risk | Patients were randomly assigned to receive Intervention/placebo through the use of an interactive voice or web response system. | Low risk | Patients were randomly assigned to receive Intervention/placebo through the use of an interactive voice or web response system. | Low risk | Double-blinded | Low risk | Double-blinded; Clinical investigators and those collecting or analysing the data were masked to treatment group assignment |
| SWOG S0008 | Flaherty 2014 | Low risk | The patients were randomly assigned 1:1 between the two treatments arms by the Southwest Oncology Group Statistical Center on the basis of stratification factors | Unclear risk | Procedures used to maintain allocation concealment was not described. | Unclear risk | Procedures used to maintain blinding was not described. | Unclear risk | Procedures used to maintain blinding was not described. |
| Nordic IFN trial | Hansson 2011 | Low risk | Randomization was done centrally at the data management center | Low risk | The allocation sequence was computer-generated by the study statistician. | High risk | Since this was an open-label study, patients, participating centres, and physicians delivering therapy and assessing recurrences were not masked to treatment assignment. | High risk | Since this was an open-label study, patients, participating centres, and physicians delivering therapy and assessing recurrences were not masked to treatment assignment. |
| Lian 2013 | Lian 2013 | Low risk | We used a simple randomization method to allocate patients into three groups by a ratio of 1:1:1 with permuted blocks of size of 3 patients | Unclear risk | Procedures used to maintain allocation concealment was not described. | Unclear risk | Procedures used to maintain blinding was not described. | Unclear risk | Procedures used to maintain blinding was not described. |
| KEYNOTE 054 | Eggermont 2018 | Low risk | Patients were randomly assigned to to treatment arms through IVRS system | Unclear risk | Procedures used to maintain allocation concealment was not described. | Low risk | Double-blinded | Low risk | Investigator, Sponsor, EORTC staff, CRO, patients and site staff are blinded |
| COMBI-AD | Long 2017 | Low risk | Patients were randomly assigned to receive Intervention/placebo through the use of an interactive voice or web response system. | Low risk | Patients were randomly assigned to receive Intervention/placebo through the use of an interactive voice or web response system. | Low risk | Double-blinded | Low risk | Double-blinded; the site personnel (including the investigator) and the subject will not know the treatment assignment |
| CheckMate 238 | Weber 2017 | Low risk | Patients were randomly assigned to receive Intervention/placebo through the use of an interactive voice or web response system. | Low risk | Patients were randomly assigned to receive Intervention/placebo through the use of an interactive voice or web response system. | Low risk | Double-blinded | Low risk | Double-blinded; The study will be double-blinded in order to minimize bias… |

Table S7: Cochrane risk of bias assessment of randomized controlled trials, part 2

| **Trial** | **Author, Year** | **Attrition - judgement** | **Attrition - support** | **Selective reporting - judgement** | **Selective reporting - support** | **Other sources - judgement** | **Other sources - support** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| BRIM-8 | Maio 2018 | Low risk | Patient ineligibility and discontinuation were explained in Figure 1. Missing outcome data balanced in numbers across intervention groups, with similar reasons for missing data across groups. | Low risk | All pre-defined outcomes reported | Low risk | No indication there are other sources of bias. |
| Caraceni 1998 | Caraceni, 1998 | Low risk | Patient ineligibility and discontinuation were explained in the "Results" section. Discussion: The number of missing assessments is comparable between the two groups; this should have prevented randomization biases (Table 1). | Low risk | All pre-defined outcomes reported | Low risk | No indication there are other sources of bias. |
| WHO MPT 16 | Cascinelli 2001 | Low risk | Patient ineligibility and discontinuation were explained in Figure S1. Missing outcome data balanced in numbers across intervention groups, with similar reasons for missing data across groups. | Low risk | All pre-defined outcomes reported | Low risk | No indication there are other sources of bias. |
| EORTC 18952 | Eggermont 2005 | Low risk | Patient ineligibility and discontinuation were explained in Figure 1. Missing outcome data balanced in numbers across intervention groups, with similar reasons for missing data across groups. | Low risk | All pre-defined outcomes reported | Low risk | No indication there are other sources of bias. |
| EORTC 18991 | Eggermont 2008 | Low risk | Patient ineligibility and discontinuation were explained in Figure 1. Missing outcome data balanced in numbers across intervention groups, with similar reasons for missing data across groups. | Low risk | All pre-defined outcomes reported | Low risk | No indication there are other sources of bias. |
| EORTC 18071 | Eggermont 2015 | Low risk | Patient ineligibility and discontinuation were explained in Figure S1. PPT population is pretty much similar. | Low risk | All pre-defined outcomes reported | Low risk | No indication there are other sources of bias. |
| SWOG S0008 | Flaherty 2014 | Low risk | Patient ineligibility and discontinuation were explained in Figure S1. Missing outcome data balanced in numbers across intervention groups, with similar reasons for missing data across groups. | Low risk | All pre-defined outcomes reported | Low risk | No indication there are other sources of bias. |
| Nordic IFN trial | Hansson 2011 | Low risk | Patient ineligibility and discontinuation were explained in Figure S1. Missing outcome data balanced in numbers across intervention groups, with similar reasons for missing data across groups. | Low risk | All pre-defined outcomes reported | Low risk | No indication there are other sources of bias. |
| Lian 2013 | Lian, 2013 | Low risk | Patient ineligibility and discontinuation were explained in Figure S1. Missing outcome data balanced in numbers across intervention groups, with similar reasons for missing data across groups. | Low risk | All pre-defined outcomes reported | Low risk | No indication there are other sources of bias. |
| KEYNOTE 054 | Eggermont 2018 | Unclear risk | Patient ineligibility and discontinuation have not yet been provided at this time; will be available upon CSR and unblinding | Low risk | All pre-defined outcomes reported  | Low risk | No indication there are other sources of bias. |
| COMBI-AD | Long 2017 | Low risk | Patient ineligibility and discontinuation were explained in Figure S1. Lost to follow-up is not too much different in both groups.. | Low risk | All pre-defined outcomes reported | Low risk | No indication there are other sources of bias. |
| CheckMate 238 | Weber 2017 | Low risk | Patient ineligibility and discontinuation were explained in Figure S2. Lost to follow-up is not too much different in both groups. | Low risk | All pre-defined outcomes reported | Low risk | No indication there are other sources of bias. |