Supplemental Data

Supplemental Table S1. Best overall response per International Working Group 2007 criteria to anti–PD-(L)1 therapy prior to enrolment in MK-4280-003* and during the pre-progression period in KEYNOTE-087†

	Favezelimab plus pembrolizumab (MK-4280-003 cohort 2) (n = 27)	Pembrolizumab monotherapy (KEYNOTE-087) (n = 81)
Objective response rate, % (95% CI)	37% (27%–61%)*	51% (42%–63%)†
Best response, n (%)		
Complete response	3 (11%)	11 (14%)
Partial response	7 (26%)	30 (37%)
Stable disease	8 (30%)	15 (19%)
Progressive disease	9 (33%)	25 (31%)

CI, confidence interval; PD-(L)1, programmed cell death protein 1/programmed cell death ligand 1.
*By investigator review.
†By blinded independent central review.

Supplemental Table S2. Causes of progression in all participants who developed progressive disease in KEYNOTE-087 and in participants who developed progressive disease during the post-progression period

	All participants with progressive disease (n = 123)	Participants who received post-progression pembrolizumab monotherapy and included in this analysis (n = 81)
Target lesion progression	48 (39%)	14 (17%)
Nontarget lesion progression	35 (28%)	35 (43%)
New lesion	50 (41%)	21 (26%)

Participants could have progressive disease due to multiple causes.

Supplemental Table S3. Objective response rate sensitivity analysis in participants who received post-progression pembrolizumab in KEYNOTE-087 using different assumptions

	Objective response rate*
Target lesion baseline in the post-progression period was reset at the time of confirmatory scan	1.2% (1 of 81)
Progression due to non–target lesion growth was reset to timepoint of initial progressive disease	3.7% (3 of 81)
Progression due to appearance of new lesions was reset to the timepoint of initial progressive disease	3.7% (3 of 81)

In the main analysis, individual target lesion dynamics in the post-progression period were calculated relative to the lesion size at the time of initial progressive disease. New lesions were not measured in KEYNOTE-087; hence, they were assumed to be nontarget lesions in the post-progression period.

*Objective response rate per International Working Group 2007 criteria by blinded independent central review.

Supplemental Figure S1. Kaplan-Meier estimates of progression-free survival (PFS). Shown are estimates of PFS in (A) MK-4280-003 and (B) KEYNOTE-087.