Supplementary Materials

Title: The efficiency and safety of Chemoradiation Therapy in Limited Disease Small Cell Lung Cancer: A Systematic Review and Network Meta-analysis of Randomized Clinical Trials

Running Title: Network meta-analysis of chemoradiation therapy in LD-SCLC

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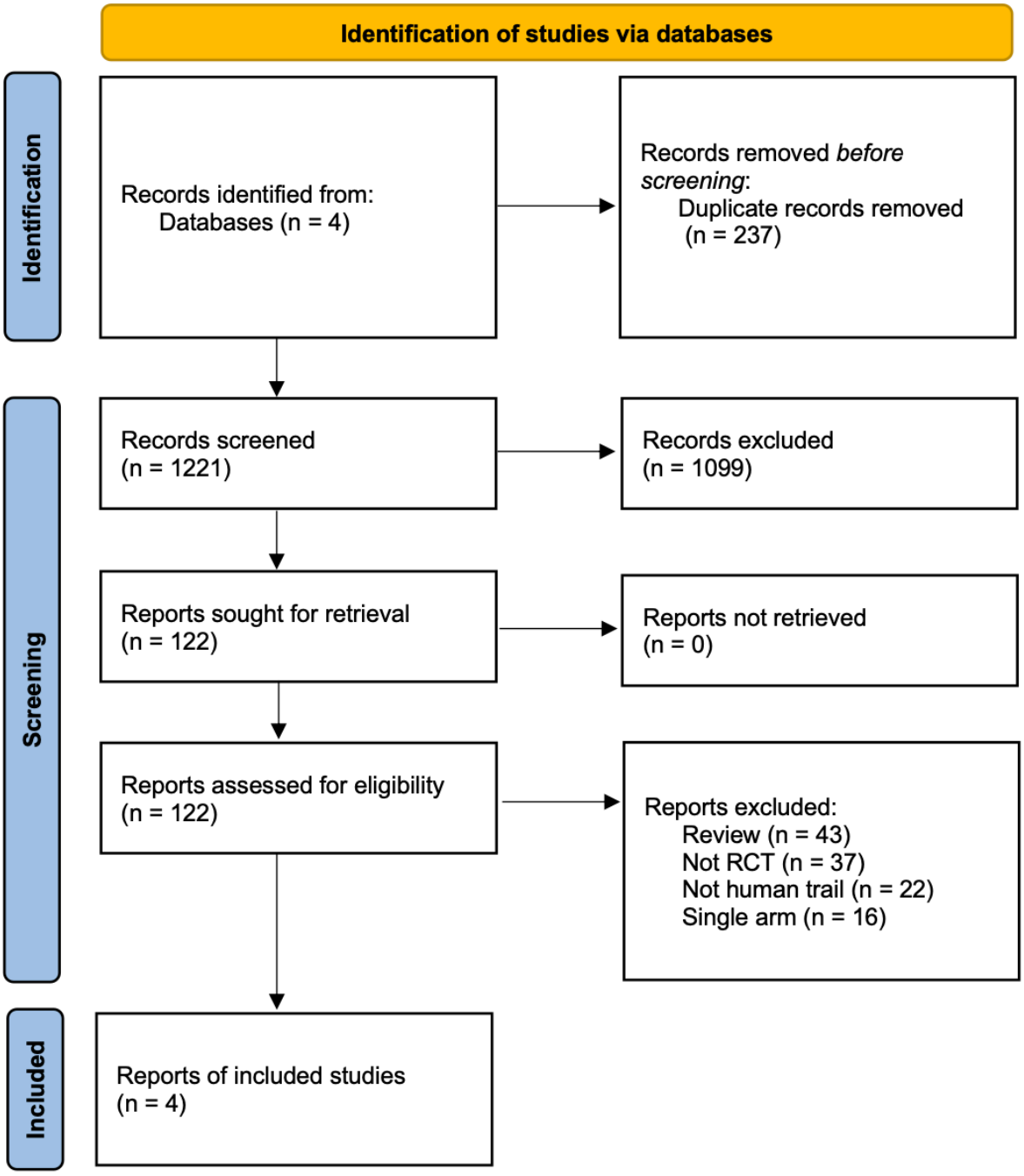
Email: mtang69@live.cn

Sup. Table 1 League table of pairwise and network meta-analyses of different regimens by random mode

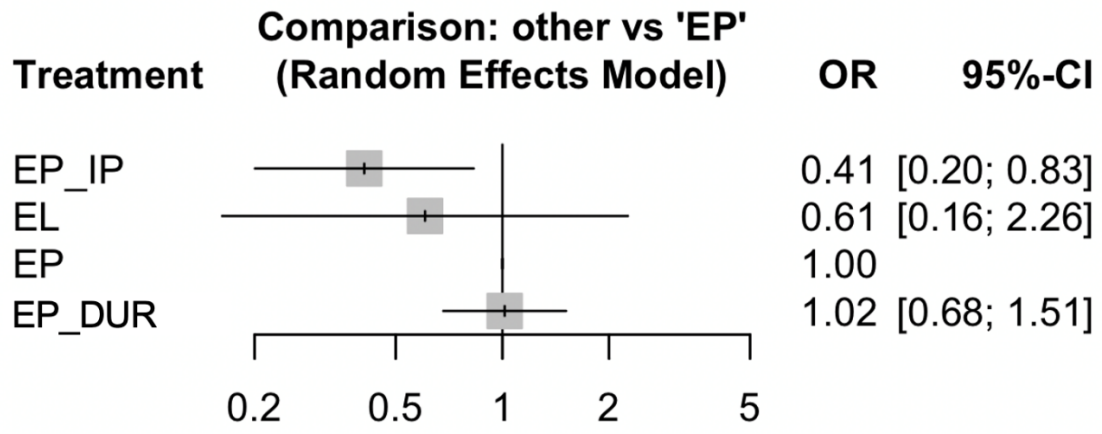
EP_IP		0.41 [0.20; 0.83]	
0.67 [0.15; 3.01]	**EL**	0.60 [0.16; 2.26]	
0.41 [0.20; 0.83]	0.60 [0.16; 2.26]	**EP**	0.99 [0.66; 1.47]
0.40 [0.18; 0.91]	0.60 [0.15; 2.36]	0.99 [0.66; 1.47]	**EP_DUR**

EP: Etoposide and Cisplatin; EL: Etoposide and Lobaplatin; TEP: Paclitaxel, Etoposide, and Cisplatin; EP_IP: Etoposide and Cisplatin followed by Irinotecan and Cisplatin; EP_DUR: Etoposide, platinum, and Durvalumab maintenance

Sup. Figure 1 Flowchart of the study

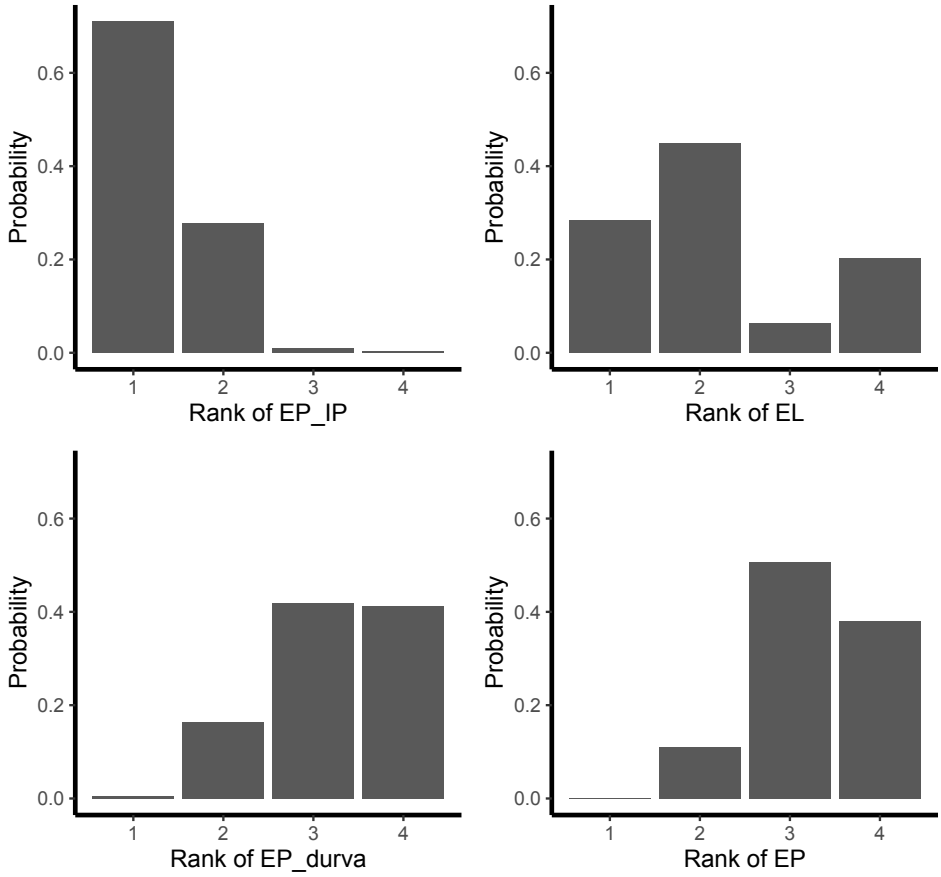


Sup. Figure 2 Effect of different regimens on the OR in advers events compared to the EP regimen



EP: Etoposide and Cisplatin; EL: Etoposide and Lobaplatin; TEP: Paclitaxel, Etoposide, and Cisplatin; EP_IP: Etoposide and Cisplatin followed by Irinotecan and Cisplatin; EP_DUR: Etoposide, platinum, and Durvalumab maintenance

Sup. Figure 3 Rank the possibility of each regimen based on 1000 simulations for AEs



EP: Etoposide and Cisplatin; EL: Etoposide and Lobaplatin; TEP: Paclitaxel, Etoposide, and Cisplatin; EP_IP: Etoposide and Cisplatin followed by Irinotecan and Cisplatin; EP_DUR: Etoposide, platinum, and Durvalumab maintenance

Sup. Figure 4 Risk of bias

