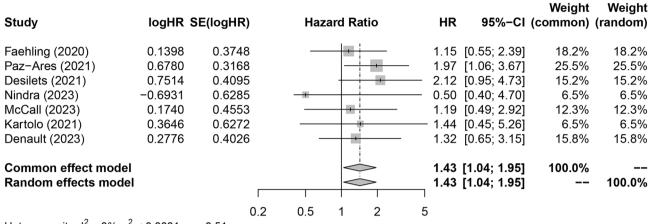
Figure S1. Forest plots of studies evaluating hazard ratio of overall survival for PD-L1 expression <1% compared with PD-L1 expression ≥1% in patients treated with chemoradiotherapy followed by consolidation of immune checkpoint inhibitors after excluding studies with sample size <20. PD-L1, programmed cell death-ligand 1; CI, confidence interval.



Heterogeneity: $I^2 = 0\%$, $\tau^2 < 0.0001$, p = 0.51

Figure S2. Forest plots of studies evaluating hazard ratio of progression-free survival for PD-L1 expression <1% compared with PD-L1 expression $\ge1\%$ in patients treated with chemoradiotherapy followed by consolidation of immune checkpoint inhibitors after excluding studies with sample size <20. PD-L1, programmed cell death-ligand 1; CI, confidence interval.

Study	logHR S	E(logHR)	Hazard Ratio	HR	95%-CI	Weight (common)	Weight (random)
Faehling(2020) Paz-Ares (2021) Desilets (2021) Girard (2022) Nindra (2023) McCall (2023) Kartolo (2021)	0.1906 0.8286 0.3148 0.1570 -0.3567 -0.5798 0.5766	0.2887 0.2264 0.5370 0.1151 0.3691 0.4088 0.9880		2.29 1.37 1.17 0.70 0.56 — 1.78	[0.69; 2.14] [1.47; 3.57] [0.48; 3.94] [0.93; 1.46] [0.40; 1.70] [0.29; 1.44] [0.26; 12.50]	8.7% 14.2% 2.5% 54.8% 5.3% 4.3% 0.7%	14.3% 17.4% 6.8% 23.2% 11.1% 9.8% 2.4%
Denault (2023) Common effect mod Random effects mod	lel	0.2771	0.5 1 2	1.24	[0.81; 2.40] [1.05; 1.47] [0.88; 1.66]	9.4% 100.0% —	14.9% 100.0%

Heterogeneity: $I^2 = 50\%$, $\tau^2 = 0.1000$, p = 0.05

Figure S3. Sensitivity analyses. (A) Sensitivity analysis of the meta-analysis results using the leave-one-out method for evaluating hazard ratio of overall survival for PD-L1 expression <1% compared with PD-L1 expression ≥1% in patients treated with consolidation of ICIs after CRT. (B) Sensitivity analysis of the meta-analysis results using the leave-one-out method for evaluating hazard ratio of progression-free survival for PD-L1 expression <1% compared with PD-L1 expression ≥1% in patients treated with consolidation of ICIs after CRT. PD-L1, programmed cell death-ligand 1; ICIs, immune checkpoint inhibitors; CRT, chemoradiotherapy; CI, confidence interval.

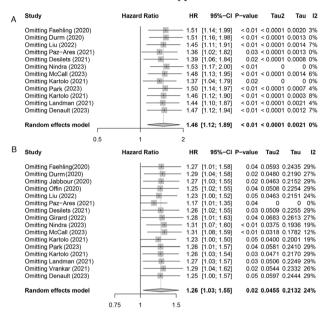


Figure S4. Forest plot for pooled OS rates of patients with locally advanced unresectable non-small cell lung cancer and programmed cell death-ligand 1 expression <1% after excluding studies with sample size <20. (A) The pooled 1-year OS rate of the patients treated with CRT alone. (B) The pooled 2-year OS rate of the patients treated with CRT alone. (C) The pooled 3-year OS rate of the patients treated with CRT followed by consolidation of ICIs. (E) The pooled 2-year OS rate of the patients treated with CRT followed by consolidation of ICIs. (F) The pooled 3-year OS rate of the patients treated with CRT followed by consolidation of ICIs. OS, overall survival; CRT, chemoradiotherapy; ICIs, immune checkpoint inhibitors.

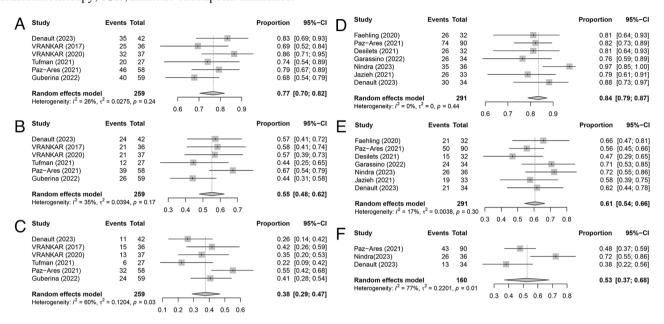


Figure S5. Forest plot for pooled PFS rates of patients with locally advanced unresectable non-small cell lung cancer and programmed cell death-ligand 1 expression <1% after excluding studies with sample size <20. (A) The pooled 1-year PFS rate of the patients treated with CRT alone. (B) The pooled 2-year PFS rate of the patients treated with CRT alone. (C) The pooled 3-year PFS rate of the patients treated with CRT followed by consolidation of ICIs. (E) The pooled 2-year PFS rate of the patients treated with CRT followed by consolidation of ICIs. (F) The pooled 3-year PFS rate of the patients treated with CRT followed by consolidation of ICIs. PFS, progression-free survival; CRT, chemoradiotherapy; ICIs, immune checkpoint inhibitors.

