

Supplementary Table 1: Summary of eligibility criteria

Sex and age	<ul style="list-style-type: none">• Males or females, ≥ 18 years of age
Histological diagnosis	<ul style="list-style-type: none">• Histological diagnosis of NSCLC which, in the opinion of the local pathologist and the treating physician, was of non-squamous histology. Patients were enrolled based on local diagnosis; an independent centralized pathological review was performed on all enrolled patients.
Tumor stage	<ul style="list-style-type: none">• Stage IIIB (with pleural effusion and/or positive supraclavicular lymph nodes) or stage IV prior to induction therapy
Biopsy specimen	<ul style="list-style-type: none">• An adequate tumor biopsy specimen had to be available for TS assessment. The local diagnostic slides, pathology report and tissue material had to be available for central review.
Health status	<ul style="list-style-type: none">• ECOG performance status 0 or 1• Estimated life expectancy ≥ 12 weeks
Bone marrow reserve	<ul style="list-style-type: none">• ANC $\geq 1.5 \times 10^9/L$• Platelets $\geq 100 \times 10^9/L$• Hemoglobin ≥ 9 g/dL
Hepatic function	<ul style="list-style-type: none">• Bilirubin $\leq 1.5 \times$ ULN• Hepatic enzymes $\leq 3.0 \times$ ULN ($< 5 \times$ ULN acceptable if liver had tumor involvement)
Renal function	<ul style="list-style-type: none">• Creatinine clearance ≥ 45 mL/min
Previous treatment	<ul style="list-style-type: none">• Previous systemic treatment for lung cancer not allowed, except for previous palliative radiotherapy to non-target metastatic lesions (to $< 25\%$ of the bone marrow) and surgery.
Tumor assessment	<ul style="list-style-type: none">• At least 1 unidimensionally measurable lesion meeting RECIST criteria, and adequate tumor biopsy specimen had to be available for TS assessment.

Exclusion criteria	<ul style="list-style-type: none"> • Small cell, large cell neuroendocrine or carcinoid histology, squamous cell carcinoma or tumors with a predominately squamous component • Serious uncontrolled medical condition that would compromise the patient's ability to adhere to the protocol • Second primary malignancy • Central nervous system metastases • Concurrent administration of any other systemic antitumor therapy, including adjuvant chemotherapy • Clinically detectable third-space fluid collections • Ongoing or recent yellow fever vaccination • Unable to interrupt aspirin or other nonsteroidal anti-inflammatory agents for a 5-day period • Unable or unwilling to take folic acid, vitamin B₁₂ supplementation, or corticosteroids • Pregnant or breastfeeding
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Abbreviations: ANC, absolute neutrophil count; ECOG, Eastern Cooperative Oncology Group; NSCLC, non-small cell lung cancer; RECIST, Response Evaluation Criteria in Solid Tumors¹⁵; TS, thymidylate synthase; ULN = upper limit of normal.

