Supplementary materials

Thirteen trials (78%) included newly diagnosed glioblastoma (1-18) and 5 trials included recurrent glioblastoma (19-23). Eighteen trials (78%) included newly diagnosed glioblastoma and 5 trials included recurrent glioblastoma (19-23). The primary endpoint was clearly defined in 21 trials (91%). Overall survival (OS) was the primary endpoint in 10 trials (43%) (1, 4, 5, 8, 9, 13, 14, 16, 21, 22), progression-free survival (PFS) was the primary endpoint in 5 trials (22%) (6, 15, 19, 20, 23), and both OS and PFS were primary endpoints in 4 trials (17%) (2, 3, 7, 10). One trial used both 12-month PFS (12mPFS) and 19 trials used either PFS as primary endpoints (17), whereas another trial used time to death or re-intervention as the primary endpoint (18). Consequently, 10 trials (43%) included PFS as the primary endpoint.

The secondary endpoints included toxicity/safety in 13 trials (57%) (4-6, 8, 13, 14, 16-18, 21, 22), quality of life in 7 trials (30%) (6, 8, 14, 16, 17, 21, 22), OS in 7 trials (30%) (6, 15, 17-21), and objective response rate in 5 trials (22%) (6, 16, 19-21). Only 2 trials included 6-month PFS (19, 21) as a secondary endpoint, and only 1 trial included 12mPFS (20).

Nineteen trials (83%) included intent-to-treat analysis (1, 2, 4-6, 9, 11-16, 18-23) and 1 trial used a per-protocol analysis (17), whereas 3 trials did not explicitly report the analysis (3, 7, 10). Sponsorship was reported in 21 trials (91%), among which 11 (48%) were sponsored by industry (2, 4, 6, 8, 9, 13, 15-19, 21, 23), 6 (26%) were sponsored by a cooperative group or an institution (1, 3, 5, 7, 10, 12), and 4 received combined funding (8, 9, 14, 22).

References