Table S1. Optimal quantile cut-offs for dichotomization of patients for NLR, ALC, and ANC based on maximal Harrel's C-index.

|  | NLR |  |  |  |  | ALC |  |  |  |  | ANC |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| $\begin{gathered} \text { QUANTI } \\ \text { LE [\%] } \end{gathered}$ | CUTOFF <br> NLR |  |  | C- INDEX_ PFS | $\begin{gathered} \mathrm{C}- \\ \text { INDEX_ } \\ \text { OS } \\ \hline \end{gathered}$ | $\begin{aligned} & \text { CUTOFF } \\ & \text { ALC } \end{aligned}$ |  | N 2 (ALC_ $\mathrm{HI})$ | $\begin{gathered} \text { CIND } \\ \text { _PFS } \end{gathered}$ | $\begin{gathered} \text { C- } \\ \text { INDEX_ } \\ \text { OS } \\ \hline \end{gathered}$ | CUTOFF <br> ANC |  |  | $\begin{aligned} & \text { CIND } \\ & \text { _PFS } \end{aligned}$ | $\begin{gathered} \text { C- } \\ \text { INDEX_ } \\ \text { OS } \\ \hline \end{gathered}$ |
| 26 | 3.00 | 39 | 102 | 0.5339 | 0.5879 | 0.874 | 37 | 104 | 0.5488 | 0.5944 | 4.094 | 37 | 104 | 0.4856 | 0.5467 |
| 27 | 3.00 | 39 | 102 | 0.5339 | 0.5879 | 0.896 | 38 | 103 | 0.5499 | 0.5986 | 4.164 | 38 | 103 | 0.4815 | 0.5519 |
| 28 | 3.12 | 40 | 101 | 0.5300 | 0.5778 | 0.902 | 40 | 101 | 0.5509 | 0.6095 | 4.222 | 40 | 101 | 0.5280 | 0.5603 |
| 29 | 3.20 | 42 | 99 | 0.5337 | 0.5894 | 0.928 | 41 | 100 | 0.5591 | 0.6210 | 4.276 | 41 | 100 | 0.4768 | 0.5617 |
| 30 | 3.30 | 46 | 95 | 0.5293 | 0.5845 | 0.950 | 44 | 97 | 0.5485 | 0.6071 | 4.390 | 44 | 97 | 0.4764 | 0.5644 |
| 31 | 3.30 | 46 | 95 | 0.5293 | 0.5845 | 0.954 | 44 | 97 | 0.5485 | 0.6071 | 4.396 | 44 | 97 | 0.4764 | 0.5644 |
| 32 | 3.30 | 46 | 95 | 0.5293 | 0.5845 | 0.976 | 45 | 96 | 0.5563 | 0.6056 | 4.449 | 45 | 96 | 0.4733 | 0.5636 |
| 33 | 3.40 | 49 | 92 | 0.5432 | 0.5995 | 0.984 | 47 | 94 | 0.5540 | 0.5999 | 4.552 | 47 | 94 | 0.4711 | 0.5722 |
| 34 | 3.40 | 49 | 92 | 0.5432 | 0.5995 | 1.006 | 48 | 93 | 0.5596 | 0.6010 | 4.566 | 48 | 93 | 0.4767 | 0.5711 |
| 35 | 3.50 | 51 | 90 | 0.5414 | 0.6045 | 1.010 | 51 | 90 | 0.5515 | 0.6137 | 4.570 | 50 | 91 | 0.4771 | 0.5648 |
| 36 | 3.54 | 51 | 90 | 0.5414 | 0.6045 | 1.018 | 51 | 90 | 0.5515 | 0.6137 | 4.638 | 51 | 90 | 0.5291 | 0.5710 |
| 37 | 3.60 | 54 | 87 | 0.5419 | 0.6087 | 1.038 | 52 | 89 | 0.5488 | 0.6102 | 4.750 | 52 | 89 | 0.5352 | 0.5764 |
| 38 | 3.62 | 54 | 87 | 0.5419 | 0.6087 | 1.050 | 56 | 85 | 0.5514 | 0.6091 | 4.782 | 54 | 87 | 0.5228 | 0.5789 |
| 39 | 3.70 | 56 | 85 | 0.5501 | 0.6087 | 1.050 | 56 | 85 | 0.5514 | 0.6091 | 4.827 | 55 | 86 | 0.5247 | 0.5802 |
| 40 | 3.80 | 59 | 82 | 0.5558 | 0.6219 | 1.060 | 58 | 83 | 0.5506 | 0.6057 | 4.850 | 57 | 84 | 0.4840 | 0.5632 |
| 41 | 3.80 | 59 | 82 | 0.5558 | 0.6219 | 1.064 | 58 | 83 | 0.5506 | 0.6057 | 5.024 | 58 | 83 | 0.4849 | 0.5675 |
| 42 | 3.88 | 59 | 82 | 0.5558 | 0.6219 | 1.070 | 60 | 81 | 0.5534 | 0.6068 | 5.068 | 59 | 82 | 0.4800 | 0.5705 |
| 43 | 4.00 | 62 | 79 | 0.5509 | 0.6149 | 1.092 | 61 | 80 | 0.5512 | 0.6035 | 5.112 | 61 | 80 | 0.4865 | 0.5557 |

[^0]Table S2. Comparison of baseline characteristics between anti-VEGF exposed and anti-VEGF naïve advanced NSCLC patients receiving PD-1/PD-L1 blockade.

|  | No Prior/Concomitant Anti-VEGF Therapy $\mathrm{N}=125$ | Prior/Concomitant Anti-VEGF Therapy * $\mathrm{N}=17$ | $P$-value |
| :---: | :---: | :---: | :---: |
| Median age (range) | 67 (26-89) | 63 (50-76) | $0.068 \ddagger$ |
| Sex |  |  | 0.336 |
| male | 73 (58\%) | 12 (71\%) |  |
| female | 52 (42\%) | 5 (29\%) |  |
| ECOG performance status |  |  | 0.424 |
| 0 | 33 (27\%) | 6 (35\%) |  |
| 1 | 75 (60\%) | 11 (65\%) |  |
| 2 | 14 (11\%) | 0 (0\%) |  |
| 3 | 3 (2\%) | 0 (0\%) |  |
| Histology |  |  | 0.002 |
| non-squamous | 79 (63\%) | 17 (100\%) |  |
| squamous | 46 (37\%) | 0 (0\%) |  |
| Smoking history |  |  | 0.546 |
| smoker | 103 (87\%) | 13 (93\%) |  |
| never-smoker | 15 (13\%) | 1 (7\%) |  |
| missing | 7 (6\%) | 3 (18\%) |  |
| TNM stage |  |  | 0.131 |
| III | 15 (12\%) | 0 (0\%) |  |
| IV | 110 (88\%) | 17 (100\%) |  |
| ALK translocation |  |  | 0.519 |
| no | 115 (98\%) | 16 (100\%) |  |
| yes | 3 (2\%) | 0 (0\%) |  |
| missing | 7 (6\%) | 1 (6\%) |  |
| EGFR mutation status |  |  | 0.830 |
| wild-type | 114 (93\%) | 16 (94\%) |  |
| mutant | 9 (7\%) | 1 (6\%) |  |
| missing | 2 (2\%) | 0 (0\%) |  |
| CNS involvement |  |  | 0.708 |
| no | 98 (78\%) | 14 (82\%) |  |
| yes | 27 (22\%) | 3 (18\%) |  |
| PD-L1 status |  |  | 0.024 |
| positive | 70 (67\%) | 5 (36\%) |  |
| negative | 35 (33\%) | 9 (64\%) |  |
| missing | 20 (16\%) | 3 (18\%) |  |
| PD-L1 status category |  |  | 0.052 |
| $<1 \%$ | 35 (34\%) | 9 (64\%) |  |
| 1-50\% | 35 (34\%) | 4 (29\%) |  |
| >50\% | 34 (32\%) | 1 (7\%) |  |
| ICB therapy line |  |  | 0.002 |
| $1^{\text {st }}$ line | 38 (30\%) | 2 (12\%) |  |
| $2^{\text {nd }}$ line | 62 (50\%) | 5 (29\%) |  |
| $\geq 3^{\text {rd }}$ line | 25 (20\%) | 10 (59\%) |  |
| Immune-checkpoint inhibitor |  |  | 0.215 |


| nivolumab | 67 (54\%) | 12 (71\%) |  |
| :---: | :---: | :---: | :---: |
| pembrolizumab | 49 (39\%) | 3 (17\%) |  |
| atezolizumab | 9 (7\%) | 2 (12\%) |  |
| Tertiary oncologic center |  |  | 0.994 |
| Salzburg | 44 (35\%) | 6 (35\%) |  |
| Linz | 81 (65\%) | 11 (65\%) |  |
| Prior/concomitant denosumab application |  |  | 0.854 |
| no | 93 (74\%) | 13 (77\%) |  |
| yes | 32 (26\%) | 4 (23\%) |  |
| Prior radiotherapy* |  |  | 0.201 |
| no | 72 (58\%) | 7 (41\%) |  |
| yes | 53 (42\%) | 10 (59\%) |  |
| Subsequent therapy |  |  | 0.555 |
| no therapy | 77 (62\%) | 8 (47\%) |  |
| taxane-based | 17 (14\%) | 2 (12\%) |  |
| TKI | 14 (11\%) | 3 (18\%) |  |
| other | 17 (14\%) | 4 (23\%) |  |
| Antibiotic treatment during ICB\$ |  |  | 0.458 |
| no | 69 (55\%) | 11 (65\%) |  |
| yes | 56 (45\%) | 6 (35\%) |  |

ECOG: Eastern Cooperative Oncology Group, EGFR: epidermal growth factor receptor, ALK: Anaplastic lymphoma kinase, PD-L1: programmed cell death ligand 1, ICB: immune-checkpoint blockade, VEGF: vascular endothelial growth factor, TKI: tyrosine kinase inhibitor. $\ddagger$ two-sided Wilcoxon rank-sum test, * bevacizumab, ramucirumab or nintedanib, $\S^{\S}$ administration of antibiotics within a time frame of one month before or one month after initiation of immune-checkpoint blockade, \#to the primary tumor or metastases.


Figure S1. Kaplan-Meier curves for PFS (A) and OS (B) from initiation of PD-1/PD-L1 blockade in 142 advanced NSCLC patients. medPFS is median progression free survival and medOS is median overall survival; $95 \%$ confidence interval in brackets.


Figure S2. Kaplan-Meier curves for PFS and OS according to PD-L1 expression status on tumor cells. Comparison of Kaplan-Meier curves for PFS (A) and OS (B) between PD-L1+ and PD-L1- advanced NSCLC groups. HR is hazard ratio, $95 \%$ confidence interval in brackets.


Figure S3. Therapy line adjusted survival curves for PFS and OS according to absolute lymphocyte count and ECOG performance status. Comparison of survival curves in advanced NSCLC patients with a baseline ALC $>0.93 \times 10^{9} / \mathrm{L}$ versus $\leq 0.93 \times 10^{9} / \mathrm{L}$ for PFS (A) and OS (B), and with a baseline ECOG
performance status $>1$ versus $\leq 1$ for $\operatorname{PFS}(\mathbf{C})$ and $\operatorname{OS}(\mathbf{D})$. dotted lines: original; solid lines: adjusted for therapy-line ( $1+2$ versus $\geq 3$ ). HR is hazard ratio, $95 \%$ confidence interval in brackets.


Figure S4. Kaplan-Meier curves for PFS and OS according to antibiotic treatment status. Comparison of Kaplan-Meier curves for PFS (A) and OS (B) between antibiotic-positive and antibiotic-negative group in advanced NSCLC. Antibiotic exposure in temporal proximity to immune-checkpoint inhibitor therapy start was defined as antibiotic therapy administration within one month before or one month after initiation of ICB. HR is hazard ratio, $95 \%$ confidence interval in brackets.


[^0]:    Individual selected cut-offs are indicated as bold (maximal C-indices are yellow). N 1 and N 2 are number of patients in the two dichotomized groups.

