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Supporting Information

Supplementary methods

**This appendix was part of the submitted manuscript and has been peer reviewed.
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McLean LS, Lim AM, Bressel M, et al. Immune checkpoint inhibitor therapy for advanced cutaneous squamous cell carcinoma in Australia: a retrospective real world cohort study. *Med J Aust* 2024; doi: 10.5694/mja2.52199.

Table 1. Summary of Response Evaluation Criteria in Solid Tumors (RECIST) 1.1 criteria

RECIST 1.1 Criteria[1]	**Response criteria for target lesion**
Complete response	Disappearance of all target lesions. Any pathological lymph nodes (whether target or non-target) must have reduction in short axis to < 10 mm
Partial response	At least a 30% decrease in the sum of diameters of target lesions, taking as reference the baseline sum diameters.
Stable disease	Neither sufficient shrinkage to qualify for partial response nor sufficient increase to qualify for progressive disease, taking as reference the smallest sum diameters while on study.
Progressive disease	At least a 20% increase in the sum of diameters of target lesions, taking as reference the smallest sum on study (this includes the baseline sum if that is the smallest on study). In addition to the relative increase of 20%, the sum must also demonstrate an absolute increase of at least 5 mm. (note: the appearance of one or more new lesions is also considered progression).

Table 2. Summary of modified World Health Organization clinical response criteria*

WHO Clinical Response Criteria[2]	**Response criteria for measurable disease**
Complete response	All target and non-target lesions are no longer visible, maintained for at least 4 weeks.
Partial response	Decrease of 50% or greater in the sum of the products of perpendicular longest dimensions of target lesion(s), maintained for at least 4 weeks
Stable disease	Not meeting criteria for complete response, partial response or progressive disease
Progressive disease	Increase of 25% of more in the sum of the products of perpendicular longest dimensions of target lesion(s).

* Clinical response criteria for externally visible tumour(s) require bi-dimensional measurements. The externally visible component of target lesion(s) are measured using bi-dimensional WHO criteria as the sum of the products (of individual target lesions) in the longest dimension and perpendicular second longest dimension at each tumor assessment.

Table 3. Summary of Positron Emission Tomography Response Criteria (PERCIST) 1.0 criteria

PERCIST1.0 Criteria[3]	**Response criteria for target lesion**
Complete metabolic response	Disappearance of all FDG avid lesions. No new suspicious avid lesions.
Partial metabolic response	≥30% FDG uptake decrease in SUL peak with at least a 0.8 SUL unit decline.
Stable metabolic disease	Neither partial metabolic response, complete metabolic response nor progressive metabolic disease
Progressive metabolic disease	≥30% FDG uptake increase in SUL peak with at least a 0.8 SUL unit increase, a visible increase in the extent of FDG uptake or the development of new lesions

FDG = fluorodeoxyglucose, SUL = standardised uptake value corrected for lean body mass

References

1 Eisenhauer EA, Therasse P, Bogaerts J, et al. New response evaluation criteria in solid tumours: revised RECIST guideline (version 1.1). Eur J Cancer 2009; 45: 228-247.

2 World Health Organization. WHO handbook for reporting results of cancer treatment (WHO Offset Publication no 48. Geneva: WHO, 1979. https://apps.who.int/iris/bitstream/handle/10665/37200/WHO_OFFSET_48.pdf?sequence=1&isAllowed=y (viewed May 2023).

3 Wahl RL, Jacene H, Kasamon Y, Lodge MA. From RECIST to PERCIST: evolving considerations for PET response criteria in solid tumors. J Nucl Med 2009; 50 (Suppl 1): 122S-150S.