

Table SI. Currently available evidence-based therapeutic approaches of unresectable malignant pleural mesothelioma (Q1 2022).

Line	Regimen	Notes
First-line	Cisplatin plus pemetrexed	Administered for 6 cycles; carboplatin can be used in place of cisplatin.
	Cisplatin + pemetrexed + bevacizumab	Administered for 6 cycles, followed by maintenance with bevacizumab every 3 weeks until progression; carboplatin can be used in place of cisplatin.
	Nivolumab + ipilimumab	Administered until progression or up to 2 years in absence of progression (nivolumab: every 2 weeks; ipilimumab: every 6 weeks); available in all histo-types and especially preferred in non-epithelioid histology.
	Gemcitabine	Possible option for patients who are ineligible for other therapeutic options; maintenance after 6 cycles until progression is not routinely recommended but can be considered on individual basis.
Second-line and subsequent lines ^a	Vinorelbine	Possible option for patients who are ineligible for other regimens.
	Pemetrexed +/- platinum-derivate	Suggested if not administered in first-line; consider rechallenge based on depth and duration of response at first-line.
	Nivolumab + ipilimumab	Suggested if not administered in first-line.
	Nivolumab	Can be considered in pre-treated patients due to superiority over best supportive care.
	Pembrolizumab	Similar survival outcomes as compared to single-agent chemotherapy.
	Gemcitabine + ramucirumab	Encouraging response and survival data, superior to gemcitabine alone.
	Vinorelbine	Possible option for patients who are ineligible for other regimens.
Best supportive care	Best supportive care should be considered for pre-treated patients, especially in case of worsened performance status	

The availability of each regimen may vary across different countries based on specific regulatory agencies. While some regimens are registered and eventually reimbursed (according to the regulations of each specific National Healthcare System), others are provided by compassionate use or expanded access programs; hence, their availability can be subject to variations over time. ^aCurrently, no standard for second or further lines is defined, and no solid evidence for third-line treatment is available; hence, participation in clinical trials is generally encouraged.