Table SI. Key words and search results in different databases.

Database	Keyword search strategy	Filter	Date	Results, n
PubMed	((PD-1) OR (PD-L1) OR (CTLA-4) OR (immune checkpoint inhibitor) OR (checkpoint inhibitor)) AND ((colorectal tumor) OR (colorectal neoplasm) OR (colon cancer) OR (rectum cancer))	NA	April 4, 2024	4,742
Cochrane Library	('PD-1' OR 'PD-L1' OR 'CTLA-4' OR 'immune checkpoint inhibitor' OR 'checkpoint inhibitor') AND ('colorectal tumor' OR 'colorectal neoplasm' OR 'colon cancer' OR 'rectum cancer')	Trials	April 4, 2024	284
ClinicalTrials.gov	Study type: Clinical trials. Search terms: Cancer and immune checkpoint inhibitor. Study status: Completed. Results availability: With results. Phases: Phase 2, phase 3, phase 4, not applicable. Condition or disease: Colorectal cancer	NA	April 4, 2024	30
Embase	('PD-1' OR 'PD-L1' OR 'CTLA-4' OR 'immune checkpoint inhibitor'/exp OR 'checkpoint inhibitor'/exp) AND ('colorectal tumor'/exp OR 'colorectal neoplasm'/exp OR 'colon cancer'/exp OR 'rectum cancer'/exp)	Randomized controlled trial	April 4, 2024	162
Web of Science	('PD-1' OR 'PD-L1' OR 'CTLA-4' OR 'immune checkpoint inhibitor' OR 'checkpoint inhibitor') AND ('colorectal cancer' OR 'colorectal neoplasm' OR 'colon cancer' OR 'rectum cancer')	NA	April 4, 2024	5,260

CTLA-4, cytotoxic T-lymphocyte associated protein 4; NA, not applicable; PD-1, programmed cell death protein 1; PD-L1, programmed cell death-ligand 1.

Table SII. Excluded studies and reasons for exclusion.

Reference details	Reasons
Diaz, L. A., Jr., Shiu, K. K., Kim, T. W., Jensen, B. V., Jensen, L. H., Punt, C., Smith, D., Garcia-Carbonero, R., Benavides, M., Gibbs, P., de la Fourchardiere, C., Rivera, F., Elez, E., Le, D. T., Yoshino, T., Zhong, W. Y., Fogelman, D., Marinello, P., & Andre, T. (2022). Pembrolizumab versus chemotherapy for microsatellite instability-high or mismatch repair-deficient metastatic colorectal cancer (KEYNOTE-177): final analysis of a randomised, open-label, phase 3 study. Lancet Oncol, 23(5), 659-670. https://doi.org/10.1016/s1470-2045(22)00197-8	Duplicate entries of an included trial (KEYNOTE-177)
Yoshino, T., Andre, T., Kim, T. W., Yong, W. P., Shiu, K. K., Jensen, B. V., Jensen, L. H., Punt, C. J. A., Smith, D., Garcia-Carbonero, R., Alcaide-Garcia, J., Gibbs, P., de la Fouchardiere, C., Rivera, F., Elez, E., Le, D. T., Adachi, N., Fogelman, D., Marinello, P., & Diaz, L. A., Jr. (2023). Pembrolizumab in Asian patients with microsatellite-instability-high/mismatch-repair-deficient colorectal cancer. Cancer Sci, 114(3), 1026-1036. https://doi.org/10.1111/cas.15650	Duplicate entries of an included trial (KEYNOTE-177)
Ardeshir-Larijani, F., Althouse, S. K., Leal, T., Feldman, L. E., Hejleh, T. A., Patel, M., Gentzler, R. D., Miller, A. R., & Hanna, N. H. (2022). A Phase II Trial of Atezolizumab Plus Carboplatin Plus Pemetrexed Plus Bevacizumab in the Treatment of Patients with Stage IV Non-Squamous Non-Small Cell Lung Cancer: Big Ten Cancer Research Consortium (BTCRC)- LUN 17-139. Clin Lung Cancer, 23(7), 578-584. https://doi.org/10.1016/j.cllc.2022.07.001	Does not provide data exclusively for a colorectal cancer subgroup (e.g., ‘mixed solid tumor’ only)
Bellone, S., Roque, D. M., Siegel, E. R., Buza, N., Hui, P., Bonazzoli, E., Guglielmi, A., Zammataro, L., Nagarkatti, N., Zaidi, S., Lee, J., Silasi, D. A., Huang, G. S., Andikyan, V., Damast, S., Clark, M., Azodi, M., Schwartz, P. E., Tymon-Rosario, J. R., . . . Santin, A. D. (2022). A phase 2 evaluation of pembrolizumab for recurrent Lynch-like versus sporadic endometrial cancers with microsatellite instability. Cancer, 128(6), 1206-1218. https://doi.org/10.1002/cncr.34025	Does not provide data exclusively for a colorectal cancer subgroup (e.g., ‘mixed solid tumor’ only)
Felip, E., Moreno, V., Morgensztern, D., Curigliano, G., Rutkowski, P., Trigo, J. M., Calvo, A., Kowalski, D., Cortinovis, D., Plummer, R., Maio, M., Ascierto, P. A., Vladimirov, V. I., Cervantes, A., Zudaire, E., Hazra, A., T'Jollyn, H., Bandyopadhyay, N., Greger, J. G., . . . Calvo, E. (2022). First-in-human, open-label, phase 1/2 study of the monoclonal antibody programmed cell death protein-1 (PD-1) inhibitor cetrelimab (JNJ-63723283) in patients with advanced cancers. Cancer Chemother Pharmacol, 89(4), 499-514. https://doi.org/10.1007/s00280-022-04414-6	Does not provide data exclusively for a colorectal cancer subgroup (e.g., ‘mixed solid tumor’ only)
Hodi, F. S., Chiarion-Sileni, V., Gonzalez, R., Grob, J. J., Rutkowski, P., Cowey, C. L., Lao, C. D., Schadendorf, D., Wagstaff, J., Dummer, R., Ferrucci, P. F., Smylie, M., Hill, A., Hogg, D., Marquez-Rodas, I., Jiang, J., Rizzo, J., Larkin, J., & Wolchok, J. D. (2018). Nivolumab plus ipilimumab or nivolumab alone versus ipilimumab alone in advanced melanoma (CheckMate 067): 4-year outcomes of a multicentre, randomised, phase 3 trial. Lancet Oncol, 19(11), 1480-1492. https://doi.org/10.1016/s1470-2045(18)30700-9	Does not provide data exclusively for a colorectal cancer subgroup (e.g., ‘mixed solid tumor’ only)
Ludford, K., Ho, W. J., Thomas, J. V., Raghav, K. P. S., Murphy, M. B., Fleming, N. D., Lee, M. S., Smaglo, B. G., You, Y. N., Tillman, M. M., Kamiya-Matsuoka, C., Thirumurthi, S., Messick, C., Johnson, B., Vilar, E., Dasari, A., Shin, S., Hernandez, A., Yuan, X., . . . Overman, M. J. (2023). Neoadjuvant Pembrolizumab in Localized Microsatellite Instability High/Deficient Mismatch Repair Solid Tumors. J Clin Oncol, 41(12), 2181-2190. https://doi.org/10.1200/jco.22.01351	Does not provide data exclusively for a colorectal cancer subgroup (e.g., ‘mixed solid tumor’ only)

Sanborn, R. E., Pishvaian, M. J., Callahan, M. K., Weise, A., Sikic, B. I., Rahma, O., Cho, D. C., Rizvi, N. A., Sznol, M., Lutzky, J., Bauman, J. E., Bitting, R. L., Starodub, A., Jimeno, A., Reardon, D. A., Kaley, T., Iwamoto, F., Baehring, J. M., Subramaniam, D. S., . . . Keler, T. (2022). Safety, tolerability and efficacy of agonist anti-CD27 antibody (varlilumab) administered in combination with anti-PD-1 (nivolumab) in advanced solid tumors. JOURNAL FOR IMMUNOTHERAPY OF CANCER, 10(8), Article e005147. https://doi.org/10.1136/jitc-2022-005147	Does not provide data exclusively for a colorectal cancer subgroup (e.g., 'mixed solid tumor' only)
Yu, Q., Zhang, H. Y., Song, Y., Chen, C., Chen, J., & Shen, J. K. (2023). Dissociated response to PD-1 inhibitors combined with radiotherapy in patients with advanced metastatic solid tumors: a single-center experience. WORLD JOURNAL OF SURGICAL ONCOLOGY, 21(1), Article 228. https://doi.org/10.1186/s12957-023-03122-6	Does not provide data exclusively for a colorectal cancer subgroup (e.g., 'mixed solid tumor' only)
Patel, S. P., Mayerson, E., Chae, Y. K., Strosberg, J., Wang, J., Konda, B., Hayward, J., McLeod, C. M., Chen, H. X., Sharon, E., Othus, M., Ryan, C. W., Plets, M., Blanke, C. D., & Kurzrock, R. (2021). A phase II basket trial of Dual Anti-CTLA-4 and Anti-PD-1 Blockade in Rare Tumors (DART) SWOG S1609: High-grade neuroendocrine neoplasm cohort. Cancer, 127(17), 3194-3201. https://doi.org/10.1002/cncr.33591	Does not provide data exclusively for a colorectal cancer subgroup (e.g., 'mixed solid tumor' only)
Andre, T., Amonkar, M., Norquist, J. M., Shiu, K. K., Kim, T. W., Jensen, B. V., Jensen, L. H., Punt, C. J. A., Smith, D., Garcia-Carbonero, R., Sevilla, I., De La Fouchardiere, C., Rivera, F., Elez, E., Diaz, L. A., Jr., Yoshino, T., Van Cutsem, E., Yang, P., Farooqui, M., & Le, D. T. (2021). Health-related quality of life in patients with microsatellite instability-high or mismatch repair deficient metastatic colorectal cancer treated with first-line pembrolizumab versus chemotherapy (KEYNOTE-177): an open-label, randomised, phase 3 trial. Lancet Oncol, 22(5), 665-677. https://doi.org/10.1016/s1470-2045(21)00064-4	No data available
Antoniotti, C., Borelli, B., Rossini, D., Pietrantonio, F., Morano, F., Salvatore, L., Lonardi, S., Marmorino, F., Tamberi, S., Corallo, S., Tortora, G., Bergamo, F., Brunella, D., Boccaccino, A., Grassi, E., Racca, P., Tamburini, E., Aprile, G., Moretto, R., . . . Cremolini, C. (2020). AtezoTRIBE: a randomised phase II study of FOLFOXIRI plus bevacizumab alone or in combination with atezolizumab as initial therapy for patients with unresectable metastatic colorectal cancer. BMC Cancer, 20(1), Article 683. https://doi.org/10.1186/s12885-020-07169-6	No data available
Hou, Z. L., Jiang, W., Tang, J. H., Xiao, B. Y., Li, Y. A., Li, D. D., Zhang, X. S., Pan, Z. Z., & Ding, P. R. (2023). PACE: A phase III trial of CAPOX versus anti-PD-1 inhibitor as adjuvant therapy for patients with dMMR/MSI-H stage III colon cancer. JOURNAL OF CLINICAL ONCOLOGY, 41(16).	No data available
Johnson, B., Haymaker, C., Morris, V. K., Dasari, A., Higbie, V. S., Shen, J. P., Parseghian, C., Morelli, M. P., Huey, R., Lee, M. S., Willis, J., Raghav, K. P., Yuan, Y., Zebala, J., DePinho, R. A., Kopetz, S., & Overman, M. (2023). A phase I/II trial of a CXCR1/2 inhibitor in combination with anti-PD-1 for circulating tumor DNA (ctDNA) positive & refractoryRAS-mutated microsatellite stable (MSS) colorectal cancer. CANCER RESEARCH, 83(8). https://doi.org/10.1158/1538-7445.AM2023-CT118	No data available

Kim, S., Buecher, B., André, T., Jary, M., Bidard, F. C., Ghiringhelli, F., François, É., Taieb, J., Smith, D., de la Fouchardière, C., Desramé, J., Samalin, E., Parzy, A., Baba-Hamed, N., Bouché, O., Tougeron, D., Dahan, L., El Hajbi, F., Jacquin, M., . . . Borg, C. (2020). Atezolizumab plus modified docetaxel-cisplatin-5-fluorouracil (mDCF) regimen versus mDCF in patients with metastatic or unresectable locally advanced recurrent anal squamous cell carcinoma: a randomized, non-comparative phase II SCARCE GERCOR trial. BMC Cancer, 20(1), 352. https://doi.org/10.1186/s12885-020-06841-1	No data available
Lau, E. (2015). Mismatch repair deficiency predicts benefit of anti-PD-1 therapy. Lancet Oncol, 16(7), e319. https://doi.org/10.1016/s1470-2045(15)00031-5	No data available
Napolitano, S., Martini, G., Ciardiello, D., Di Maio, M., Normanno, N., Avallone, A., Martinelli, E., Maiello, E., Troiani, T., & Ciardiello, F. (2022). CAVE-2 (Cetuximab-AVElumab) mCRC: A Phase II Randomized Clinical Study of the Combination of Avelumab Plus Cetuximab as a Rechallenge Strategy in Pre-Treated RAS/BRAF Wild-Type mCRC Patients. FRONTIERS IN ONCOLOGY, 12, Article 940523. https://doi.org/10.3389/fonc.2022.940523	No data available
Randrian, V., Pernot, S., Le Malicot, K., Catena, V., Baumgaertner, I., Tacher, V., Forestier, J., Hautefeuille, V., Tabouret-Viaud, C., Gagnaire, A., Mitry, E., Guiu, B., Aparicio, T., Smith, D., Dhomps, A., Tasu, J. P., Perdrisot, R., Edeline, J., Capron, C., . . . Tougeron, D. (2022). FFCD 1709-SIRTCI phase II trial: Selective internal radiation therapy plus Xelox, Bevacizumab and Atezolizumab in liver-dominant metastatic colorectal cancer. Dig Liver Dis, 54(7), 857-863. https://doi.org/10.1016/j.dld.2022.04.024	No data available
Wang, Y. Q., Shen, L. J., Wan, J. F., Zhang, H., Wang, Y., Wu, X., Wang, J. W., Wang, R. J., Sun, Y. Q., Tong, T., Huang, D., Wang, L., Sheng, W. Q., Zhang, X., Cai, G. X., Xu, Y., Cai, S. J., Zhang, Z., & Xia, F. (2023). [Short-course radiotherapy combined with CAPOX and PD-1 inhibitor for the total neoadjuvant therapy of locally advanced rectal cancer: the preliminary single-center findings of a prospective, multicentre, randomized phase II trial (TORCH)]. Zhonghua Wei Chang Wai Ke Za Zhi, 26(5), 448-458. https://doi.org/10.3760/cma.j.cn441530-20230107-00010	No data available
Hu, H. B., Kang, L., Zhang, J. W., Wu, Z. H., Wang, H., Huang, M. J., Lan, P., Wu, X. J., Wang, C., Cao, W. T., Hu, J. C., Huang, Y., Huang, L., Wang, H. M., Shi, L. S., Cai, Y., Shen, C. L., Ling, J. Y., Xie, X. Y., . . . Deng, Y. H. (2022). Neoadjuvant PD-1 blockade with toripalimab, with or without celecoxib, in mismatch repair-deficient or microsatellite instability-high, locally advanced, colorectal cancer (P1CC): a single-centre, parallel-group, noncomparative, randomised, phase 2 trial. LANCET GASTROENTEROLOGY & HEPATOLOGY, 7(1), 38-48. https://doi.org/10.1016/S2468-1253(21)00348-4	No data available
Chalabi, M., Fanchi, L. F., Dijkstra, K. K., Van den Berg, J. G., Aalbers, A. G., Sikorska, K., Lopez-Yurda, M., Grootscholten, C., Beets, G. L., Snaebjornsson, P., Maas, M., Mertz, M., Veninga, V., Bounova, G., Broeks, A., Beets-Tan, R. G., de Wijkerslooth, T. R., van Lent, A. U., Marsman, H. A., . . . Haanen, J. B. (2020). Neoadjuvant immunotherapy leads to pathological responses in MMR-proficient and MMR-deficient early-stage colon cancers. Nat Med, 26(4), 566-576. https://doi.org/10.1038/s41591-020-0805-8	No data available
Rahma, O. E., Yothers, G., Hong, T. S., Russell, M. M., You, Y. N., Parker, W., Jacobs, S. A., Colangelo, L. H., Lucas, P. C., Gollub, M. J., Hall, W. A., Kachnic, L. A., Vijayvergia, N., O'Rourke, M. A., Faller, B. A., Valicenti, R. K., Schefter, T. E., George, S., Kainthla, R., . . . George, T. J. (2021). Use of Total Neoadjuvant Therapy for Locally Advanced Rectal Cancer: Initial Results From the Pembrolizumab Arm of a Phase 2 Randomized Clinical Trial. JAMA Oncol, 7(8), 1225-1230. https://doi.org/10.1001/jamaoncol.2021.1683	No data available

Table SIII. Quality assessment of included studies using the Cochrane RoB 2 tool.

First author, year	Randomization process[a]	Intervention adherence	Missing outcome data	Outcome measurement	Selective reporting	Overall RoB	(Refs.)
Eng *et al*, 2019	S	L	L	L	L	S	(17)
André *et al*, 2020	S	L	L	L	L	S	(18)
Chen *et al*, 2020	S	L	L	L	L	S	(19)
Lonardi *et al*, 2021	S	L	L	L	L	S	(20)
Antoniotti *et al*, 2022	S	L	L	L	L	S	(21)
Meltzer *et al*, 2022	S	L	L	L	L	S	(22)
Mettu *et al*, 2022	L	L	L	L	L	L	(28)
Redman *et al*, 2022	S	L	L	L	L	S	(23)
Tabernero *et al*, 2022	S	L	L	L	L	S	(24)
Ducreux *et al*, 2023	S	L	L	L	L	S	(25)
Monge *et al*, 2023	S	L	L	L	L	S	(26)
Taïeb *et al*, 2023	S	L	L	L	L	S	(27)

[a]Studies rated as S did not provide allocation concealment details. RoB, risk of bias; L, low RoB; R, risk of bias; S, some RoB.

Table SIV. Estimates from network meta-analyses, pairwise comparison and ranking of different pharmacologic interventions for overall survival time.

PD-L1	2.30 (-1.56, 6.16)	1.95 (-0.01, -3.90)
1.00 (-1.85, 3.85)	PD-1 + CTLA-4	2.50 (-1.25, 6.25)
2.28 (0.44, 4.11)	1.28 (-1.56, 4.11)	Comparator

Treatments are ranked from best to worst along the leading diagonal. Estimates from pairwise meta-analyses are presented above the leading diagonal; estimates from network meta-analyses are presented below the leading diagonal. CTLA-4, cytotoxic T-lymphocyte associated protein 4; PD-1, programmed cell death protein 1; PD-L1, programmed cell death-ligand 1.

Table SV. Inconsistency test results for the mean difference in overall survival time.

Comparison	No. of studies	NMA	Direct	Indirect	Mean difference	95% CI lower limit	95% CI upper limit	P-value
PD-L1 vs. comparator	4	2.28	1.95	4.80	-2.85	-8.58	2.87	0.33
PD-L1 + CTLA-4 vs. comparator	1	1.28	2.50	-0.35	2.85	-2.87	8.58	0.33
PD-L1 vs. PD-L1 + CTLA-4	1	1.00	2.30	-0.55	2.85	-2.87	8.58	0.33

CI, confidence interval; CTLA-4, cytotoxic T-lymphocyte associated protein 4; NMA, network meta-analysis, PD-1, programmed cell death protein 1; PD-L1, programmed cell death-ligand 1.

Table SVI. Estimates from network meta-analyses, pairwise comparison and ranking of different pharmacological interventions for progression-free survival time.

PD-1	4.79 (3.18, 6.40)	-	-
4.79 (3.18, 6.40)	Comparator	0.10 (-1.97, 2.17)	0.69 (-0.09, 1.46)
5.26 (3.04, 7.47)	0.47 (-1.05, 1.98)	PD-L1 + CTLA-4	-0.20 (-2.28, 1.88)
5.42 (3.65, 7.20)	0.63 (-0.11, 1.38)	0.17 (-1.35, 1.69)	PD-L1

Treatments are ranked from best to worst along the leading diagonal. Estimates from pairwise meta-analyses are presented above the leading diagonal; estimates from network meta-analyses are presented below the leading diagonal. CTLA-4, cytotoxic T-lymphocyte associated protein 4; PD-1, programmed cell death protein 1; PD-L1, programmed cell death-ligand 1.

Table SVII. Inconsistency test results for the mean difference in progression-free survival time.

Comparison	No. of studies	NMA	Direct	Indirect	Mean difference	95% CI lower limit	95% CI upper limit	P-value
PD-1 vs. comparator	2	4.79	4.79	NA	NA	NA	NA	NA
PD-L1 vs. comparator	8	-0.63	-0.69	0.10	-0.79	-3.82	2.25	0.61
PD-L1 + CTLA-4 vs. comparator	1	-0.47	-0.10	-0.89	0.79	-2.25	3.82	0.61
PD-1 vs. PD-L1	0	5.42	NA	5.42	NA	NA	NA	NA
PD-1 vs. PD-L1 + CTLA-4	0	5.26	NA	5.26	NA	NA	NA	NA
PD-L1 vs. PD-L1 + CTLA-4	1	-0.17	0.20	-0.59	0.79	-2.25	3.82	0.61

CI, confidence interval; CTLA-4, cytotoxic T-lymphocyte associated protein 4; NA, not available; NMA, network meta-analysis, PD-1, programmed cell death protein 1; PD-L1, programmed cell death-ligand 1.

Table SVIII. Estimates from network meta-analyses, pairwise comparison and ranking of different pharmacological interventions for objective response rate.

Comparator	1.07 (0.68, 1.69)	1.12 (0.54, 2.34)	0.64 (0.02, 17.52)
1.06 (0.67, 1.66)	PD-L1	-	3.58 (0.12, 103.08)
1.12 (0.54, 2.34)	1.06 (0.45, 2.52)	PD-1	-
1.54 (0.14, 16.39)	1.45 (0.14, 15.52)	1.37 (0.11, 16.30)	PD-L1 + CTLA-4

Treatments are ranked from best to worst along the leading diagonal. Estimates from pairwise meta-analyses are presented bove the leading diagonal; estimates from network meta-analyses are presented below the leading diagonal. CTLA-4, cytotoxic T-lymphocyte associated protein 4; PD-1, programmed cell death protein 1; PD-L1, programmed cell death-ligand 1.

Table SIX. Inconsistency test results of the mean difference of objective response rate.

Comparison	No. of studies	NMA	Direct	Indirect	Mean difference	95% CI lower limit	95% CI upper limit	P-value
PD-1 vs. comparator	2	-0.12	-0.12	NA	NA	NA	NA	NA
PD-L1 vs. comparator	8	-0.05	-0.07	1.72	-1.79	-6.53	2.95	0.46
PD-L1 + CTLA-4 vs. comparator	1	-0.43	0.44	-1.35	1.79	-2.95	6.53	0.46
PD-1 vs. PD-L1	0	-0.06	NA	-0.06	NA	NA	NA	NA
PD-1 vs. PD-L1 + CTLA-4	0	0.31	NA	0.31	NA	NA	NA	NA
PD-L1 vs. PD-L1 + CTLA-4	1	0.37	1.28	-0.51	1.79	-2.95	6.53	0.46

CI, confidence interval; CTLA-4, cytotoxic T-lymphocyte associated protein 4; NA, not applicable; NMA, network meta-analysis, PD-1, programmed cell death protein 1; PD-L1, programmed cell death-ligand 1.

Table SX. Estimates from network meta-analyses, pairwise comparison and ranking of different pharmacological interventions for adverse events.

PD-1	0.37 (0.06, 2.15)	-	-
0.37 (0.06, 2.15)	Comparator	0.01 (0.00, 0.25)	0.86 (0.42, 1.74)
0.21 (0.02, 2.95)	0.58 (0.08, 4.06)	PD-L1 + CTLA-4	0.16 (0.02, 1.57)
0.26 (0.04, 1.73)	0.70 (0.35, 1.42)	1.22 (0.18, 8.15)	PD-L1

Treatments are ranked from best to worst along the leading diagonal. Estimates from pairwise meta-analyses are presented above the leading diagonal; estimates from network meta-analyses are presented below the leading diagonal. CTLA-4, cytotoxic T-lymphocyte associated protein 4; PD-1, programmed cell death protein 1; PD-L1, programmed cell death-ligand 1.

Table SXI. Inconsistency test results of the mean difference of adverse events.

Comparison	No. of studies	NMA	Direct	Indirect	Mean difference	95% CI lower limit	95% CI upper limit	P-value
PD-1 vs. comparator	1	-0.99	-0.99	NA	NA	NA	NA	NA
PD-L1 vs. comparator	8	0.35	0.16	6.52	-6.37	-10.44	-2.30	0.00
PD-L1 + CTLA-4 vs. comparator	1	0.55	4.66	-1.70	6.37	2.30	10.44	0.00
PD-1 vs. PD-L1	0	-1.34	NA	-1.34	NA	NA	NA	NA
PD-1 vs. PD-L1 + CTLA-4	0	-1.54	NA	-1.54	NA	NA	NA	NA
PD-L1 vs. PD-L1 + CTLA-4	1	-0.20	1.86	-4.51	6.37	2.30	10.44	0.00

CI, confidence interval; CTLA-4, cytotoxic T-lymphocyte associated protein 4; NA, not available; NMA, network meta-analysis, PD-1, programmed cell death protein 1; PD-L1, programmed cell death-ligand 1.