

## Supplementary appendix

This appendix formed part of the original submission and has been peer reviewed. We post it as supplied by the authors.

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The following people participated in the study:

**Independent Trial Steering Committee:** Barry Hancock, Stephen Shepherd, John Wagstaff, Robert Huddard, Malcolm Mason, Jim Fitzgibbon

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**Table S1: Inclusion and exclusion criteria for the SCALOP trial**

<b>Inclusion criteria</b>	
1.	Age $\geq 18$ years
2.	Histologically or cytologically proven malignancy of the pancreas
3.	Locally advanced, non-metastatic, and inoperable (or operable but medically unfit for surgery) (as discussed at MDT) malignancy. The following types of interventions are allowed: <ul style="list-style-type: none"> <li>a. Palliative bypass procedure</li> <li>b. Common bile duct stenting</li> </ul>
4.	Primary pancreatic lesion $\leq 7$ cm in diameter as measured on a CT scan of the thorax and abdomen that has been done within four weeks before registration
5.	WHO PS 0–2
6.	Neutrophils $\geq 1.5 \times 10^9/L$ , platelets $\geq 100 \times 10^9/L$ and haemoglobin $\geq 10$ g/dL
7.	Adequate liver function tests: <ul style="list-style-type: none"> <li>a. Serum bilirubin <math>&lt; 35 \mu\text{mol/L}</math>. In participants who have had a recent biliary drain and whose bilirubin is descending, a value of <math>\leq 50 \mu\text{mol/L}</math> is acceptable</li> <li>b. AST and ALT <math>\leq 2.5 \times \text{ULN}</math>, alkaline phosphatase <math>\leq 5 \times \text{ULN}</math></li> </ul>
8.	Adequate renal function (GFR $> 50$ ml/min)
9.	Written informed consent obtained
10.	Potentially fertile participants should agree to use an adequate contraception method, which must be continued for 12 weeks after completion of chemotherapy
<b>Exclusion criteria</b>	
1.	Women who are pregnant or breast feeding
2.	Any evidence of severe uncontrolled systemic diseases including uncontrolled coronary artery disease
3.	Any participant with myocardial infarction or stroke within the past six months
4.	Previous malignancies in the preceding five years except for:
5.	In situ cancer of the uterine cervix
6.	Adequately treated basal cell skin carcinoma
7.	Any early stage malignancy
8.	Renal abnormalities such as adult polycystic kidney disease or hydronephrosis or ipsilateral single kidney
9.	Previous RT to upper abdomen
10.	Recurrent cancer following definitive pancreatic surgery
11.	Lymphoma or neuroendocrine tumours of the pancreas

**Table S2: Trial group, histology, and follow-up of the five resected patients**

<b>Trial group</b>	<b>Histology</b>	<b>Follow-up</b>
Capecitabine	ypT1N0	Alive at 52 weeks
Capecitabine	ypT3N0	Alive at 52 weeks
Gemcitabine	ypT3N0	Alive at 52 weeks
Gemcitabine	ypT3N0	Alive at 52 weeks
Gemcitabine	ypT2N0	Died of postoperative complications

**Table S3: QLQ-C30 global health score by treatment group**

<b>Week</b>	<b>Capecitabine chemoradiation</b>			<b>Gemcitabine chemoradiation</b>		
	<b>Mean (SD)</b>	<b>Median (IQR)</b>	<b>% completed</b>	<b>Mean (SD)</b>	<b>Median (IQR)</b>	<b>% completed</b>
<b>0</b>	67.89 (3.40)	71 (50–83)	94.4	61.67 (3.60)	67 (50–75)	92.1
<b>17</b>	67.50 (3.80)	67 (58–83)	83.3	67.22 (3.04)	67 (50–75)	78.9
<b>23</b>	66.29 (4.79)	66 (50–83)	61.1	56.09 (4.49)	33 (54–75)	68.4
<b>26</b>	64.58 (4.41)	66 (54–79)	66.7	57.37 (4.24)	50 (50–83)	68.4
<b>39</b>	64.93 (4.84)	58 (50–83)	66.7	53.95 (5.27)	58 (33–67)	50.0
<b>52</b>	56.02 (6.38)	58 (42–67)	50.0	55.77 (7.69)	58 (33–83)	34.2