

Table S1. Data items extracted from included studies.

Data item	Definition / coding notes
Study identification	
First author, year	First-author surname and year of publication.
Trial name / acronym	Trial name or acronym, where applicable.
ClinicalTrials.gov (NCT) ID	Trial registry identifier.
Study phase and design	e.g., Phase III RCT; Phase Ib single-arm expansion cohort.
Treatment arm / cohort	The specific atezolizumab-containing arm or cohort extracted.
Analysis set	ITT, safety-evaluable, or response-evaluable, as labelled in the source.
Population characteristics	
No. enrolled (ITT)	Patients randomized/enrolled (intention-to-treat).
No. treated (safety)	Patients receiving ≥ 1 dose (safety population).
No. evaluable for response	Patients evaluable for objective response.
Median age	Median age in years (range or IQR where reported).
Histological subtype	Epithelial, high-grade serous, clear cell, endometrioid, primary peritoneal, or fallopian tube carcinoma.
Tumor grade	Grade as reported, including high-grade serous designation.
ECOG/WHO performance status	Performance-status distribution as reported.
Platinum-resistance status	Platinum-sensitive, -resistant, or -refractory.
BRCA mutational status	BRCA1/2 mutated vs wild-type; germline/somatic where specified.
PD-L1 status	Assay, scoring compartment (TC/IC), cutoff, and category (e.g., $\geq 1\%$) as reported.
No. prior therapy lines	Number of prior systemic treatment lines.
Line setting	Line of therapy for the study regimen (e.g., first-line, ≥ 2 nd-line, maintenance).
Prior bevacizumab	Prior bevacizumab exposure (yes/no or proportion).
Prior PARP inhibitor	Prior PARP-inhibitor exposure (yes/no or proportion).
Intervention and comparator	
Atezolizumab dose, schedule, route	e.g., 1200 mg IV every 3 weeks.
Combination agents	Chemotherapy, bevacizumab, PARP inhibitor, or other agents.
Comparator regimen	Placebo, standard of care, or active comparator (or none for single-arm studies).
Efficacy outcomes	
Progression-free survival (PFS)	Median (95% CI), no. events, HR (95% CI), and analysis population.
Overall survival (OS)	Median (95% CI), no. events, and HR (95% CI).
1-year PFS and OS rates	Landmark survival rates (%) at 12 months.
Objective response rate (ORR)	Responders (events) and denominator; derived proportion.
CR / PR / SD / PD counts	Best-response category counts.
Disease control rate (DCR)	DCR with the definition used (e.g., CR + PR + SD).
Response assessment criteria	Criteria applied (e.g., RECIST 1.1; irRECIST where used).
Safety outcomes	
Safety-evaluable denominator	N used as the denominator for AE proportions.
Any-grade and grade ≥ 3 AEs	Event counts and denominator.
Treatment-related AEs	Any grade and grade ≥ 3 .
Serious AEs (SAEs)	Event counts and denominator.
Immune-related AEs (irAEs)	Any grade and grade ≥ 3 .

AE category and grade grouping	As reported, with attribution notes (all-cause vs treatment-related).
AE-related discontinuation	Treatment discontinuations attributed to AEs.
Grade 5 / treatment-related deaths	Fatal AEs and treatment-related deaths.
Subgroup data (where reported)	
PD-L1-positive PFS HR	PFS hazard ratio (95% CI) in the PD-L1-positive subgroup.
PD-L1-positive objective response	Responders (events) and denominator in the PD-L1-positive subgroup.

Abbreviations: AE, adverse event; BRCA, breast cancer susceptibility gene; CI, confidence interval; CR, complete response; DCR, disease control rate; ECOG, Eastern Cooperative Oncology Group; HR, hazard ratio; irAE, immune-related adverse event; irRECIST, immune-related RECIST; ITT, intention-to-treat; IV, intravenous; NCT, ClinicalTrials.gov identifier; ORR, objective response rate; OS, overall survival; PARP, poly(ADP-ribose) polymerase; PD, progressive disease; PD-L1, programmed death-ligand 1; PFS, progression-free survival; PR, partial response; RCT, randomized controlled trial; RECIST, Response Evaluation Criteria in Solid Tumors; SAE, serious adverse event; SD, stable disease; TC/IC, tumor cell/immune cell; WHO, World Health Organization.