

**Supplementary Table 1 Grade of evidence in the guideline of CSCO diagnosis and treatment**

Feature of evidence			CSCO degree of expert consensus
Grade	Level	Sources	
1A	High	Rigorous meta-analysis, large-scale randomized clinical study	Unified consensus (supportive opinion: $\geq 80\%$ )
1B	High	Rigorous meta-analysis, large-scale randomized clinical study	Generally unified consensus, with slight controversy (supportive opinion: 60%-80%)
2A	Slightly low	Fair-quality meta-analysis, generally unified consensus, with slight controversy (supportive opinion: 60%-80%) small-scale randomized clinical study, well-designed large-scale retrospective study, case-control study	Unified consensus (supportive opinion: $\geq 80\%$ )
2B	Slightly low	Fair-quality meta-analysis, generally unified consensus, with slight controversy (supportive opinion: 60%-80%) small-scale randomized clinical study, well-designed large-scale retrospective study, case-control study	Generally unified consensus, with slight controversy (supportive opinion: 60%-80%)
3	Low	Non-controlled single-arm clinical study, case report, expert opinion	No consensus, with low substantial

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controversy  
(supportive  
opinion: < 60%)

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Recommendation grade; criteria; grade I recommendation; grade IA and some of grade 2A evidence; in general, grade 1A evidence, and some grade 2A evidence with high expert consensus degree and high accessibility in China is classified as Grade I Recommendation in CSCO guideline. In specific, the Grade I Recommendations in CSCO guideline have the following characteristics: general applicability diagnosis and treatment methods with high accessibility (including clear indications), relatively stable tumor treatment value, and generally covered by the natural medical insurance; the Grade I Recommendations are not changed according to the commercial medical insurance, and the major concern is the definite benefits of patients.

Grade II recommendation; grade IB and a part of grade 2A evidence; in general, grade 1B evidence, and a part of grade 2A evidence with a slightly low experts' consensus degree or relatively low accessibility in China is classified as grade II recommendation in CSCO guideline. In specific, the grade II recommendation in CSCO guideline possesses the following characteristics: High-grade evidence provided by international or Chinese multi-center randomized controlled studies, while accompanying with poor accessibility or low cost-effectiveness, of which the drugs or treatment methods are beyond the financial capability of general population; treatments with evident benefits, while with high expenses could also be classified as grade II recommendation when the tumor treatment value is the major concern.

**Supplementary Table 2 Grade of recommendations in the guideline for CSCO diagnosis and treatment**

<b>Recommendation grade</b>	<b>Criteria</b>
Grade recommendation	<p>I Grade IA and some of grade 2A evidence; in general, grade 1A evidence, and some grade 2A evidence with high expert consensus degree and high accessibility in China is classified as Grade I Recommendation in CSCO guideline. In specific, the Grade I Recommendations in CSCO guideline have the following characteristics: General applicability diagnosis and treatment methods with high accessibility (including clear indications), relatively stable tumor treatment value, and generally covered by the natural medical insurance; the Grade I Recommendations are not changed according to the commercial medical insurance, and the major concern is the definite benefits of patients</p>
Grade recommendation	<p>II Grade IB and a part of grade 2A evidence; in general, grade 1B evidence, and a part of grade 2A evidence with a slightly low experts' consensus degree or relatively low accessibility in China is classified as grade II recommendation in CSCO guideline. In specific, the grade II recommendation in CSCO guideline possesses the following characteristics: high-grade evidence provided by international or Chinese multi-center randomized controlled studies, while accompanying with poor accessibility or low cost-effectiveness, of which the drugs or treatment</p>

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methods are beyond the financial capability of general population; treatments with evident benefits, while with high expenses could also be classified as grade II recommendation when the tumor treatment value is the major concern

Grade recommendation      III      Grade 2B and grade 3 evidence; for the diagnostic and treatment methods that are currently under exploration, if unified consensus of expert team is reached, the evidence could be classified as grade III recommendation for the references of medical staff, despite the lack of potent evidence-based evidence

Not recommended/Objected      For the drugs or medical techniques that have been demonstrated unable to benefit patients, or even induce injuries of patients by sufficient evidence, and unified expert consensus has been reached, “Not Recommended” should be labeled, and “Objected” should be labeled if necessary. Any grade evidence could be in this category

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Grade III recommendation; grade 2B and grade 3 evidence; for the diagnostic and treatment methods that are currently under exploration, if unified consensus of expert team is reached, the evidence could be classified as grade III recommendation for the references of medical staff, despite the lack of potent evidence-based evidence. Not recommended/Objected: For the drugs or medical techniques that have been demonstrated unable to benefit patients, or even induce injuries of patients by sufficient evidence, and unified expert consensus has been reached, “Not Recommended” should be labeled, and “Objected” should be labeled if necessary. Any grade evidence could be in this category.