Supplementary material

Detailed search strategy

The following online electronic databases were searched:

- PubMed (https://pubmed.ncbi.nlm.nih.gov/);
- Embase (https://www.embase.com/#search) ;
- The Cochrane Library (https://www.cochranelibrary.com/).

Search terms used are listed below, search time range: Establish the database until 2023.4.21

PubMed

#1 (Stomach[Title/Abstract]) OR (Gastric[Title/Abstract])

#2 (((Cancer[Title/Abstract]) OR (tumor[Title/Abstract])) OR (neoplasm[Title/Abstract])) OR (carcinoma[Title/Abstract])

#3 #1 AND 2#

((Stomach[Title/Abstract]) OR (Gastric[Title/Abstract])) AND ((((Cancer[Title/Abstract]) OR (tumor[Title/Abstract])) OR (neoplasm[Title/Abstract])) OR (carcinoma[Title/Abstract]))

#4 (((neoadjuvant[Title/Abstract]) OR (preoperative[Title/Abstract])) OR (Perioperative[Title/Abstract])) OR (Adjuvant[Title/Abstract])

#5 ((chemoradiotherapy[Title/Abstract]) OR (radiotherapy[Title/Abstract])) OR (chemotherapy[Title/Abstract])

#6 #4 AND #5

((((neoadjuvant[Title/Abstract]) OR (preoperative[Title/Abstract])) OR (Perioperative[Title/Abstract])) OR (Adjuvant[Title/Abstract])) AND (((chemoradiotherapy[Title/Abstract]) OR (radiotherapy[Title/Abstract])) OR (chemotherapy[Title/Abstract]))

#7 #3 AND #6

(((Stomach[Title/Abstract]) OR (Gastric[Title/Abstract])) AND ((((Cancer[Title/Abstract]) OR (tumor[Title/Abstract])) OR (neoplasm[Title/Abstract])) OR (carcinoma[Title/Abstract]))) AND

(((((neoadjuvant[Title/Abstract]) OR (preoperative[Title/Abstract])) OR (Perioperative[Title/Abstract])) OR (Adjuvant[Title/Abstract])) AND (((chemoradiotherapy[Title/Abstract]) OR (radiotherapy[Title/Abstract])) OR (chemotherapy[Title/Abstract])))

8# #7 AND Random

((((Stomach[Title/Abstract]) OR (Gastric[Title/Abstract])) AND ((((Cancer[Title/Abstract]) OR (tumor[Title/Abstract])) OR (neoplasm[Title/Abstract])) OR (carcinoma[Title/Abstract]))) AND (((((neoadjuvant[Title/Abstract]) OR (preoperative[Title/Abstract])) OR (Perioperative[Title/Abstract])) OR (Adjuvant[Title/Abstract])) AND (((chemoradiotherapy[Title/Abstract]) OR (radiotherapy[Title/Abstract])) OR (chemotherapy[Title/Abstract]))))) AND (random)

EMBASE

#1 (Stomach:ab,ti OR Gastric:ab,ti)

#2 (Cancer:ab,ti OR Tumor:ab,ti OR Neoplasm:ab,ti OR Carcinoma:ab,ti)

#3 (Neoadjuvant:ab,ti OR Preoperative:ab,ti OR Perioperative:ab,ti OR Adjuvant:ab,ti)

#4 (Chemoradiotherapy:ab,ti OR Radiotherapy:ab,ti OR Chemotherapy:ab,ti)

#5 Random

#6 #1 AND #2 AND #3 AND #4 AND #5

The Cochrane Library

#1 Stomach or Gastric:ti,ab,kw

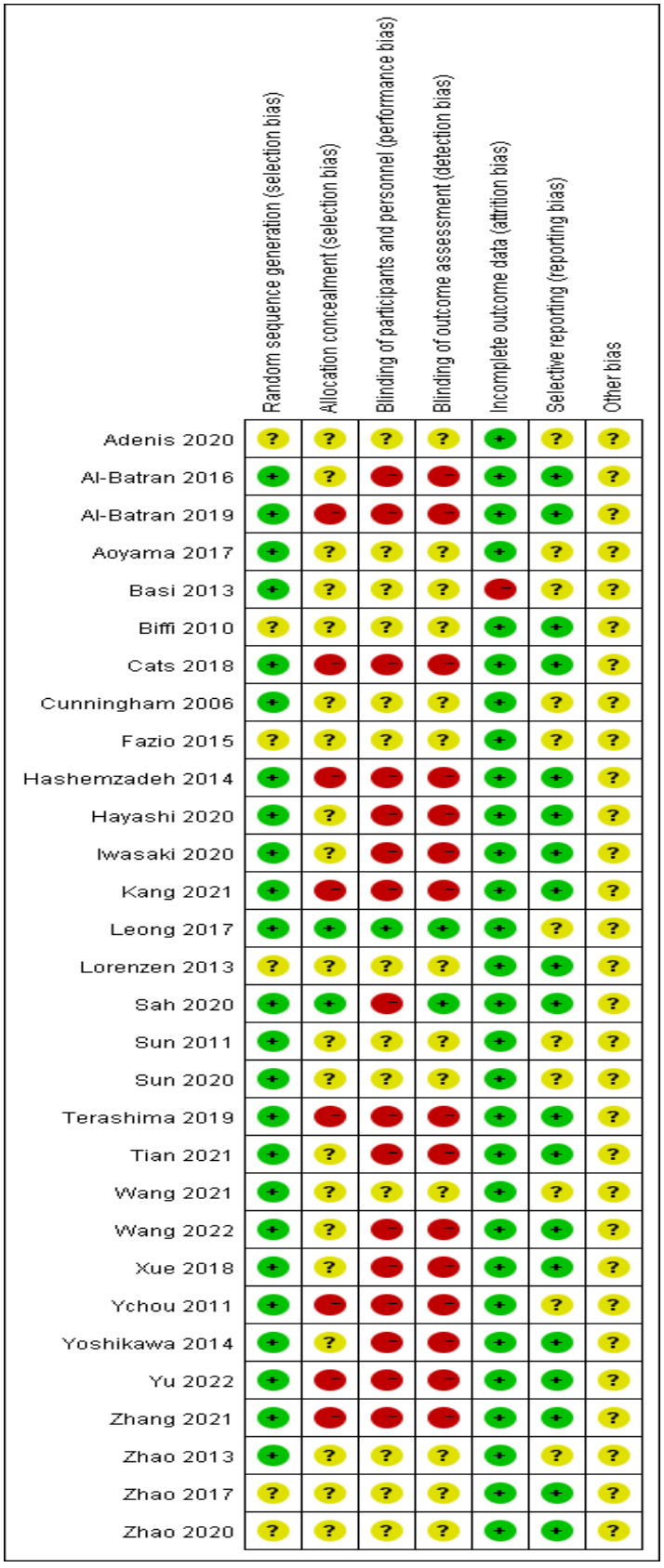
#2 Cancer or Tumor or Neoplasm or Carcinoma:ti,ab,kw

#3 Neoadjuvant or Preoperative or Perioperative or Adjuvant:ti,ab,kw

#4 Chemoradiotherapy or Radiotherapy or Chemotherapy:ti,ab,kw

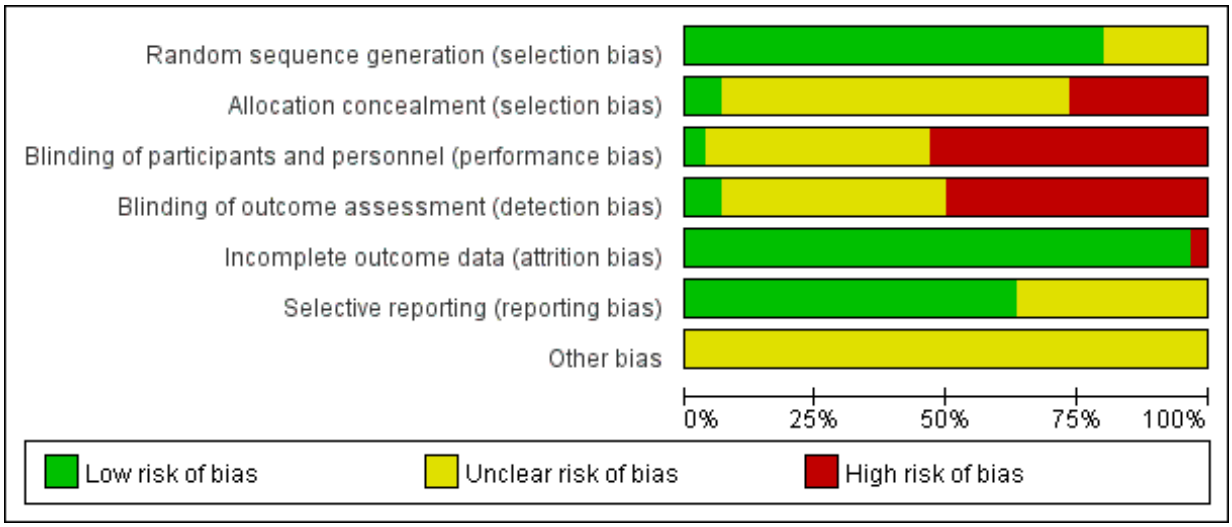
#5 Random (Word variations have been searched)

#6 #1 AND #2 AND #3 AND #4 AND #5



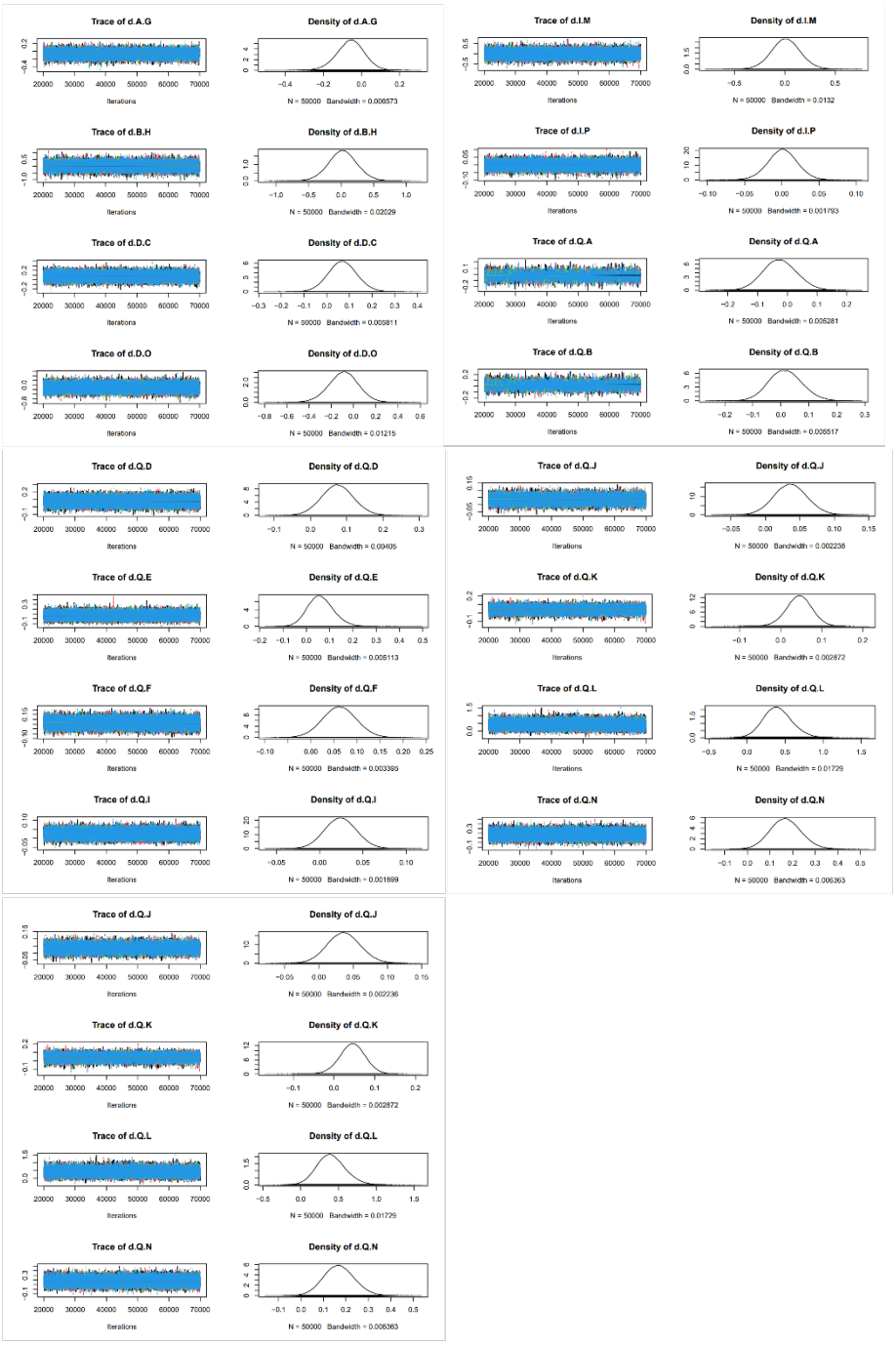
DOI: 10.4251/wjgo.v0.i0.0000

Supplementary Figure 1 Risk of bias summary.



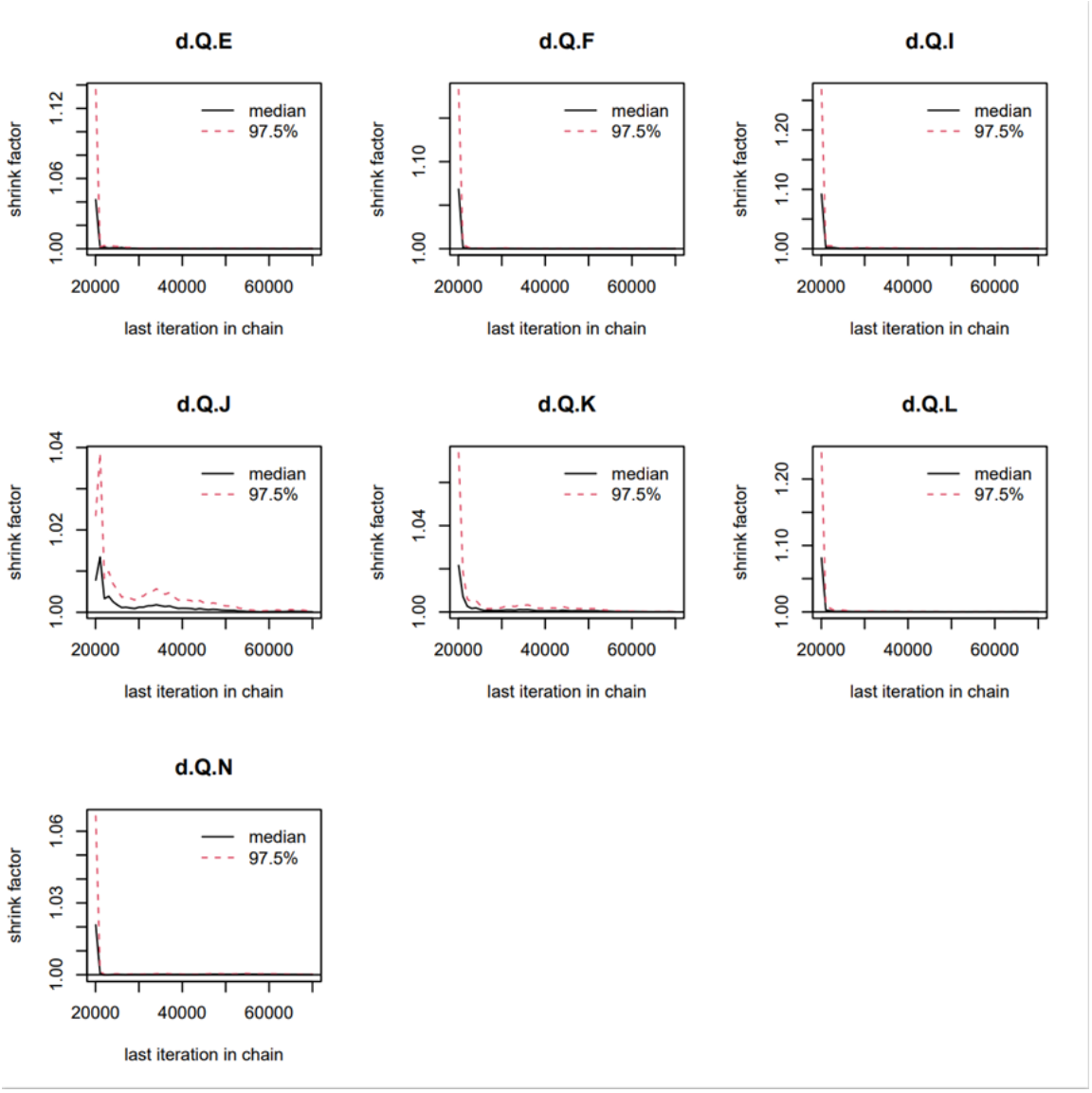
DOI: 10.4251/wjgo.v0.i0.0000

Supplementary Figure 2 Risk of bias graph.



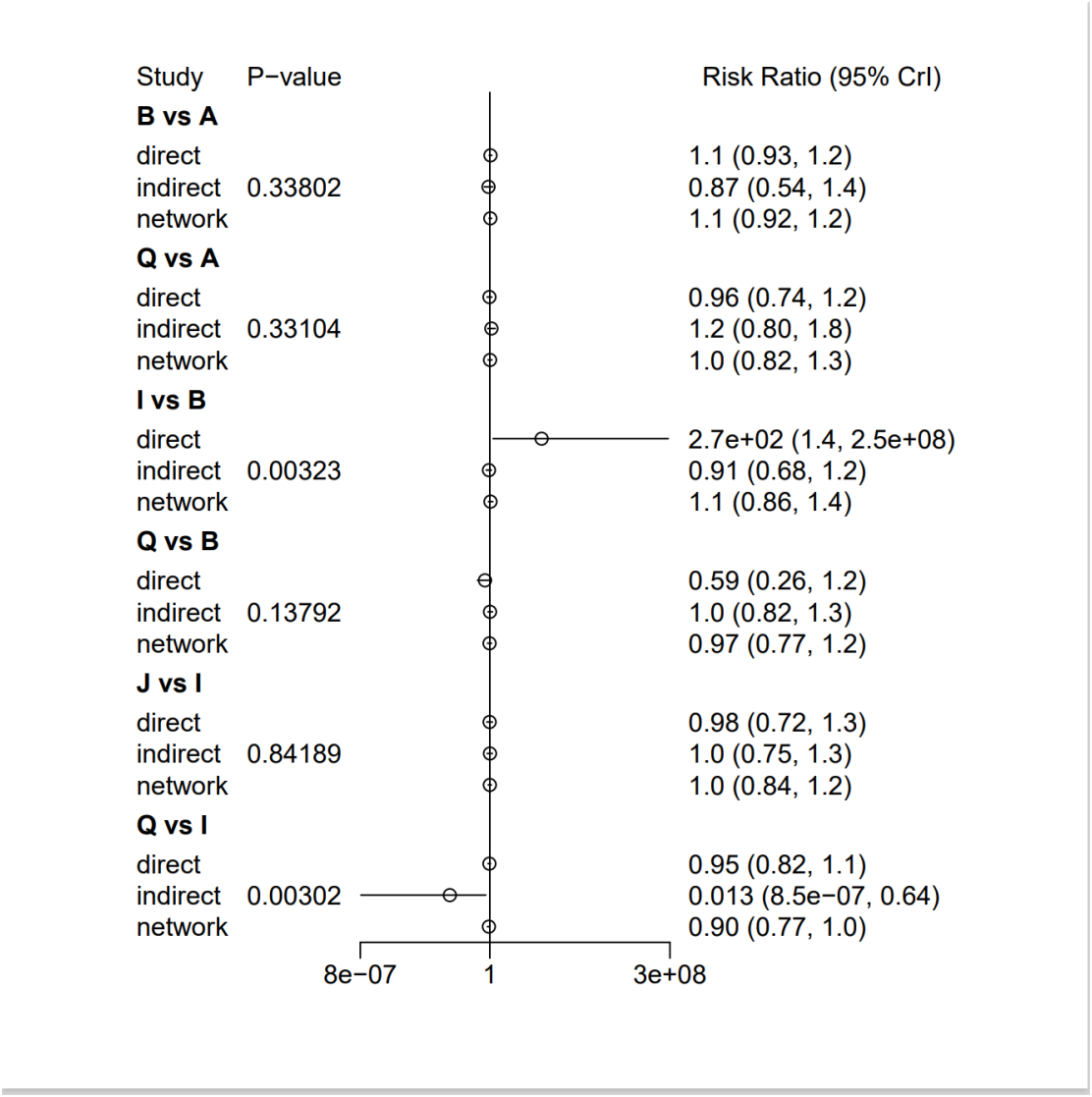
DOI: 10.4251/wjgo.v0.i0.0000

Supplementary Figure 3 The trace plot and density plot of R0 resection rate.



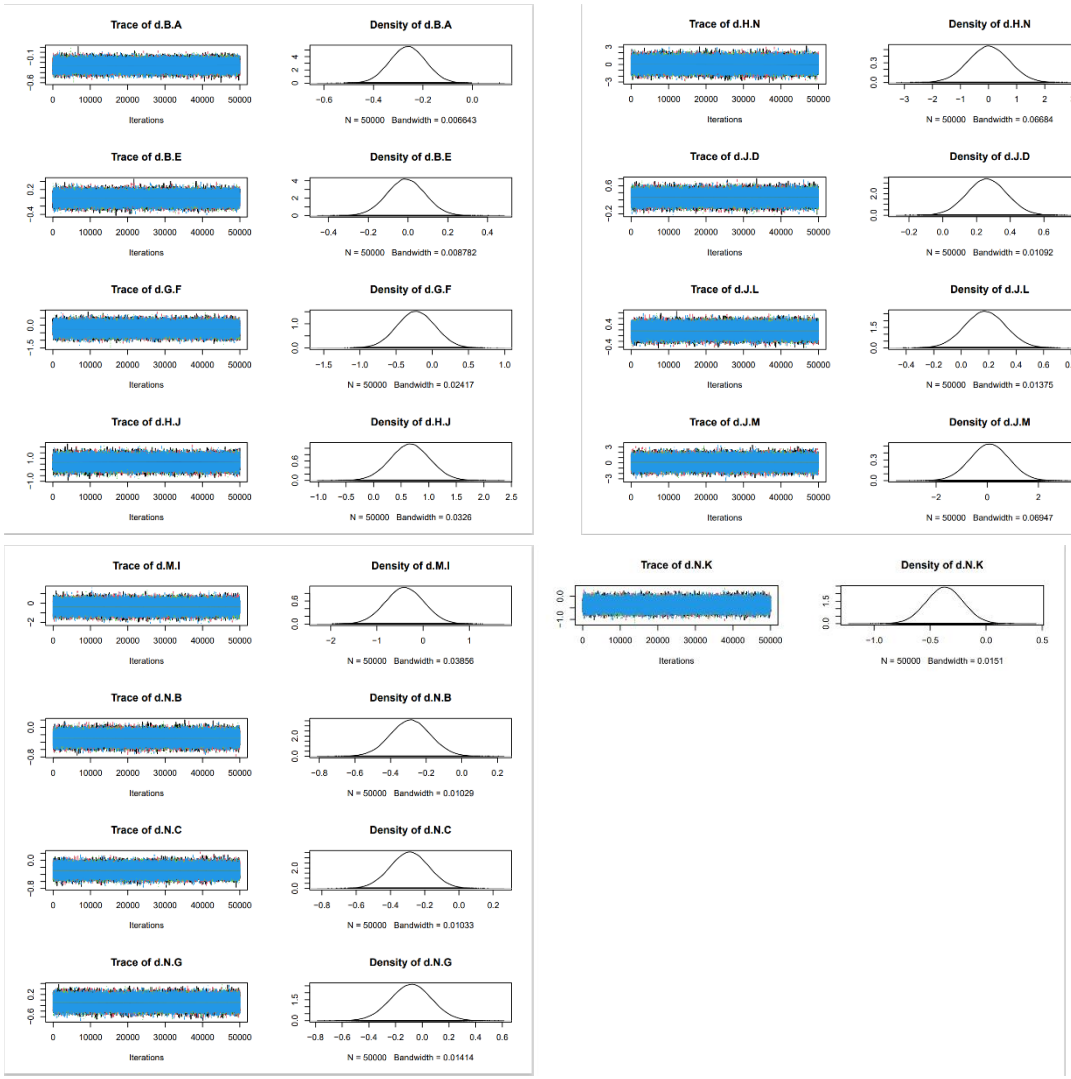
DOI: 10.4251/wjgo.v0.i0.0000

Supplementary Figure 4 The Brooks-Gelman-Rubin diagnosis plot of R0 resection rate.



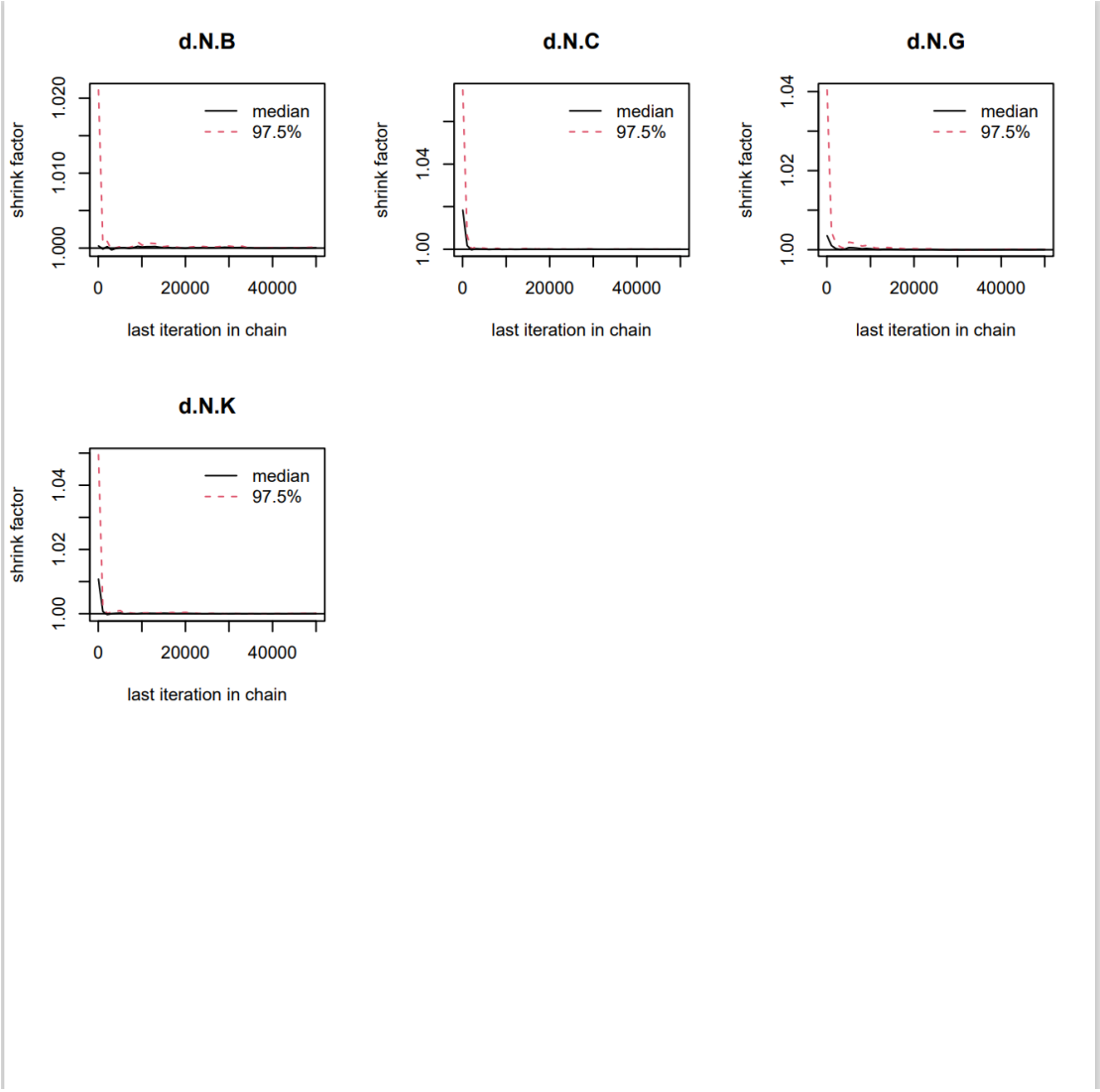
DOI: 10.4251/wjgo.v0.i0.0000

Supplementary Figure 5 Local inconsistency detection of R0 resection rate.



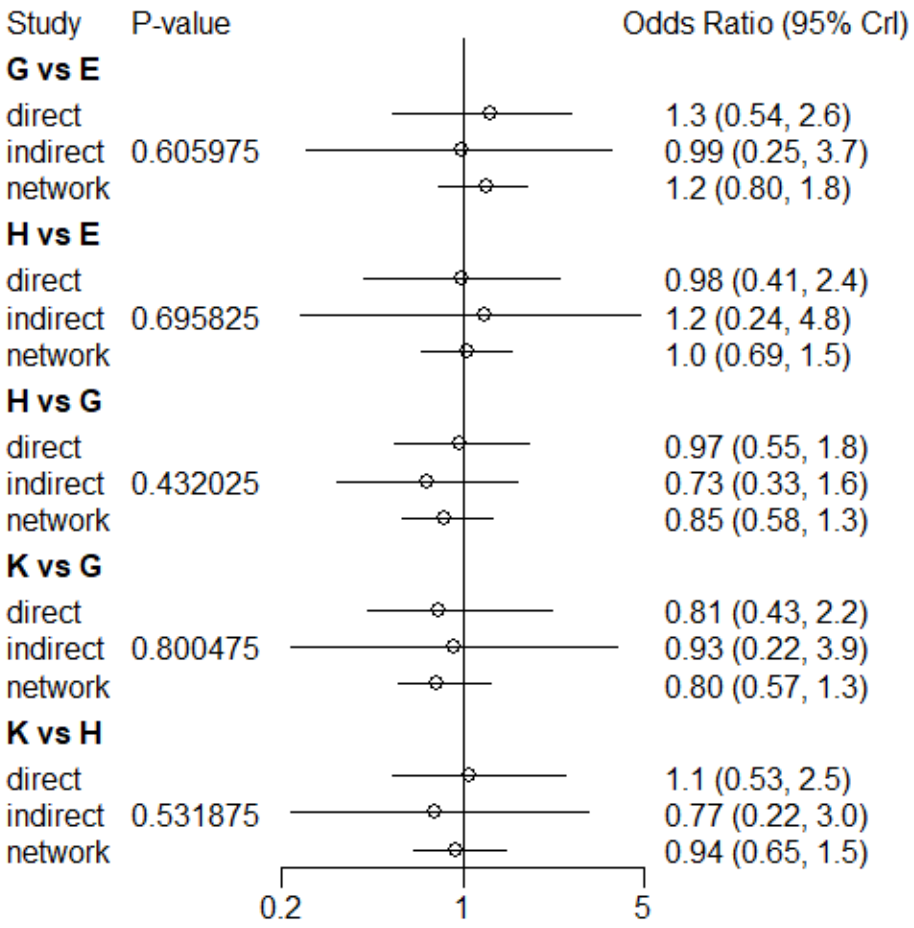
DOI: 10.4251/wjgo.v0.i0.0000

Supplementary Figure 6 The trace plot and density plot of of OS.



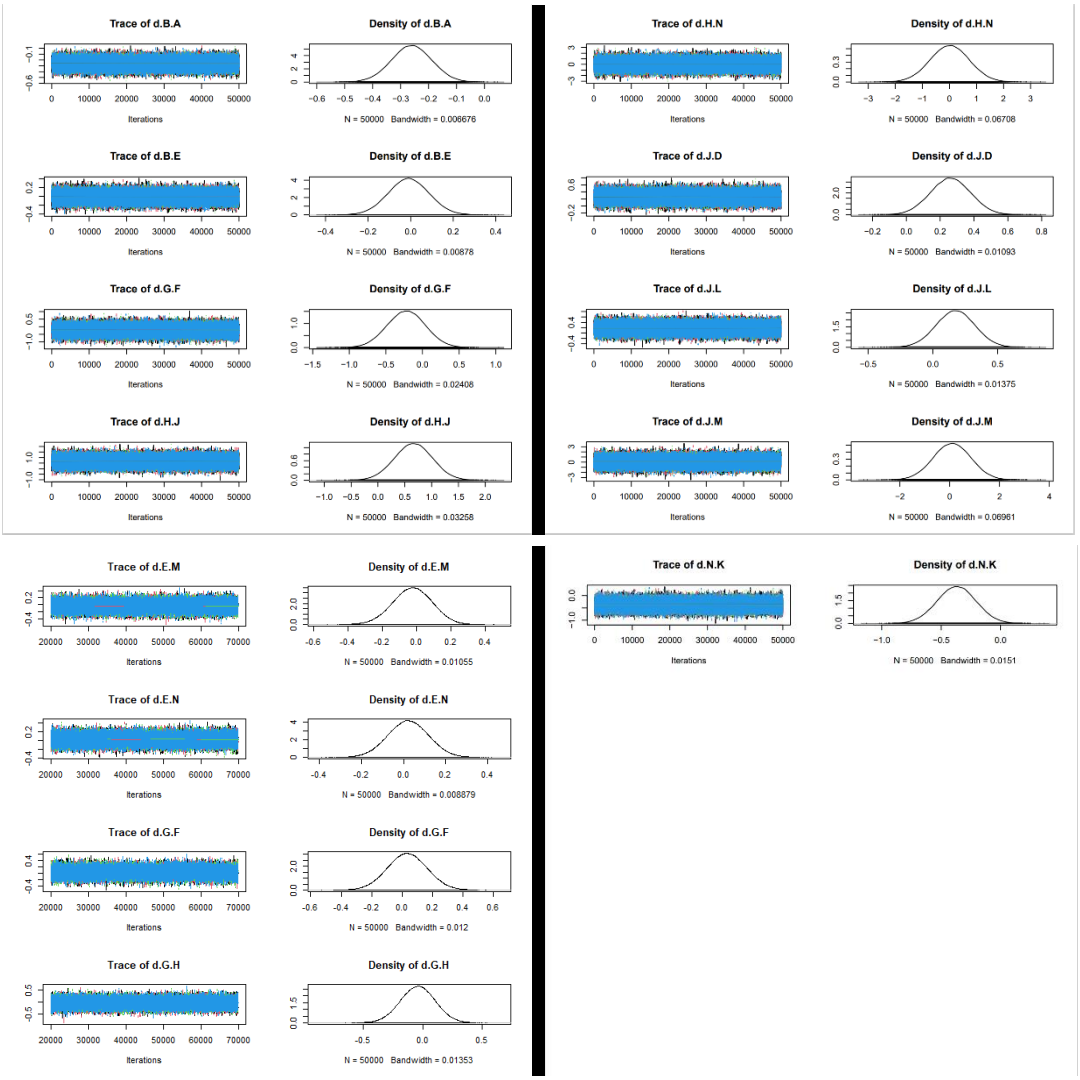
DOI: 10.4251/wjgo.v0.i0.0000

Supplementary Figure 7 The Brooks-Gelman-Rubin diagnosis plot of OS.



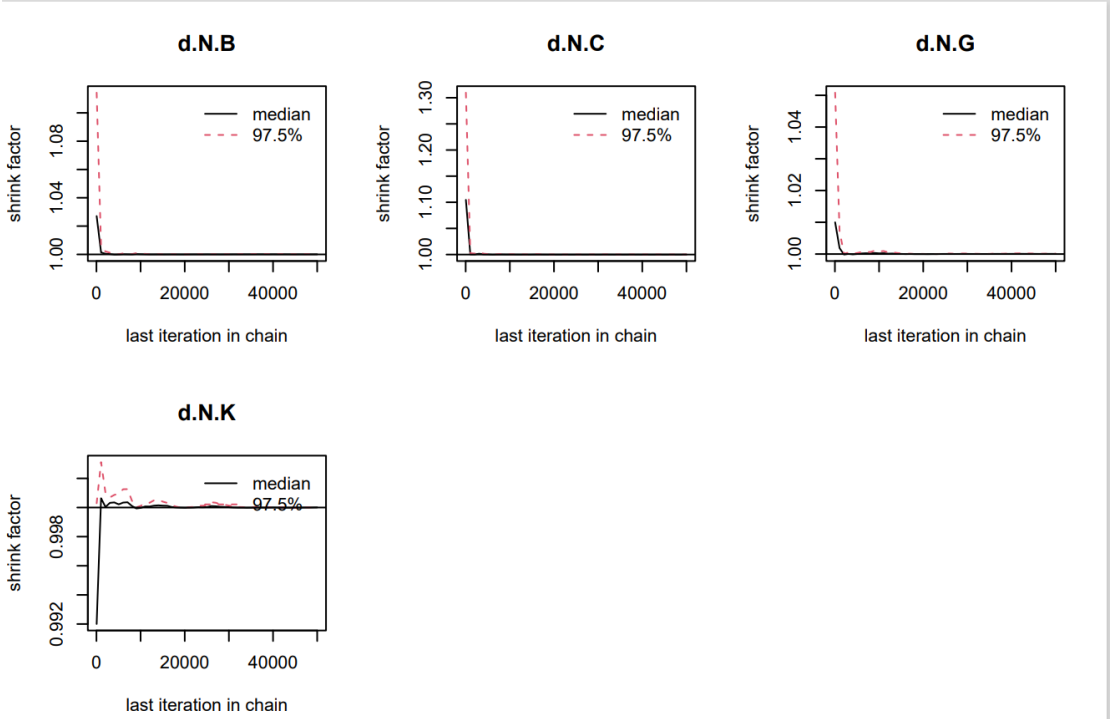
DOI: 10.4251/wjgo.v0.i0.0000

Supplementary Figure 8 Local inconsistency detection of OS



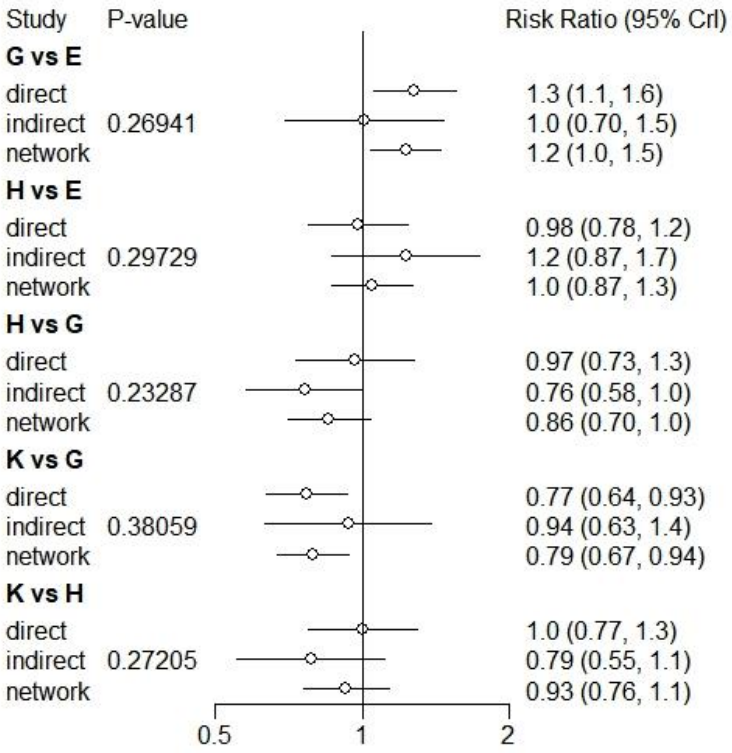
DOI: 10.4251/wjgo.v0.i0.0000

Supplementary Figure 9 The trace plot and density plot of of non-surgical SAEs.



DOI: 10.4251/wjgo.v0.i0.0000

Supplementary Figure 10 The Brooks-Gelman-Rubin diagnosis plot of non-surgical SAEs.



DOI: 10.4251/wjgo.v0.i0.0000

Supplementary Figure 11 Local inconsistency detection of non-surgical SAEs.

Supplementary Table 1 Checklist of the PRISMA extension for network meta-analysis

Section/Topic	Item #	Checklist Item	Reported on Page #
TITLE			
Title	1	Identify the report as a systematic review *incorporating a network meta-analysis (or related form of meta-analysis).*	1
ABSTRACT			
Structured summary	2	Provide a structured summary including, as applicable: **Background:** main objectives **Methods:** data sources; study eligibility criteria, participants, and interventions; study appraisal; and *synthesis methods, such as network meta-analysis.* **Results:** number of studies and participants identified; summary estimates with corresponding confidence/credible intervals; *treatment rankings may also be discussed. Authors may choose to summarize pairwise comparisons against a chosen treatment included in their analyses for brevity.* **Discussion/Conclusions:** limitations; conclusions and implications of findings. **Other:** primary source of funding; systematic review registration number with registry name.	1-2

INTRODUCTION

Rationale	3	Describe the rationale for the review in the context of what is already known, *including mention of why a network meta-analysis has been conducted.*	2-5
Objectives	4	Provide an explicit statement of questions being addressed, with reference to participants, interventions, comparisons, outcomes, and study design (PICOS).	2-5

METHODS

Protocol and registration	5	Indicate whether a review protocol exists and if and where it can be accessed (e.g., Web address); and, if available, provide registration information, including registration number.	5
Eligibility criteria	6	Specify study characteristics (e.g., PICOS, length of follow-up) and report characteristics (e.g., years considered, language, publication status) used as criteria for eligibility, giving rationale. *Clearly describe eligible treatments included in the treatment network, and note whether any have been clustered or merged into the same node (with justification).*	6
Information sources	7	Describe all information sources (e.g., databases with dates of coverage, contact with study authors to identify additional studies) in the search and date last searched.	6
Search	8	Present full electronic search strategy for at least one database, including any limits used, such that it could be repeated.	6
Study selection	9	State the process for selecting studies (i.e., screening, eligibility, included in systematic review, and,	6

		if applicable, included in the meta-analysis).	
Data collection process	10	Describe method of data extraction from reports (e.g., piloted forms, independently, in duplicate) and any processes for obtaining and confirming data from investigators.	7
Data items	11	List and define all variables for which data were sought (e.g., PICOS, funding sources) and any assumptions and simplifications made.	6-7
Geometry of the network	**Fig.3a-5a**	Describe methods used to explore the geometry of the treatment network under study and potential biases related to it. This should include how the evidence base has been graphically summarized for presentation, and what characteristics were compiled and used to describe the evidence base to readers.	9
Risk of bias within individual studies	12	Describe methods used for assessing risk of bias of individual studies (including specification of whether this was done at the study or outcome level), and how this information is to be used in any data synthesis.	8
Summary measures	13	State the principal summary measures (e.g., risk ratio, difference in means). *Also describe the use of additional summary measures assessed, such as treatment rankings and surface under the cumulative ranking curve (SUCRA) values, as well as modified approaches used to present summary findings from meta-analyses.*	7-10
Planned methods of analysis	14	Describe the methods of handling data and combining results of studies for each network meta-analysis. This should include, but not be limited to: • *Handling of multi-arm trials;*	8-9

		• *Selection of variance structure;* • *Selection of prior distributions in Bayesian analyses; and* • *Assessment of model fit.*	
Assessment of Inconsistency	**Fig.S5,S8,S11**	Describe the statistical methods used to evaluate the agreement of direct and indirect evidence in the treatment network(s) studied. Describe efforts taken to address its presence when found.	9
Risk of bias across studies	15	Specify any assessment of risk of bias that may affect the cumulative evidence (e.g., publication bias, selective reporting within studies).	9
Additional analyses	16	Describe methods of additional analyses if done, indicating which were pre-specified. This may include, but not be limited to, the following: • Sensitivity or subgroup analyses; • Meta-regression analyses; • *Alternative formulations of the treatment network; and* • *Use of alternative prior distributions for Bayesian analyses (if applicable).*	NA

RESULTS†

Study selection	17	Give numbers of studies screened, assessed for eligibility, and included in the review, with reasons for exclusions at each stage, ideally with a flow diagram.	11
Presentation of network	**Fig.3a-5a**	Provide a network graph of the included studies to enable visualization of the geometry of the treatment network.	14, 16, 20

structure			
Summary of network geometry	**Fig.3a-5a**	Provide a brief overview of characteristics of the treatment network. This may include commentary on the abundance of trials and randomized patients for the different interventions and pairwise comparisons in the network, gaps of evidence in the treatment network, and potential biases reflected by the network structure.	14-20
Study characteristics	**Table S3**	For each study, present characteristics for which data were extracted (e.g., study size, PICOS, follow-up period) and provide the citations.	12
Risk of bias within studies	**Fig. S1-2**	Present data on risk of bias of each study and, if available, any outcome level assessment.	12
Results of individual studies	18	For all outcomes considered (benefits or harms), present, for each study: 1) simple summary data for each intervention group, and 2) effect estimates and confidence intervals. *Modified approaches may be needed to deal with information from larger networks.*	12-20
Synthesis of results	19	Present results of each meta-analysis done, including confidence/credible intervals. *In larger networks, authors may focus on comparisons versus a particular comparator (e.g. placebo or standard care), with full findings presented in an appendix. League tables and forest plots may be considered to summarize pairwise comparisons.* If additional summary measures were explored (such as treatment rankings), these should also be presented.	12-20
Exploration for inconsistency	**Fig.S5,S8,S11**	Describe results from investigations of inconsistency. This may include such information as measures of model fit to compare consistency and inconsistency models, *P* values from statistical	12-20

		tests, or summary of inconsistency estimates from different parts of the treatment network.	
Risk of bias across studies	22	Present results of any assessment of risk of bias across studies for the evidence base being studied.	12-20
Results of additional analyses	23	Give results of additional analyses, if done (e.g., sensitivity or subgroup analyses, meta-regression analyses, *alternative network geometries studied, alternative choice of prior distributions for Bayesian analyses,* and so forth).	NA
DISCUSSION			
Summary of evidence	24	Summarize the main findings, including the strength of evidence for each main outcome; consider their relevance to key groups (e.g., healthcare providers, users, and policy-makers).	21-28
Limitations	25	Discuss limitations at study and outcome level (e.g., risk of bias), and at review level (e.g., incomplete retrieval of identified research, reporting bias). *Comment on the validity of the assumptions, such as transitivity and consistency. Comment on any concerns regarding network geometry (e.g., avoidance of certain comparisons).*	21-28
Conclusions	26	Provide a general interpretation of the results in the context of other evidence, and implications for future research.	27-28
FUNDING			
Funding	27	Describe sources of funding for the systematic review and other support (e.g., supply of data); role	28

	of funders for the systematic review. This should also include information regarding whether funding has been received from manufacturers of treatments in the network and/or whether some of the authors are content experts with professional conflicts of interest that could affect use of treatments in the network.

PRISMA = Preferred Reporting Items for Systematic Reviews and Meta-Analysis; PICOS = population, intervention, comparators, outcomes, study design. *Text in italics indicates wording specific to reporting of network meta-analyses that has been added to guidance from the PRISMA statement

Supplementary Table 2 Reasons for studies' exclusions based on full text

Reference	Reason for exclusion
[1]	The patient had undergone surgery before entering the clinical trial.
[2]	The patient had undergone surgery before entering the clinical trial.
[3]	The patient had undergone surgery before entering the clinical trial.
[4]	Outcome indicators did not meet the inclusion criteria.
[5]	The intervention measures are nutritional support.
[6]	The patient had undergone surgery before entering the clinical trial.
[7]	The patient had undergone surgery before entering the clinical trial.
[8]	The type of patient is oesophageal or Siewert I/II GOJ adenocarcinomas
[9]	The patient had undergone surgery before entering the clinical trial.
[10]	This clinical trial is still in progress.
[11]	The patient had undergone surgery before entering the clinical trial.
[12]	Targeted therapy/immunotherapy was combined in the intervention measures.
[13]	The patient had undergone surgery before entering the clinical trial.
[14]	The type of patient is unresectable gastric cancer.
[15]	The patient had undergone surgery before entering the clinical trial
[16]	The type of patient is oesophageal

[17] The patient had undergone surgery before entering the clinical trial

[18] The patient had undergone surgery before entering the clinical trial

[19] Include patients with unresectable gastric cancer

[20] Unable to obtain accurate data.

[21] Include patients with unresectable gastric cancer

[22] Unable to obtain accurate data.

[23] Unable to obtain accurate data.

[24] The patient had undergone surgery before entering the clinical trial.

[25] The patient had undergone surgery before entering the clinical trial.

[26] Include patients with unresectable gastric cancer

[27] The patient had undergone surgery before entering the clinical trial.

[28] The patient had undergone surgery before entering the clinical trial.

[29] Include patients with unresectable gastric cancer

[30] The patient had undergone surgery before entering the clinical trial.

[31] The patient had undergone surgery before entering the clinical trial.

[32] The treatment regimen was the same as that of the control group, only the treatment cycle was different.

[33] The patient had undergone surgery before entering the clinical trial.

[34] The patient had undergone surgery before entering the clinical trial.

[35] The patient had undergone surgery before entering the clinical trial.

[36] The patient had undergone surgery before entering the clinical trial.

[37] The patient had undergone surgery before entering the clinical trial.

[38] The patient had undergone surgery before entering the clinical trial.

[39] Targeted therapy/immunotherapy was combined in the intervention measures.

[40] The patient had undergone surgery before entering the clinical trial.

[41] Targeted therapy/immunotherapy was combined in the intervention measures.

[42] The trial arm involved the intervention combined with acupuncture.

[43] The chemotherapy regimen was the same as that of the control group, and only lafutidine was added to the experimental group

[44] Targeted therapy/immunotherapy was combined in the intervention measures.

[45] Targeted therapy/immunotherapy was combined in the intervention measures.

[46] The patient had undergone surgery before entering the clinical trial.

[47] Targeted therapy/immunotherapy was combined in the intervention measures.

[48] Targeted therapy/immunotherapy was combined in the intervention measures.

[49] Participants had gastric or colorectal cancer

[50] The patient had undergone surgery before entering the clinical trial.

[51] Targeted therapy/immunotherapy was combined in the intervention measures.

[52] The patient had undergone surgery before entering the clinical trial.

[53] Targeted therapy/immunotherapy was combined in the intervention measures.

[54] Targeted therapy/immunotherapy was combined in the intervention measures.

[55] The patient had undergone surgery before entering the clinical trial.

[56] The patient had undergone surgery before entering the clinical trial.

[57] The patient had undergone surgery before entering the clinical trial.

[58] The patient had undergone surgery before entering the clinical trial.

[59] Targeted therapy/immunotherapy was combined in the intervention measures.

[60] Include patients with unresectable gastric cancer

[61] The patient had undergone surgery before entering the clinical trial.

[62] The patient had undergone surgery before entering the clinical trial, combined with intraperitoneal hyperthermic chemotherapy

[63] The patient had undergone surgery before entering the clinical trial.

[64] The patient had undergone surgery before entering the clinical trial.

[65] The patient had undergone surgery before entering the clinical trial.

[66] Targeted therapy/immunotherapy was combined in the intervention measures.

[67] Targeted therapy/immunotherapy was combined in the intervention measures.

[68] Targeted therapy/immunotherapy was combined in the intervention measures.

[69] Targeted therapy/immunotherapy was combined in the intervention measures.

[70] Include patients with unresectable gastric cancer.

[71] Targeted therapy/immunotherapy was combined in the intervention measures.

[72] The patient had undergone surgery before entering the clinical trial.

[73] The patient had undergone surgery before entering the clinical trial.

[74] Targeted therapy/immunotherapy was combined in the intervention measures.

[75] Combined with intraperitoneal hyperthermic chemotherapy.

[76] The intervention measures are nutritional support.

[77] The patient had undergone surgery before entering the clinical trial.

[78] The patient had undergone surgery before entering the clinical trial.

[79] The patient had undergone surgery before entering the clinical trial.

[80] Targeted therapy/immunotherapy was combined in the intervention measures.

[81] Targeted therapy/immunotherapy was combined in the intervention measures.

[82] Targeted therapy/immunotherapy was combined in the intervention measures.

[83] Targeted therapy/immunotherapy was combined in the intervention measures.

[84] The patient had undergone surgery before entering the clinical trial.

[85] The patient had undergone surgery before entering the clinical trial.

[86] Targeted therapy/immunotherapy was combined in the intervention measures.

[87] The patient had undergone surgery before entering the clinical trial.

[88] The patient had undergone surgery before entering the clinical trial.

[89] Targeted therapy/immunotherapy was combined in the intervention measures.

[90] Targeted therapy/immunotherapy was combined in the intervention measures.

[91] Targeted therapy/immunotherapy was combined in the intervention measures.

[92] Targeted therapy/immunotherapy was combined in the intervention measures.

[93] Targeted therapy/immunotherapy was combined in the intervention measures.

[94] Include patients with unresectable gastric cancer

[95] Targeted therapy/immunotherapy was combined in the intervention measures.

[96] Tumour staging did not meet the inclusion criteria.

[97] The chemotherapy regimen was the same as that of the control group, except that the mode of administration was different.

[98] Targeted therapy/immunotherapy was combined in the intervention measures.

[99] The full text cannot be obtained

[100] The full text cannot be obtained

[101] The full text cannot be obtained

[102] The full text cannot be obtained

[103] The full text cannot be obtained

[104] The full text cannot be obtained

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[180] The full text cannot be obtained

[181] The full text cannot be obtained

[182] The full text cannot be obtained

[183] The full text cannot be obtained

[184] The full text cannot be obtained

[185] The full text cannot be obtained

[186] The full text cannot be obtained

[187] The full text cannot be obtained

[188] The full text cannot be obtained

[189] The full text cannot be obtained

Participant/interventions/outcomes didn't meet the inclusion or exclusion criteria and unable to got full-text.

References

1. Zhu Y, Zhang Z, Zou X. Comparative study of tegafur gimeracil and oteracil potassium (TS-1) plus docetaxel and oxaliplatin versus TS-1 plus oxaliplatin in postoperative adjuvant chemotherapy for gastric cancer. International journal of clinical and experimental medicine. 2020;13(4):2527 - 33. PubMed PMID: CN-02163972.

2. Zhu WG, Xua DF, Pu J, Zong CD, Li T, Tao GZ, et al. A randomized, controlled, multicenter study comparing intensity-modulated radiotherapy plus concurrent chemotherapy with chemotherapy alone in gastric cancer patients with D2 resection. Radiother Oncol. 2012;104(3):361-6. Epub 20120914. doi: 10.1016/j.radonc.2012.08.024. PubMed PMID: 22985776.

3. Zhang XL, Shi HJ, Cui SZ, Tang YQ, Ba MC. Prospective, randomized trial comparing 5-FU/LV with or without oxaliplatin as adjuvant treatment following curative resection of gastric adenocarcinoma. European journal of surgical oncology. 2011;37(6):466 - 72. doi: 10.1016/j.ejso.2011.01.027. PubMed PMID: CN-00786481.

4. Zhang Q, Tey J, Peng L, Yang Z, Xiong F, Jiang R, et al. Adjuvant chemoradiotherapy with or without intraoperative radiotherapy for the treatment of resectable locally advanced gastric

adenocarcinoma. Radiother Oncol. 2012;102(1):51-5. Epub 20111216. doi: 10.1016/j.radonc.2011.10.008. PubMed PMID: 22178689.

5. Zhang L, Qi X, Zhao H. Roles of clinical pharmacists in nutritional therapy for gastric cancer patients treated with neoadjuvant chemotherapy. Journal of practical oncology. 2016;31(6):537 - 40. PubMed PMID: CN-01327861.

6. Yu JI, Lim DH, Ahn YC, Lee J, Kang WK, Park SH, et al. Effects of adjuvant radiotherapy on completely resected gastric cancer: A radiation oncologist's view of the ARTIST randomized phase III trial. Radiother Oncol. 2015;117(1):171-7. Epub 20150820. doi: 10.1016/j.radonc.2015.08.009. PubMed PMID: 26299196.

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Supplementary Table 3 Characteristics of included studies

Study	Registration	Country	Start-stop time	Sample size	Median age	Male/Female	Neoadjuvant therapy	Adjuvant therapy	Outcome	Ref.
Zhao 2020	NCT01516944	China	2011.1-2016.5	749(290/223/236)	NA	570/179	NA SOX XELOX	SOX SOX XELOX	①②④	[190]
Zhao 2017	20111214029	China	2011.11-2013.5	102(50/52)	59/58.5	88/20	NA SOX	SOX SOX	①②③	[191]
Zhao 2013	NA	China	2010.9-2011.9	95(40/45)	59/57	65/20	XELOX NA	XELOX NA	①②③	[192]
Zhang 2021	NCT01534546	China	2012.8-2017.2	1022(345/340/337)	59/59/60	768/254	NA NA SOX	SOX XELOX SOX	①②③④	[193]
Yu 2022	NCT01364376	China	2011.6-2016.8	571(288/283)	61/62	406/165	SOX FOLFOX	SOX FOLFOX	①②④	[194]
	UMIN000002595	Japan		83(41/42)	64.5/66.5	58/25	CS	S-1	①	

Yoshikawa 2014			2009.10-2011.7				PC	S-1	[195]
Ychou 2011	NA	France	1995.11-2003.12	224(113/111)	63/63	187/37	CF NA	CF NA	①②③ [196]
Xue 2018	ISRCTN12206108	China	2011.9-2012.12	100(25/25/25/25)	NA	76/24	NA NA SOX XELOX	SOX XELOX SOX XELOX	④ [197]
Wang 2022	NCT02301481	China	2014.1-2017.10	75(37/38)	58/57	61/14	SOX plus Radiotherapy	SOX	①②④ [198]
Wang 2021	NA	China	2014.1-2016.12	60(30/30)	NA	32/28	SOX XELOX plus Radiotherapy	SOX XELOX	①④ [199]

							NA	XELOX	
							DOX	XELOX	
Tian 2021	NCT02555358	China	2014.9-2018.6	280(93/92/95)	NA	216/84	XELOX	XELOX	①④
							NA	XELOX	
Terashima 2019	C000000279	Japan	2007.2-2013.7	300(149/151)	62/64	176/124	CS	S-1	①
							NA	NA	
Sun 2020	NA	China	2015.1-2016.7	124(62/62)	58.41/57.31	63/61	XELOX	XELOX	①
							NA	XELOX	
Sun 2011	NA	China	2008.7-2010.7	55(29/26)	52.6	37/18	FLOT	FLOT	①
							NA	FLOT	
			2018.8-				SOX	SOX	①④
Sah 2020	NCT03636893	China	2019.11	74(40/34)	67/61	50/24	FLOT	FLOT	
			2007.2-				FLO	FLO	①④
Lorenzen 2013	NCT 00737373	Germany	2008.10	43(22/21)	71.5/69	29/14	FLOT	FLOT	
Leong 2017	NA	Australia	2009.9-2014.6	120(60/60)	NA	91/29	ECF plus Radiotherapy	ECF	①

Kang 2021	NCT01515748	South Korea	2012.1-2017.1	484(246/238)	58/58	384/100	ECF DOS NA	ECF S-1 S-1	①	[207]
Iwasaki 2020	No. C000000279	Japan	2005.10-2013.7	300(149/151)	62/64	176/124	CS NA	S-1 S-1	①②	[208]
Hayashi 2021	UMIN000006387	Japan	2011.10-2014.9	127(62/65)	63/65.25	76/51	DCS CS	S-1 S-1	①②	[209]
Hashemzadeh 2014	IRCT201405311373 6N1	Iran	2011.3-2014.3	51(22/29)	58.3/59.7	56/18	DCF NA	NA NA	①	[210]
Fazio 2015	NA	Italy	1999.11-2005.11	69(34/35)	57/59	22/47	DCF NA	NA DCF	①	[211]
Cunningham 2006	NA	UK	1994.7-2002.4	503(250/253)	62/62	396/107	ECF NA	ECF NA	①②	[212]

Cats 2018	NCT00407186	Netherland	2007.1-2015.4	788(393/395)	62/63	529/259	ECF ECF	ECF plus Radiotherapy ECF	②④	[213]
Biffi 2010	NA	Italy	1999.11-2005.11	69(34/35)	57/59	48/21	DCF NA	NA DCF	①	[214]
Basi 2013	NA	Iran	2011-2012	54(28/26)	62.63/61.22	45/9	DCF NA	NA NA	①②	[215]
Aoyama 2017	NA	Japan	2011.10-2014.9	127(62/65)	NA	76/51	DCS CS	S-1 S-1	①	[216]
Al-Batran 2019	NCT01216644	Germany	2010.8-2012.8	716(360/356)	62/62	533/183	ECF FLOT	ECF FLOT	①②③④	[217]
Al-Batran 2016	NCT01216644	Germany	2010.8-2012.8	265(137/128)	62/62	202/63	ECF FLOT	ECF FLOT	①④	[218]
Adenis 2020	NA	France	NA	716(356/360)	NA	NA	ECF FLOT	ECF FLOT	①②③	[219]

Outcomes: ① R0 resection rate; ② OS; ③ DFS; ④ Non-surgical SAEs.

SOX: Oxaliplatin,Tegafur; XELOX: Oxaliplatin, Capecitabine; FOLFOX: Oxaliplatin, Fluorouracil; CS: Cisplatin, Tegafur; PC: Paclitaxel, Cisplatin; CF: Cisplatin, Fluorouracil; DOX: Docetaxel, Oxaliplatin, Capecitabine; FLOT: Docetaxel, Oxaliplatin, Leucovorin, Fluorouracil; FLO: Oxaliplatin, Leucovorin, Fluorouracil; ECF(Including ECF and its derivatives, ECX/EOX): Epirubicin, Cisplatin , Fluorouracil, Capecitabine; DOS: Docetaxel, Oxaliplatin, Tegafur; DCS: Docetaxel, Cisplatin, Tegafur; DCF: Docetaxel, Cisplatin, Fluorouracil; S-1: Tegafu.

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Supplementary Table 4 GRADE assessment of quality of evidence

Outcomes	Risk of bias*	Inconsistency**	Indirectness	Imprecision†	Publication bias††	Large effect	Dose response	Residual bias	Quality of evidence ‡
R0	Serious	Not serious	Not serious	Not serious	Undetected	Undetected	Undetected	Undetected	⊕⊕⊕⭕ Low
OS	Serious	Not serious	Not serious	Not serious	Undetected	Undetected	Undetected	Undetected	⊕⊕⊕⭕ Low
PFS	Serious	Not serious	Not serious	Not serious	Undetected	Undetected	Undetected	Undetected	⊕⊕⊕⭕ Low
Non-surgical SAEs	Serious	Not serious	Not serious	Not serious	Undetected	Undetected	Undetected	Undetected	⊕⊕⊕⭕ Low

*Risk of bias of included studies were assessed by study number and Cochrane Risk and Bias tool;

**Serious inconsistency indicated significant heterogeneity of 80% > I^2 > 50%, P < 0.05; very serious inconsistency indicated significant heterogeneity of I^2 > 80%, P value < 0.05;

†Serious imprecision indicated the confidence intervals for pooled results were board (larger than 0.3);

††Publication bias were evaluated by Egger's test, a P < 0.05 indicated significant publication bias (Detected bias);

‡If there were one or more "serious", the evidence was "low", if there were one or more "Very serious", the evidence was "Very low" and if there was no "serious", the evidence was "High".