Supplementary Figure 1: Reporting Recommendations for Tumor Marker Prognostic Studies (REMARK) guideline

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INTRODUCTION	
1	State the marker examined, the study objectives, and any pre-specified hypotheses.
MATERIALS AND METHODS	
Patients	
2	Describe the characteristics (for example, disease stage or co-morbidities) of the study patients, including their source and inclusion and exclusion criteria.
3	Describe treatments received and how chosen (for example, randomized or rule-based).
Specimen characteristics	
4	Describe type of biological material used (including control samples) and methods of preservation and storage.
Assay methods	
5	Specify the assay method used and provide (or reference) a detailed protocol, including specific reagents or kits used, quality control procedures, reproducibility assessments, quantitation methods, and scoring and reporting protocols. Specify whether and how assays were performed blinded to the study endpoint.
Study design	
6	State the method of case selection, including whether prospective or retrospective and whether stratification or matching (for example, by stage of disease or age) was used. Specify the time period from which cases were taken, the end of the follow-up period, and the median follow-up time.
7	Precisely define all clinical endpoints examined.
8	List all candidate variables initially examined or considered for inclusion in models.
9	Give rationale for sample size; if the study was designed to detect a specified effect size, give the target power and effect size.
Statistical analysis methods	
10	Specify all statistical methods, including details of any variable selection procedures and other model-building issues, how mode assumptions were verified, and how missing data were handled.
11	Clarify how marker values were handled in the analyses; if relevant, describe methods used for cutpoint determination.
RESULTS	
Data	
12	Describe the flow of patients through the study, including the number of patients included in each stage of the analysis (a diagram may be helpful) and reasons for dropout. Specifically, both overall and for each subgroup extensively examined report the numbe of patients and the number of events.
13	Report distributions of basic demographic characteristics (at least age and sex), standard (disease-specific) prognostic variables, and tumor marker, including numbers of missing values.
Analysis and presentation	
14	Show the relation of the marker to standard prognostic variables.
15	Present univariable analyses showing the relation between the marker and outcome, with the estimated effect (for example, hazard ratio and survival probability). Preferably provide similar analyses for all other variables being analyzed. For the effect of tumor marker on a time-to-event outcome, a Kaplan-Meier plot is recommended.
16	For key multivariable analyses, report estimated effects (for example, hazard ratio) with confidence intervals for the marker and, a least for the final model, all other variables in the model.
17	Among reported results, provide estimated effects with confidence intervals from an analysis in which the marker and standard prognostic variables are included, regardless of their statistical significance.
18	If done, report results of further investigations, such as checking assumptions, sensitivity analyses, and internal validation.
DISCUSSION	
19	Interpret the results in the context of the pre-specified hypotheses and other relevant studies; include a discussion of limitations of the study.
20	Discuss implications for future research and clinical value.

Supplementary Table 1: Assessing the quality of included studies based on Reporting Recommendations for Tumor Marker Prognostic Studies (REMARK) guideline

study	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10	Q11	Q12	Q13	Q14	Q15	Q16	Q17	Q18	Q19	Q20	In Total (%)
Chen et al.2017	✓	✓	✓	√	×	×	×	×	×	×	√	√	√	√	×	×	√	√	√	✓	60
Wang1et al.2017	\checkmark	\checkmark	\checkmark	\checkmark	×	×	×	×	\times	×	\checkmark	\checkmark	\checkmark	\checkmark	×	\times	\checkmark	×	\checkmark	\checkmark	55
He et al.2016	\checkmark	\checkmark	\checkmark	\checkmark	×	×	×	\times	\times	×	\checkmark	\times	\checkmark	\checkmark	65						
Liao et al.2017	\checkmark	\checkmark	\checkmark	\checkmark	\checkmark	×	×	\times	\times	×	\checkmark	\times	\checkmark	\checkmark	70						
Wang2 et al.2017	\checkmark	\checkmark	\checkmark	\checkmark	\checkmark	\times	\times	×	×	×	\checkmark	×	\checkmark	\checkmark	70						
Xiong et al.2017	\checkmark	\checkmark	\checkmark	\checkmark	\checkmark	×	×	×	×	×	\checkmark	×	\checkmark	\checkmark	70						
Zhou et al.2017	\checkmark	\checkmark	\checkmark	\checkmark	\checkmark	\times	×	×	×	×	\checkmark	\checkmark	\checkmark	\checkmark	×	×	\checkmark	×	\checkmark	\checkmark	60
Gan et al.2017	\checkmark	\checkmark	\checkmark	\checkmark	\checkmark	×	\times	×	\times	×	×	\checkmark	\checkmark	\checkmark	×	×	\checkmark	×	\checkmark	\checkmark	55
Huang et al.2016	\checkmark	\checkmark	\checkmark	\checkmark	\checkmark	\times	×	×	×	×	\checkmark	\checkmark	\checkmark	\checkmark	×	×	\checkmark	×	\checkmark	\checkmark	60
Lu et al.2017	\checkmark	\checkmark	\checkmark	\checkmark	✓	×	\times	×	×	×	✓	\checkmark	✓	✓	×	×	\checkmark	×	✓	\checkmark	60
Zhao et al.2018	\checkmark	\checkmark	✓	\checkmark	\checkmark	×	×	×	×	×	×	\checkmark	✓	\checkmark	×	×	\checkmark	×	✓	\checkmark	55