

Supplement

Effectiveness and safety of Chinese herbal injections combined with SOX chemotherapy regimens for advanced gastric cancer: A Bayesian network meta-analysis

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Supplement S1

Table S1, PRISMA checklist for our NMA.

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).	Page 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.	Page 1.
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.	Page 2. In the 1. Introduction section
Objectives	4	Provide an explicit statement of questions being addressed, with reference to participants, interventions, comparisons, outcomes, and study design (PICOS).	Page 4. In the 1. Introduction section
METHODS	5	Indicate whether a review protocol exists and if	Page 4.

Protocol and registration		and where it can be accessed (e.g., Web address); and, if available, provide registration information, including registration number.	In the 2. Methods section
Information sources	6	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.	Page 4. In the 2.1. Search strategy of the 2. Methods section
Search	7	Present full electronic search strategy for at least one database, including any limits used, such that it could be repeated.	Page 4. In the 2.1. Search strategy of the 2. Methods section
Eligibility criteria	8	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).	Page 4. In the 2.2. Eligibility criteria of the 2. Methods section
Study selection	9	State the process for selecting studies (i.e., screening, eligibility, included in systematic review, and, if applicable, included in the meta-analysis).	Page 5. In the 2.3. Study selection of the 2. Methods section
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.	Page 5. In the 2.3. Study selection of the 2. Methods section
Data items	11	List and define all variables for which data were sought (e.g., PICOS, funding sources) and any assumptions and simplifications made.	Page 5. In the 2.3. Study selection of the 2. Methods section
Geometry of the network	S1	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.	Page 6. In the 2.5. Statistical analysis of the 2. Methods section
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.	Page 5. In the 2.4. Risk of bias and evidence quality assessment of the 2. Methods section
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.	Page 6. In the 2.5. Statistical analysis of the 2. Methods section
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; Selection of variance structure;	Page 6. In the 2.5. Statistical analysis of the 2. Methods section

Selection of prior distributions in Bayesian analyses;
And Assessment of model fit.

Assessment of Inconsistency	S2	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.	Page 6. In the 2.5. Statistical analysis of the 2. Methods section
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).	Page 5. In the 2.4. Risk of bias and evidence quality assessment of the 2. Methods section
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).	Page 6. In the 2.5. Statistical analysis of the 2. Methods section
RESULTS†	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.	Page 6. In the 3.1. Study selection of the 3.Results section
Study selection	S3	Provide a network graph of the included studies to enable visualization of the geometry of the treatment network.	Page 8. In the 3.5. Network meta-analysis of the 3.Results section
Summary of network geometry	S4	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.	Page 8. In the 3.5. Network meta-analysis of the 3.Results section
Study characteristics	18	For each study, present characteristics for which data were extracted (e.g., study size, PICOS, follow-up period) and provide the citations.	Page 6. In the 3.2. Study characteristics of the 3.Results section
Risk of bias within studies	19	Present data on risk of bias of each study and, if available, any outcome level assessment.	Page 7. In the 3.3. Risk of bias of included studies of the 3.Results section
Results of individual studies	20	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.	Page 9. In the 3.5.1. Primary Outcomes of the 3.Results section

Synthesis results	of	21	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.	Page9-10. In the 3.5.1. Primary Outcomes and 3.5.2. Secondary outcomes of the 3.Results section
Exploration for inconsistency		S5	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 tests, or summary of inconsistency estimates from different parts of the treatment network	Page 7-8. In the 3.4. Pairwise meta-analysis of the 3.Results section
Risk of bias across studies		22	Present results of any assessment of risk of bias across studies for the evidence base being studied.	Page 7. In the 3.3. Risk of bias of included studies of the 3.Results section
Results additional analyses	of	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).	Page 12-16. In the 3.4. Pairwise meta-analysis of the 3.Results section
DISCUSSION Summary of evidence	of	24	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).	Page 13. In the 4.Discussion section
Strengths limitation	and	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).	Page 15. In the 4.Discussion section
Conclusions		26	Provide a general interpretation of the results in the context of other evidence, and implications for future research.	Page 16. In the 5.Conclusions section
FUNDING Funding		27	Describe sources of funding for the systematic review and other support (e.g., supply of data); role 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.	Page 17. In the Funding section

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14 **Supplement S2**

15 Table S2, The search strategy for the respective database.

Database name	Search strategies
CNKI	TKA=('胃癌' + '胃肿瘤' + '胃恶性肿瘤' + '胃部恶性肿瘤' + '贲门癌' + '残胃癌' + '残胃肿瘤' + '残胃再发癌' + '胃腺癌') AND SU=('注射液' + '注射剂') AND TKA=('SOX' + '奥沙利铂 替吉奥' + '奥沙利铂 爱斯万' + '奥沙利铂 维康达' + '奥沙利铂 s-1' + '化疗') AND FT='随机'
Wanfang	主题:("胃癌" or "胃肿瘤" or "胃恶性肿瘤" or "胃部恶性肿瘤" or "贲门癌" or "残胃癌" or "残胃肿瘤" or "残胃再发癌" or "胃腺癌") and 主题:("注射液" or "注射剂") and 主题:("SOX" or "奥沙利铂 替吉奥" or "奥沙利铂 爱斯万" or "奥沙利铂 维康达" or "奥沙利铂 s-1" or "化疗") and 全部:(随机)
VIP	(M=(胃癌 or 胃肿瘤 or 胃恶性肿瘤 or 胃部恶性肿瘤 or 贲门癌 or 残胃癌 or 残胃肿瘤 or 残胃再发癌 or 胃腺癌) or K=(胃癌 or 胃肿瘤 or 胃恶性肿瘤 or 胃部恶性肿瘤 or 贲门癌 or 残胃癌 or 残胃肿瘤 or 残胃再发癌 or 胃腺癌)) and (M=(注射液 or 注射剂) or K=(注射液 or 注射剂)) and (M=(SOX or 奥沙利铂 替吉奥 or 奥沙利铂 爱斯万 or 奥沙利铂 维康达 or 奥沙利铂 s-1 or 化疗) or K=(SOX or 奥沙利铂 替吉奥 or 奥沙利铂 爱斯万 or 奥沙利铂 维康达 or 奥沙利铂 s-1 or 化疗)) and U=随机
SinoMed	#1 “注射剂” [不加权:扩展] #2 “胃肿瘤” [不加权:扩展] #3 “奥沙利铂” 不加权:扩展 #4 “胃肿瘤” [常用字段:智能] OR “胃癌” [常用字段:智能] OR “胃恶性肿瘤” [常用字段:智能] OR “胃部恶性肿瘤” [常用字段:智能] OR “贲门癌” [常用字段:智能] OR “残胃癌” [常用字段:智能] OR “残胃肿瘤” [常用字段:智能] OR “残胃再发癌” [常用字段:智能] OR “胃腺癌” [常用字段:智能] #5 (#4) OR (#2) #6 “注射液” [常用字段:智能] OR “注射剂” [常用字段:智能] #7 (#6) OR (#1) #8 “抗肿瘤联合化疗方案” [不加权:扩展] #9 “替吉奥” [常用字段:智能] OR “爱斯万” [常用字段:智能] OR “维康达” [常用字段:智能] OR “s-1” [常用字段:智能] #10 “奥沙利铂” [常用字段:智能] #11 (#10) OR (#3) #12 (#11) AND (#9) #13 (#12) OR (#8) #14 “SOX” [常用字段:智能] #15 (#14) OR (#13) #16 “随机” [全部字段:智能]
Pubmed	#1: ("Stomach Neoplasms"[Mesh]) OR (Neoplasm, Stomach[Title/Abstract]) OR (Stomach Neoplasm[Title/Abstract]) OR (Neoplasms, Stomach[Title/Abstract]) OR (Gastric Neoplasms[Title/Abstract]) OR (Gastric Neoplasm[Title/Abstract]) OR (Neoplasm,Gastric[Title/Abstract]) OR (Neoplasms, Gastric[Title/Abstract]) OR (Cancer of Stomach[Title/Abstract]) OR (Stomach Cancers[Title/Abstract]) OR (Gastric Cancer[Title/Abstract]) OR (Cancer, Gastric [Title/Abstract]) OR (Cancers, Gastric [Title/Abstract]) OR (Gastric Cancers[Title/Abstract]) OR (Stomach Cancer[Title/Abstract]) OR (Cancer, Stomach [Title/Abstract]) OR (Cancers, Stomach[Title/Abstract]) OR (Cancer of the Stomach[Title/Abstract]) OR (Gastric Cancer, Familial Diffuse[Title/Abstract]) #2: ("Injections"[Mesh]) OR (Injection[Title/Abstract]) OR (Injectables[Title/Abstract]) OR

(Injectable[Title/Abstract])
 #3: ("Tegafur"[Mesh]) OR (1-(Tetrahydro-2-furanyl)-5-fluorouracil[Title/Abstract]) OR
 (N1-(2'-Tetrahydrofuryl)-5-fluorouracil[Title/Abstract]) OR
 (1-(2-Tetrahydrofuryl)-5-fluorouracil[Title/Abstract]) OR
 (5-Fluoro-1-(tetrahydro-2-furanyl)-2,4-pyrimidinedione[Title/Abstract]) OR (FT207[Title/Abstract]) OR
 (Utefos[Title/Abstract]) OR (Futraful[Title/Abstract]) OR (Sunfural S[Title/Abstract]) OR
 (Uftoral[Title/Abstract]) OR (Florafur[Title/Abstract]) OR (Fluorofur[Title/Abstract]) OR
 (Ftorafur[Title/Abstract])
 #4: (Oxalato-(1,2-cyclohexanediamine)platinum II[Title/Abstract]) OR (Oxaliplatin,
 (SP-4-2-(1R-trans))-isomer[Title/Abstract]) OR (L-OHP Cpd[Title/Abstract]) OR
 (Platinum(II)-1,2-cyclohexanediamine Oxalate[Title/Abstract]) OR (1,2-Diaminocyclohexane Platinum
 Oxalate[Title/Abstract]) OR (1,2 Diaminocyclohexane Platinum Oxalate[Title/Abstract]) OR
 (1,2-Diamminocyclohexane(trans-1[Title/Abstract])oxalatoplatinum(II)) OR
 (Platinum(2+[Title/Abstract]) ethanedioate (1R,2R)-1,2-cyclohexanediamine (1:1:1)) OR
 (Oxaliplatine[Title/Abstract]) OR (Eloxatine[Title/Abstract]) OR (Eloxatin[Title/Abstract]) OR
 (Oxaliplatin, (SP-4-3-(cis))-isomer[Title/Abstract]) OR (ACT 078[Title/Abstract]) OR
 (ACT-078[Title/Abstract]) OR (ACT078[Title/Abstract]) OR
 (Cis-oxalato-(trans-l[Title/Abstract])-1,2-diaminocyclohexane-platinum(II)) OR (Oxaliplatin,
 (SP-4-2-(1S-trans))-isomer[Title/Abstract]) OR ("Oxaliplatin"[Mesh])
 #5: ("S1(combination)"[Supplementary Concept]) OR (S1-tegafur-oxonate combination[Title/Abstract])
 OR (S1-fluoropyrimidine oxonate combination[Title/Abstract]) OR (TS-1 cpd[Title/Abstract]) OR
 (S-1(combination[Title/Abstract]) OR (S-1 cpd[Title/Abstract]) OR (BMS247616[Title/Abstract])
 #6: ("Randomized Controlled Trials as Topic"[Mesh]) OR (Randomized Controlled Trial[Publication
 Type]))
 #7: #3 AND #4
 #8: #7 OR #5
 #9: #8 AND #1 AND #2 AND #6

#1 MeSH descriptor: [Stomach Neoplasms] explode all trees

#2 MeSH descriptor: [Injections] explode all trees

#3 MeSH descriptor: [Tegafur] explode all trees

#4 Stomach Neoplasms OR Neoplasm, Stomach OR Stomach Neoplasm OR Neoplasms, Stomach OR
 Gastric Neoplasms OR Gastric Neoplasm OR Neoplasm,Gastric OR Neoplasms, Gastric OR Cancer of
 Stomach OR Stomach Cancers OR Gastric Cancer OR Cancer, Gastric OR Cancers, Gastric OR Gastric
 Cancers OR Stomach Cancer OR Cancer, Stomach OR Cancers, Stomach OR Cancer of the Stomach OR
 Gastric Cancer, Familial Diffuse

#5 Injections OR Injection OR Injectables OR Injectable

#6 Tegafur OR Fluorofur OR Florafur OR Utefos OR Uftoral OR Futraful OR Sunfural S OR Ftorafur OR
 FT207 OR FT 207 OR FT-207

#7 MeSH descriptor: [Oxaliplatin] explode all trees

#8 Oxaliplatine OR L-OHP Cpd OR ACT 078 OR ACT-078 OR ACT078 OR Eloxatin OR Eloxatine OR
 S-1 OR S1 OR TS-1 cpd OR S-1 cpd OR BMS 247616

#9 #1 OR #4

#10 #2 OR #5

#11 #3 OR #6

#12 #7 OR # 8

#13 #9 AND #10 AND #11 AND #12

#14 random*

- #1. 'stomach cancer'/exp
- #2. 'stomach cancer'/exp AND [embase]/lim
- #3. 'cancer of the cardia':ab,ti OR 'cancer of the gastric antrum':ab,ti OR 'cancer of the gastric body':ab,ti OR 'cancer of the gastric cardia':ab,ti OR 'cancer of the gastric fundus':ab,ti OR 'cancer, stomach':ab,ti OR 'cardia cancer':ab,ti OR 'gastric antral cancer':ab,ti OR 'gastric antrum cancer':ab,ti OR 'gastric body cancer':ab,ti OR 'gastric cancer':ab,ti OR 'gastric cardia cancer':ab,ti OR 'gastric cardiac cancer':ab,ti OR 'gastric malignancies':ab,ti OR 'gastric malignancy':ab,ti OR 'malignancies of the stomach':ab,ti OR 'malignancy of the stomach':ab,ti OR 'malignant gastric neoplasm':ab,ti OR 'malignant gastric tumor':ab,ti OR 'malignant neoplasm of the stomach':ab,ti OR 'malignant neoplasms of the stomach':ab,ti OR 'malignant tumor of the stomach':ab,ti OR 'malignant tumors of the stomach':ab,ti OR 'malignant tumour of the stomach':ab,ti OR 'malignant tumours of the stomach':ab,ti OR 'pyloric cancer':ab,ti OR 'stomach malignancies':ab,ti OR 'stomach malignancy':ab,ti OR 'stomach cancer':ab,ti
- #4. #2 OR #3
- #5. 'injection'/exp
- #6. 'blood vessel injection':ab,ti OR 'gluteal injection':ab,ti OR 'injection solution':ab,ti OR 'injections':ab,ti OR 'percutaneous injection':ab,ti OR 'injection':ab,ti
- #7. #5 OR #6
- #8. 'oxaliplatin'/exp
- #9. (('axiplitin':ab,ti OR 'bendaplatin':ab,ti OR 'crisapla':ab,ti OR 'croloxat':ab,ti OR 'dacotin':ab,ti OR 'dacplat':ab,ti OR 'debio 0507':ab,ti OR 'debio0507':ab,ti OR 'ebeoxal':ab,ti OR 'elatofen':ab,ti OR 'eloxatin':ab,ti OR 'eloxatine':ab,ti OR 'elplat':ab,ti OR 'euroxaliplatin':ab,ti OR 'geneplatin':ab,ti OR 'gessedil':ab,ti OR 'heloxatin':ab,ti OR 'jm 83':ab,ti OR 'jm83':ab,ti OR 'liploxa':ab,ti OR 'lipoxal':ab,ti OR 'mbp 426':ab,ti OR 'mbp426':ab,ti OR 'medoxa':ab,ti OR 'nc 4016':ab,ti OR 'nc4016':ab,ti OR 'oksaliplatin':ab,ti OR 'oksaliplatina':ab,ti OR 'oplat':ab,ti OR 'oxalato 1, 2 cyclohexanediamine platinum':ab,ti OR 'oxalatoplatinum':ab,ti OR 'oxalatplatin':ab,ti OR 'oxali':ab,ti OR 'oxalip':ab,ti OR 'oxaliplan':ab,ti OR 'oxaliplatin':ab,ti OR 'oxaliplatine':ab,ti OR 'oxaliplatino':ab,ti OR 'oxaliplatinum':ab,ti OR 'oxaliprol':ab,ti OR 'oxaliquid':ab,ti OR 'oxalisan':ab,ti OR 'oxalisin':ab,ti OR 'oxalizer':ab,ti OR 'oxaltic':ab,ti OR 'oxaltina':ab,ti OR 'oxamed':ab,ti) AND oxaliplatin:ab,ti OR 'oxaplamyl':ab,ti OR 'oxaviatin':ab,ti OR 'platinum 1, 2 cyclohexanediamine oxalate':ab,ti OR 'platinum 1, 2 diaminocyclohexane oxalate':ab,ti OR 'platinum oxalate 1, 2 diaminocyclohexane':ab,ti OR 'platinum trans':ab,ti) AND oxalato:ab,ti AND '1, 2 diaminocyclohexane':ab,ti OR 'platox':ab,ti OR 'plaxitin':ab,ti OR 'rectoxal':ab,ti OR 'riboxatin':ab,ti OR 'rp 54780':ab,ti OR 'rp54780':ab,ti OR 'sinoxal':ab,ti OR 'sr 96669':ab,ti OR 'sr96669':ab,ti OR 'tio 217':ab,ti OR 'tio217':ab,ti OR 'transplastin':ab,ti OR 'velminox':ab,ti OR 'xaliplat':ab,ti OR 'xoplan':ab,ti OR 'oxaliplatin':ab,ti
- #10. #8 OR #9
- #11. 'tegafur'/exp
- #12. (((((((((((((((((((1:ab,ti AND '2 furanidyl':ab,ti AND '5 fluorouracil':ab,ti OR 1:ab,ti) AND '2 tetrahydrofuran':ab,ti AND '5 fluorouracil':ab,ti OR 1:ab,ti) AND '2 tetrahydrofuryl':ab,ti AND '5 fluorouracil':ab,ti OR 1:ab,ti) AND 'tetrahydro 2 furanyl':ab,ti AND '5 fluorouracil':ab,ti OR '1 tetrahydrofuryl 5 fluorouracil':ab,ti OR 2:ab,ti) AND '5 fluoro 2, 4 dihydroxypyrimid 1 yl':ab,ti AND tetrahydrofuran:ab,ti OR '5 fluoro 1':ab,ti) AND '2 furanidyl':ab,ti AND uracil:ab,ti OR '5 fluoro 1':ab,ti) AND '2 tetrahydrofuran':ab,ti AND uracil:ab,ti OR '5 fluoro 1':ab,ti) AND '2 tetrahydrofuryl':ab,ti AND uracil:ab,ti OR '5 fluoro 1':ab,ti) AND 'tetrahydro 2 furanyl':ab,ti AND '2, 4 pyrimidinedione':ab,ti OR '5 fluoro 1':ab,ti) AND 'tetrahydro 2 furanyl':ab,ti AND '2, 4':ab,ti AND '1h, 3h':ab,ti AND pyrimidinedione:ab,ti OR '5 fluoro 1':ab,ti) AND 'tetrahydro 2 furanyl':ab,ti AND uracil:ab,ti OR '5 fluoro 1':ab,ti) AND 'tetrahydro 2 furyl':ab,ti AND '2, 4 pyrimidinedione':ab,ti OR '5 fluoro 1':ab,ti) AND 'tetrahydro 2 furyl':ab,ti AND uracil:ab,ti OR '5 fluoro 1':ab,ti) AND 'tetrahydrofur 2 yl':ab,ti AND

Embase

uracil:ab,ti OR '5 fluoro 1':ab,ti) AND 'tetrahydrofuran 2 yl':ab,ti AND uracil:ab,ti OR 'citofur':ab,ti OR 'florafur':ab,ti OR 'fluorafur':ab,ti OR 'fluorofur':ab,ti OR 'ft 207':ab,ti OR 'ft207':ab,ti OR 'ftorafur':ab,ti OR 'furflucil':ab,ti OR 'futrafur':ab,ti OR 'lifril':ab,ti OR 'mjf 12264':ab,ti OR 'mjf12264':ab,ti OR n:ab,ti) AND '2 tetrahydrofuryl':ab,ti AND '5 fluorouracil':ab,ti OR 'n 2 furanidylfluorouracil':ab,ti OR n1:ab,ti) AND '2 furanidyl':ab,ti AND '5 fluorouracil':ab,ti OR n1:ab,ti) AND '2 tetrahydrofuryl':ab,ti AND '5 fluorouracil':ab,ti OR 'nsc 148958':ab,ti OR 'nsc148958':ab,ti OR 'sf sp':ab,ti OR 'sfsp':ab,ti OR 'sinoflurol':ab,ti OR 'sunfural':ab,ti OR 'tegafur':ab,ti OR 'uracil, 5 fluoro 1':ab,ti) AND 'tetrahydrofuran 2 yl':ab,ti OR 'tegafur':ab,ti

#13. #11 OR #12

#14. #10 AND #13

#15. #4 AND #7 AND #14

#16. 'randomized controlled trial'/exp

#17. 'controlled trial, randomized':ab,ti OR 'randomised controlled study':ab,ti OR 'randomised controlled trial':ab,ti OR 'randomized controlled study':ab,ti OR 'trial,randomized controlled':ab,ti OR 'randomized controlled trial':ab,ti

#18. #16 OR #17

#19. #15 AND #18

#1: TS=(Stomach Neoplasms OR Stomach Neoplasm OR Gastric Neoplasms OR Gastric Neoplasm OR Cancer of Stomach OR Stomach Cancers OR Gastric Cancer OR Gastric Cancers OR Stomach Cancer OR Cancer of the Stomach OR Gastric Cancer, Familial Diffuse)

#2: TS=(Injections OR Injection OR Injectables OR Injectable)

#3: TS=(Tegafur OR 1-(Tetrahydro-2-furanyl)-5-fluorouracil OR N1-(2'-Tetrahydrofuryl)-5-fluorouracil OR 1-(2-Tetrahydrofuryl)-5-fluorouracil OR 5-Fluoro-1-(tetrahydro-2-furanyl)-2,4-pyrimidinedione OR FT207 OR Utefos OR Futrafur OR Sunfural S OR Uftoral OR Florafur OR Fluorofur OR Ftorafur)

#4: TS=(Oxalato-(1,2-cyclohexanediamine)platinum II OR Oxaliplatin, (SP-4-2-(1R-trans))-isomer OR L-OHP Cpd OR Platinum(II)-1,2-cyclohexanediamine Oxalate OR 1,2-Diaminocyclohexane Platinum Oxalate OR 1,2-Diaminocyclohexane Platinum Oxalate OR 1,2-Diaminocyclohexane(trans-1)oxoloplatinum(II) OR Platinum(2+) ethanedioate (1R,2R)-1,2-cyclohexanediamine (1:1:1) OR Oxaliplatin OR Eloxatin OR Eloxatin OR Oxaliplatin, (SP-4-3-(cis))-isomer OR ACT 078 OR ACT-078 OR ACT078 OR Cis-oxalato-(trans-1)-1,2-diaminocyclohexane-platinum(II) OR Oxaliplatin, (SP-4-2-(1S-trans))-isomer OR Oxaliplatin)

#5: TS=(S1(combination) OR S1-tegafur-oxonate combination OR S1-fluoropyrimidine oxonate combination OR TS-1 cpd OR S-1(combination) OR S-1 cpd OR BMS247616)

#6: TS=(randomized controlled trial OR randomized OR placebo OR random OR randomised)

#7: #3 AND #4

#8: #7 OR #5

#9: #8 AND #1 AND #2 AND #6

Web of
Science

CNKI: China National Knowledge Infrastructure; SinoMed: the Chinese Biomedical Literature Database; WanFang: the WanFang Database; VIP: the Chinese Scientific Journals Full-Text Database; Embase Database: Excerpta Medica Database; WOS Database: Web of Science Database.



28 Supplement S3

29 Table S3, Detailed information on included CHIs.

Injection Name	Execution standards and approval numbers	Source	Composition	Indications	Adverse reactions	Chemical analysis Reported (Y/N)
Aidi injections	National Food and Drug Administration National Drug Standard, WS3-B-3809-99-2002. National Pharmaceutical Standard, Z52020236.	Guizhou Yibai Pharmaceutical Co., Ltd.	<i>Panax ginseng</i> <i>C.A.Mey.</i> [Araliaceae] <i>Eleutherococcus senticosus</i> (Rupr. & Maxim.) Maxim. [Araliaceae] <i>Astragalus membranaceus</i> (Fisch.) Bunge.[Fabaceae] <i>Harmonia axyridis</i> (Pallas) [Coccinellidae]	Primary liver cancer, lung cancer, rectal cancer, malignant lymphoma, gynecological malignant tumor.	When using this product for the first time, patients may occasionally experience mild reactions such as flushing, hives, and fever, while only a very small number of patients may experience more severe reactions such as palpitations, chest tightness, and nausea.	N
Shenfu injections	National Food and Drug Administration National Drug Standard, WB3-B-3427-98-2013. National Pharmaceutical Standard, Z20043117.	Sichuan Yaan Pharmaceutical Co., Ltd.	<i>Panax ginseng</i> <i>C.A.Mey.</i> [Araliaceae] <i>Aconitum carmichaeli</i> <i>Debeaux</i> [Ranunculaceae]	Infectious, hemorrhagic, and fluid loss shock may cause palpitations, asthma, coughing, stomach pain, diarrhea, and joint pain.	Occasionally, in clinical settings, tachycardia, anaphylaxis, rash, dizziness, headache, hiccup, tremor, dyspnea, nausea, visual abnormalities, liver dysfunction, and urinary retention have been reported as possible side effects.	N
Shenqifuzhen injections	National Food and Drug Administration National Drug Standard, WS3-387 (Z-50) - 2003 (Z). National Pharmaceutical Standard, 19990065.	Guangdong Lizhu Group Limin Pharmaceutical Factory.	<i>Codonopsis pilosula</i> (Franch.) Nannf. [Campanulaceae] <i>Astragalus membranaceus</i> (Fisch.) Bunge [Fabaceae] <i>Sodium Chloride</i> <i>Sodium bisulfite</i> <i>Sodium edetate</i>	Adjuvant treatment for lung cancer, gastric cancer with symptoms of mental fatigue caused by deficiency of lung and spleen, lack of qi and energy, lazy speech, spontaneous sweating, and dizziness	1. Patients without Qi deficiency syndrome may experience mild bleeding after taking the medication. 2. Some patients may experience low-grade fever, stomatitis, and fatigue after taking the medicine. 3. Occasional side effects may include rash, chills, high fever, vomiting, chest tightness, palpitations, and so on.	N

Fufang kushen injections	National Food and Drug Administration National Drug Standard, WS ₃ -B-2752-97-2014. National Pharmaceutical Standard, Z14021231.	Shanxi Zhending Pharmaceutical Co., Ltd.	<i>Sophora flavescens</i> <i>Aiton</i> [Fabaceae] <i>Smilax glabra</i> <i>Roxb.</i> [Smilacaceae] <i>Polysorbate 80</i> <i>Sodium hydroxide</i> <i>Sodium hydroxide</i> <i>Acetic acid</i>	For cancer pain and bleeding.	This product has minimal systemic toxicity and side effects and may cause mild local irritation but is well-absorbed.	N
Kangai injections	National Food and Drug Administration National Drug Standard: WS-11222 (ZD-1222)-2002-2012Z National Pharmaceutical Standard Z20026868;	Changbaishan Pharmaceutical Co., Ltd.	<i>Astragalus membranaceus</i> (<i>Fisch.</i>) <i>Bunge</i> [Fabaceae] <i>Panax ginseng</i> <i>C.A.Mey.</i> [Araliaceae] <i>Sophora flavescens</i> <i>Aiton</i> [Fabaceae]	Replenish qi and strengthen the body's immune function. Used for primary liver cancer, lung cancer, rectal cancer, malignant lymphoma, gynecological malignant tumor; Leukopenia and leukopenia caused by various reasons. Treatment of chronic hepatitis B.	Adverse reactions to this product are extremely rare, and during clinical use, allergic reactions are seldom reported.	N
Kanglaite injections	National Food and Drug Administration National Drug Standard, WS ₃ -301 (Z-038)-2006 (Z)-2013. National Pharmaceutical Standard, Z10970091.	Zhejiang Kanglailai Pharmaceutical Co., Ltd.	<i>Coix lacryma-jobi</i> <i>L.</i> [Poaceae] <i>Glycerol</i> <i>Glycine max (L.) Merr.</i> [Fabaceae]	Indicated for primary non-small cell lung cancer and primary liver cancer accompanied by deficiency of both Qi and Yin as well as deficiency of spleen and dampness.	Occasionally, clinics may observe lipid allergy with symptoms such as elevated body temperature, mild nausea, and chills. However, most of these symptoms usually disappear naturally after 3 to 5 days of use. Mild phlebitis may also occur occasionally.	N

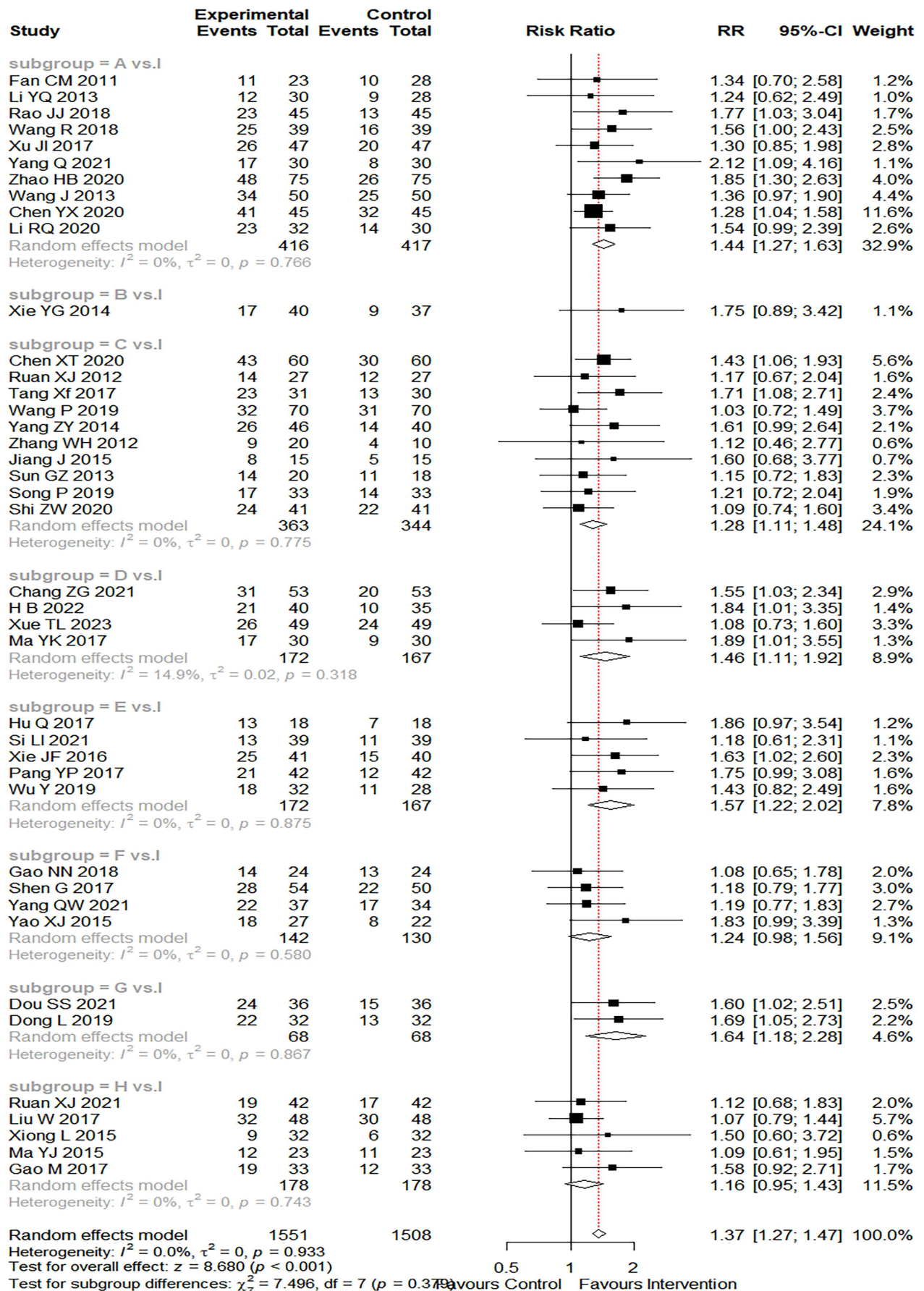
Huachansu Injections	National Food and Drug Administration National Drug Standard, WS ₃ -B-3045-98. National Pharmaceutical Standard, Z3402027.	Anhui China Resources Jinchuan Pharmaceutical Co., Ltd.	<i>Bufo gargarizans</i> [Bufonidae] <i>Mannitol</i> <i>Polyethylene glycol</i>	It is used for middle and late stage tumors, chronic hepatitis B and other diseases.	If the dosage administered to individual patients is too high or the interval between two doses is less than 6 to 8 hours, cold and fever may occur about 30 minutes after drug administration. A few patients may experience local irritation or phlebitis after a long intravenous drip resulting in a slow drip rate. In very rare cases, patients may also experience urticaria, dermatitis, and other allergic reactions.	N
Xiaoaipin injections	National Pharmaceutical Standard, Z34020273.	Nanjing Shenghe Pharmaceutical Co., Ltd	<i>Aristolochia debilis Siebold & Zucc.</i> [Aristolochiaceae]	This medication can be used to treat various types of cancer, including esophageal cancer, gastric cancer, lung cancer, and liver cancer. It can also be used in combination with radiotherapy and chemotherapy for a more comprehensive treatment approach.	Not clear yet.	N
Huangqi injections	National Pharmaceutical Standard, Z32021257.	Shanghai Xinya Pharmaceutical Gaoyou Co., Ltd	<i>Astragalus membranaceus (Fisch.) Bunge</i> [Fabaceae] <i>Mannitol</i> <i>Polyethylene Glycol</i>	This medication is used to treat viral myocarditis with symptoms of heart qi deficiency, blood stasis, and heart insufficiency. It is also used to treat hepatitis accompanied by spleen deficiency and dampness.	According to literature reports, the adverse reactions of this product are as follows: 1. Allergic reactions: common drug fever, drug rash, and red and swollen injection site; serious adverse reactions such as acute allergic reaction and anaphylactic shock are rare.	N

2. Respiratory system:
common laryngeal
edema, dyspnea,
asthma, and chest
tightness.
 3. Circulatory system:
occasionally
delayed-type venous
inflammation with low
blood pressure; rarely
rapid atrial fibrillation.
 4. Digestive system:
occasional liver
function damage,
vomiting, and diarrhea.
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31 **Composition**(from:<http://mpns.kew.org/mpns-portal/>,
32 <http://www.plantsoftheworldonline.org>,
33 and <https://www.catalogueoflife.org/>).
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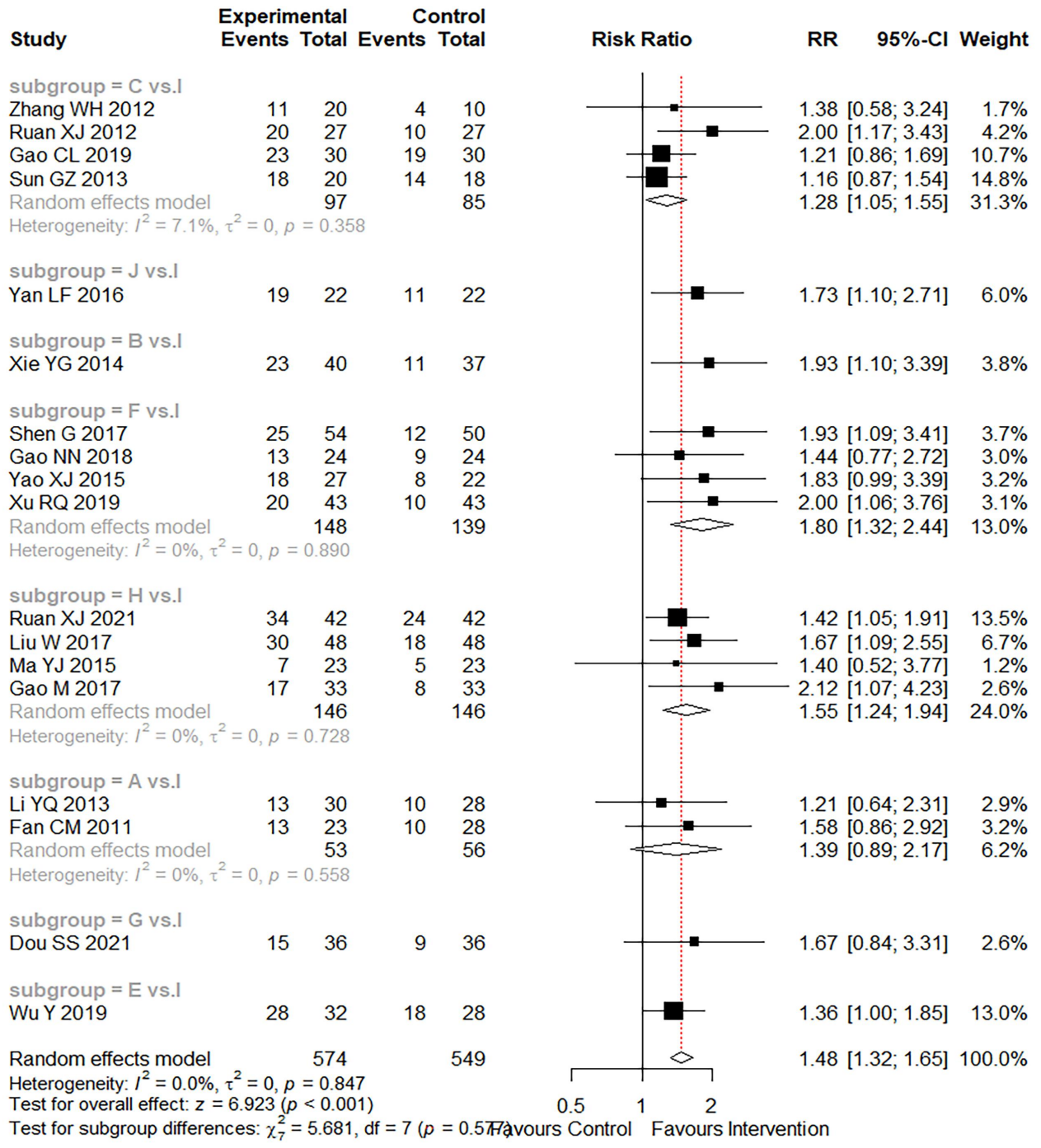
Supplement S4

The forest plot Pairwise Meta-Analysis of outcomes

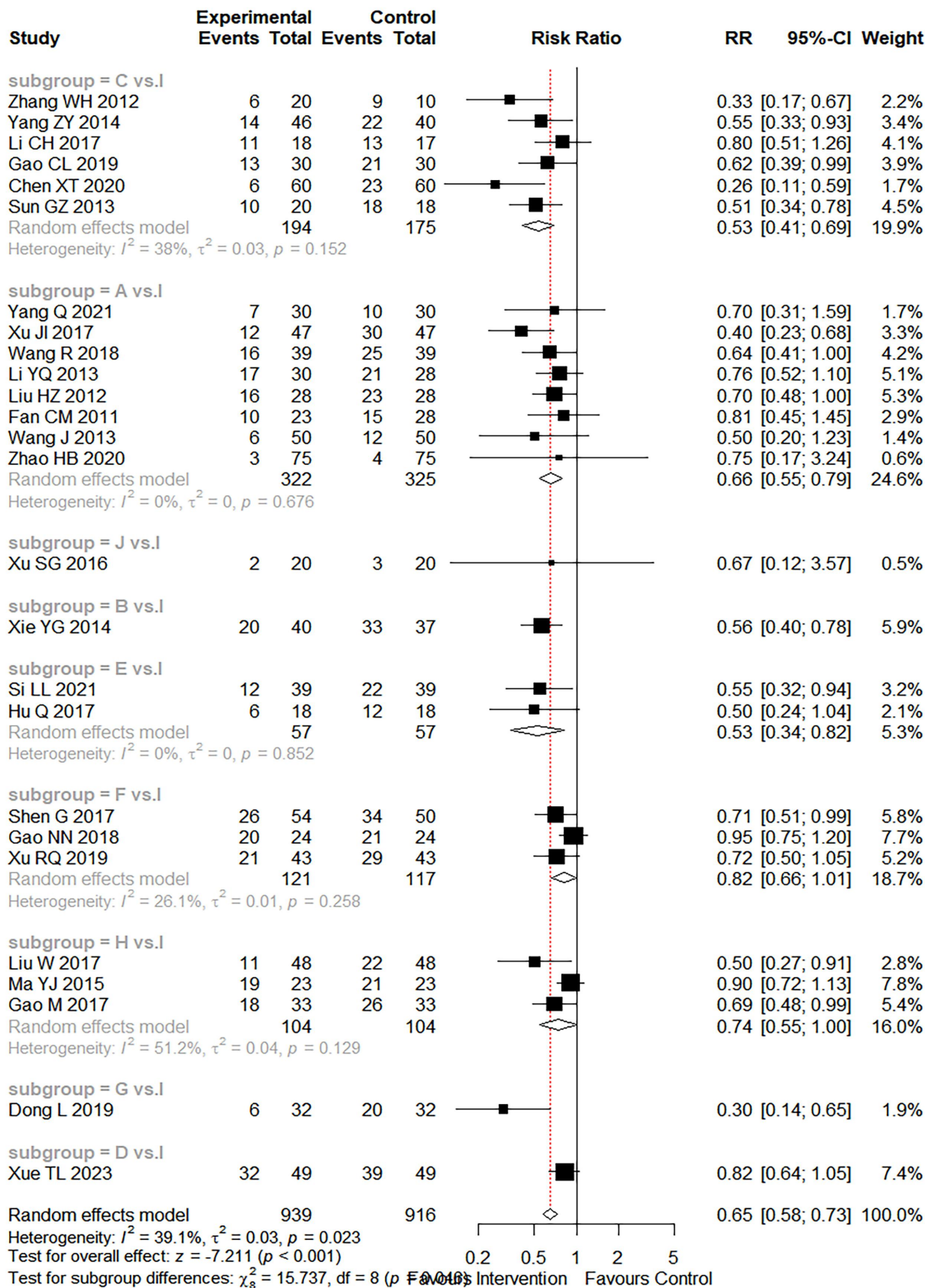


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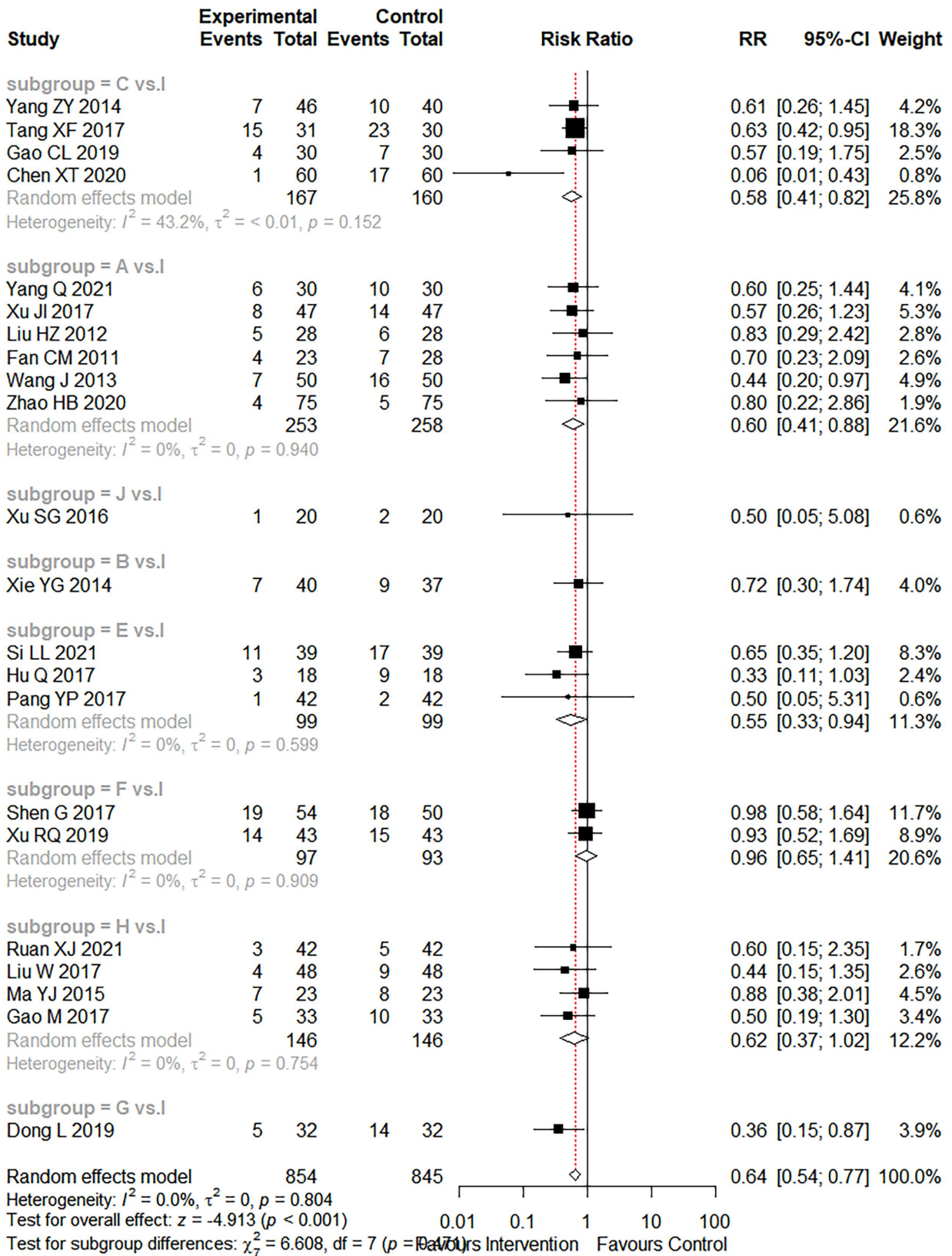


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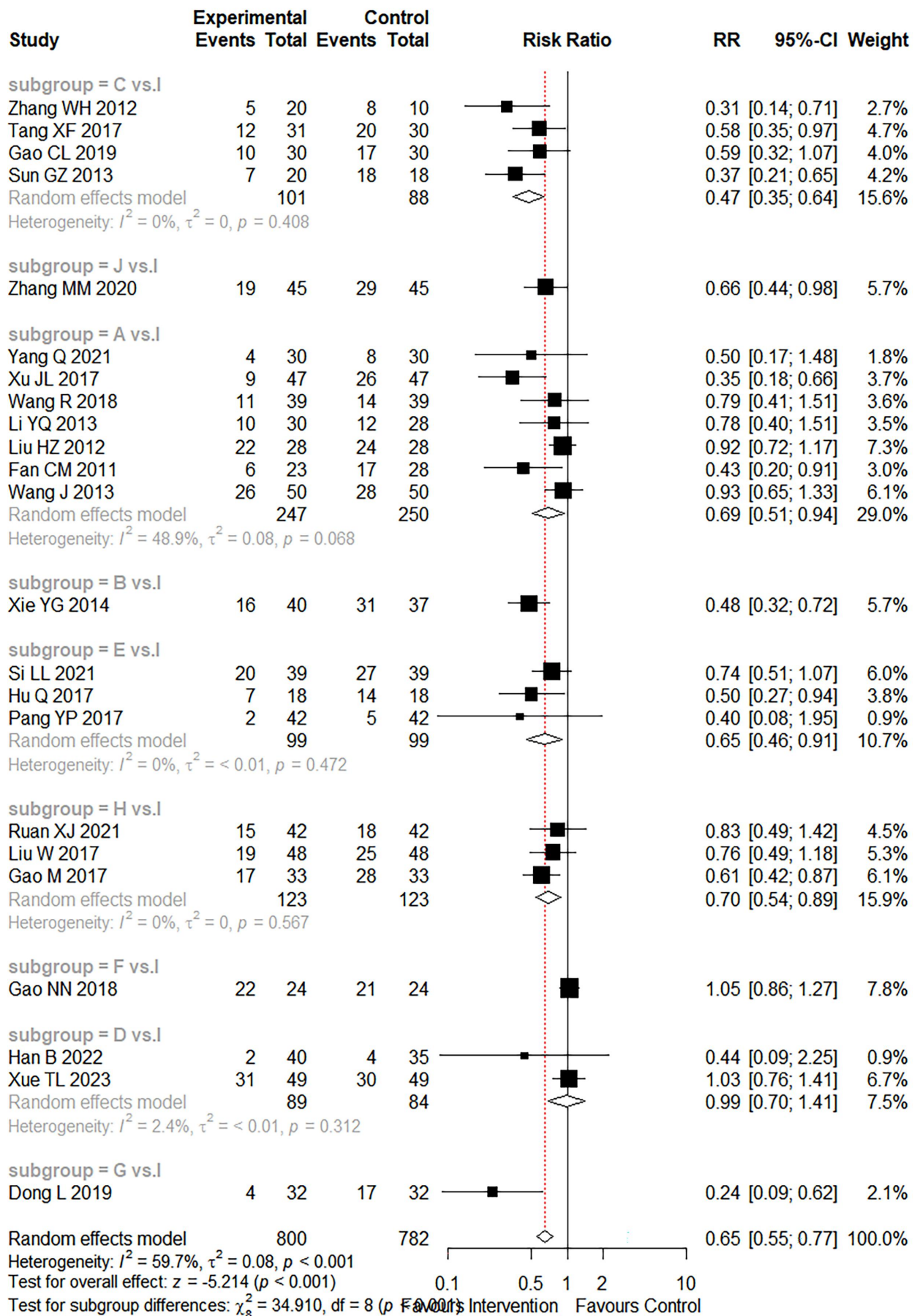
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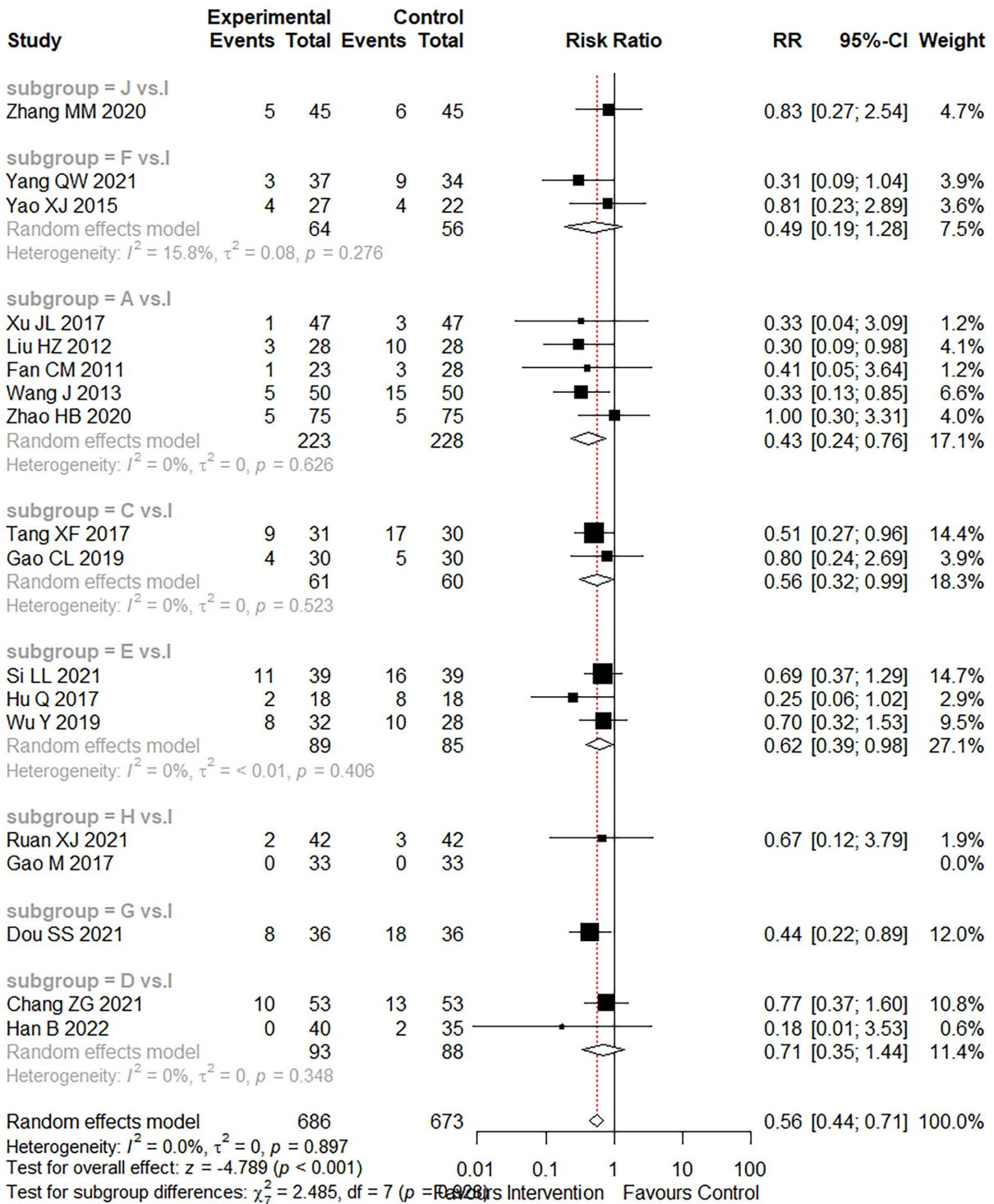
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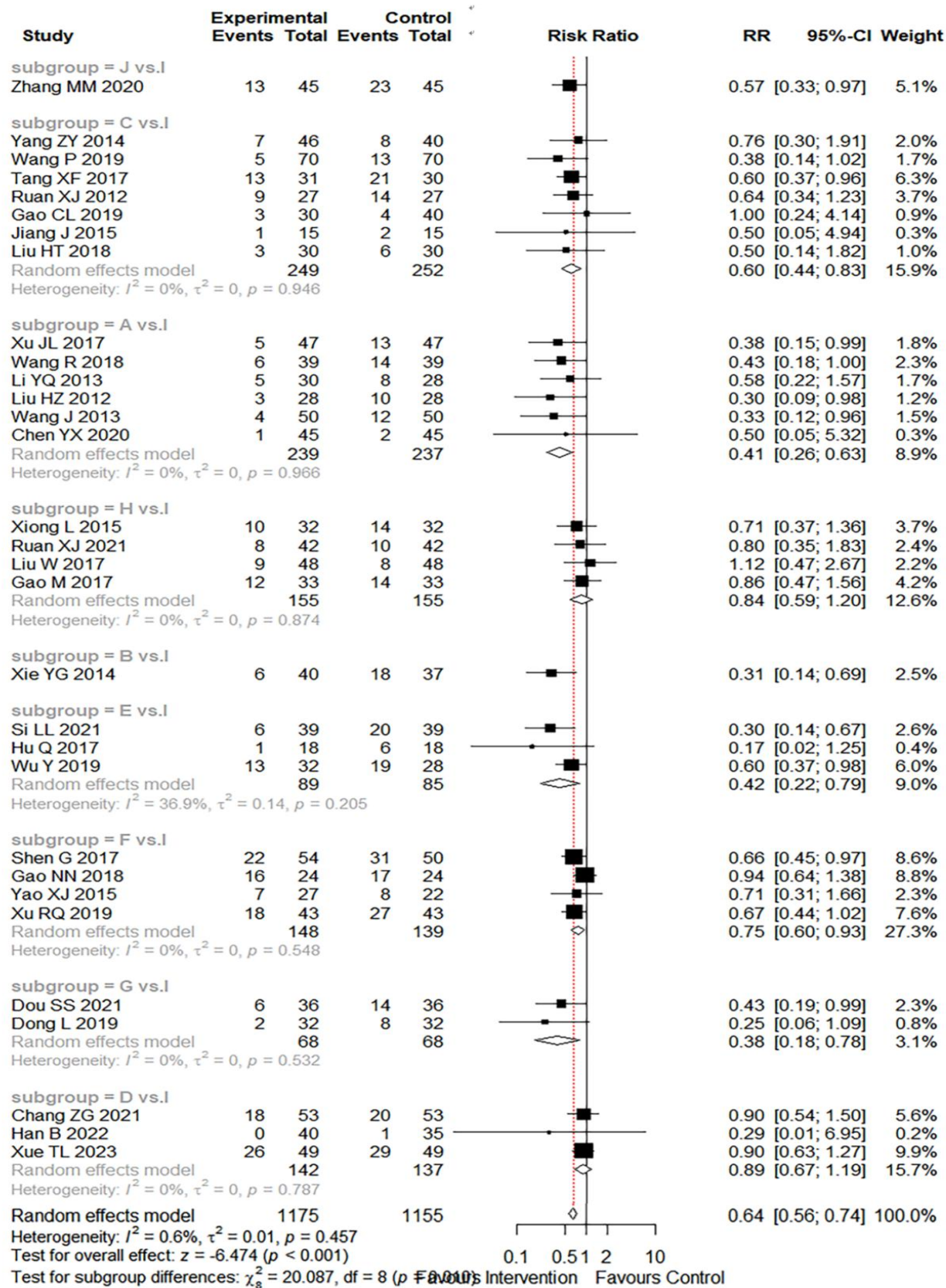
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Figure S4, The forest plot Pairwise Meta-Analysis of outcomes.

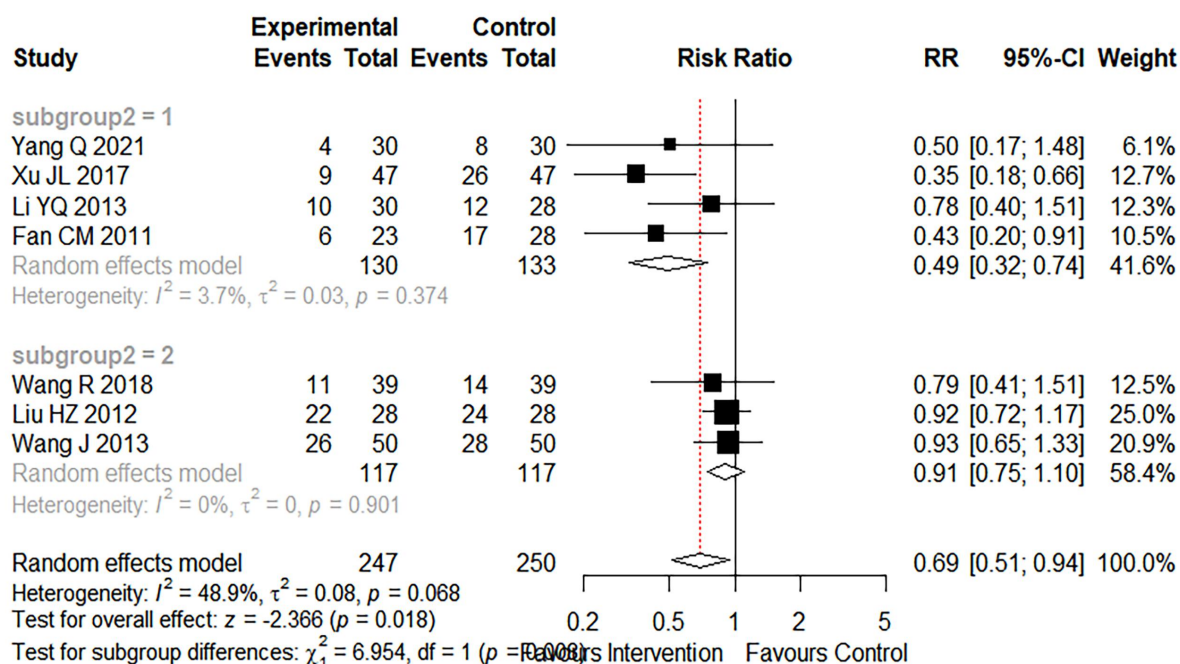
(1), Clinical effectiveness. (2), The improvement rate of KPS score. (3), Incidence of leukopenia rate. (4), Incidence of thrombocytopenia. (5), Incidence of nausea and vomiting. (6), Incidence of liver function damage. (7), Incidence of peripheral neurotoxicity. "A", ADI+SOX. "B", SFI+SOX. "C", SQFZI+SOX. "E", KAI+SOX. "F", KLTI+SOX. "G", HCSI+SOX. "H", XAPI+SOX. "I", SOX. "J", HQI+SOX. ADI, AiDi injections. SFI, Shenfu injections. SQFZI, Shenqifuzheng injections. KAI, Kangai injections. KLTI, Kanglaitei injections. HCSI, Huachansu injections. XAPI,

192 Xiaoaping injections. SOX, SOX chemotherapy regimens, HQI, Huangqi injections.

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194 Supplement S5

195 Subgroup analysis and regression analysis were conducted for the seven studies involving ADI in the incidence of
196 nausea and vomiting outcome.



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> metareg(IKDCS2,Antiemetic)
Mixed-Effects Model (k = 7; tau^2 estimator: REML)

tau^2 (estimated amount of residual heterogeneity): 0 (SE = 0.0318)
tau (square root of estimated tau^2 value): 0
I^2 (residual heterogeneity / unaccounted variability): 0.00%
H^2 (unaccounted variability / sampling variability): 1.00
R^2 (amount of heterogeneity accounted for): 100.00%

Test for Residual Heterogeneity:
QE(df = 5) = 3.3245, p-val = 0.6501

Test of Moderators (coefficient 2):
QM(df = 1) = 8.4240, p-val = 0.0037

Model Results:

      estimate      se      zval      pval      ci.lb      ci.ub
intrcpt    -1.3324  0.3896  -3.4200  0.0006  -2.0960  -0.5688 ***
Antiemetic  0.6177  0.2128   2.9024  0.0037   0.2006   1.0349 **

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Signif. codes:  0 '***' 0.001 '**' 0.01 '*' 0.05 '.' 0.1 ' ' 1
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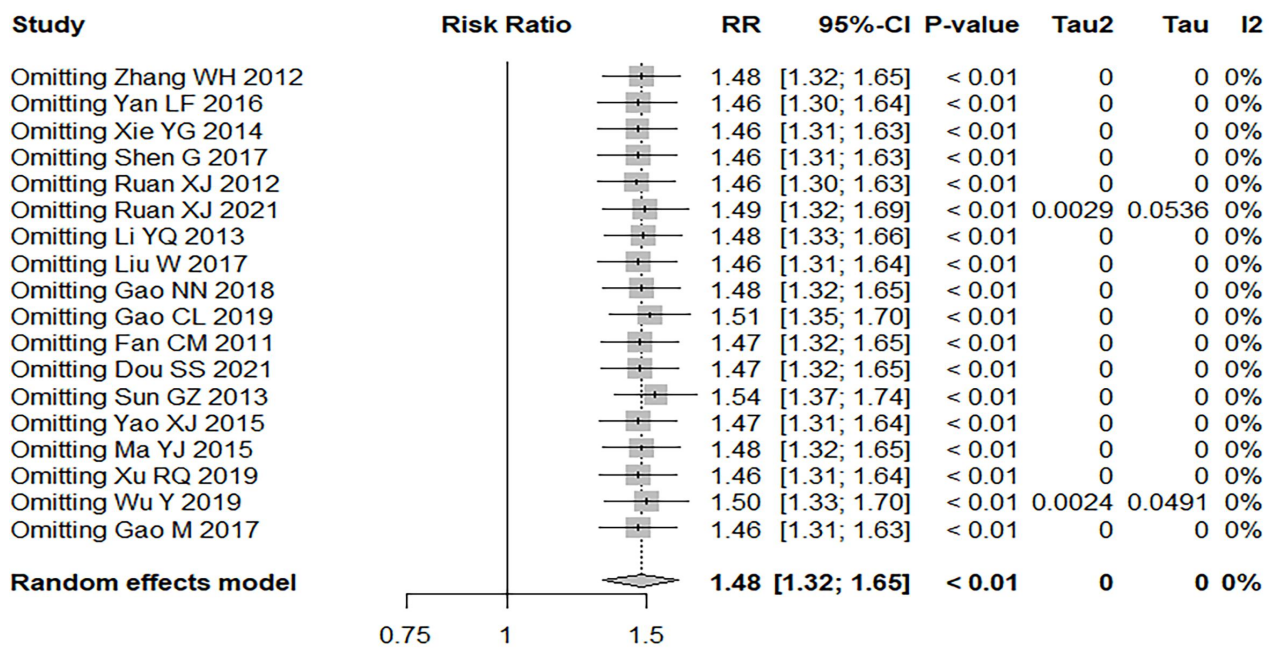
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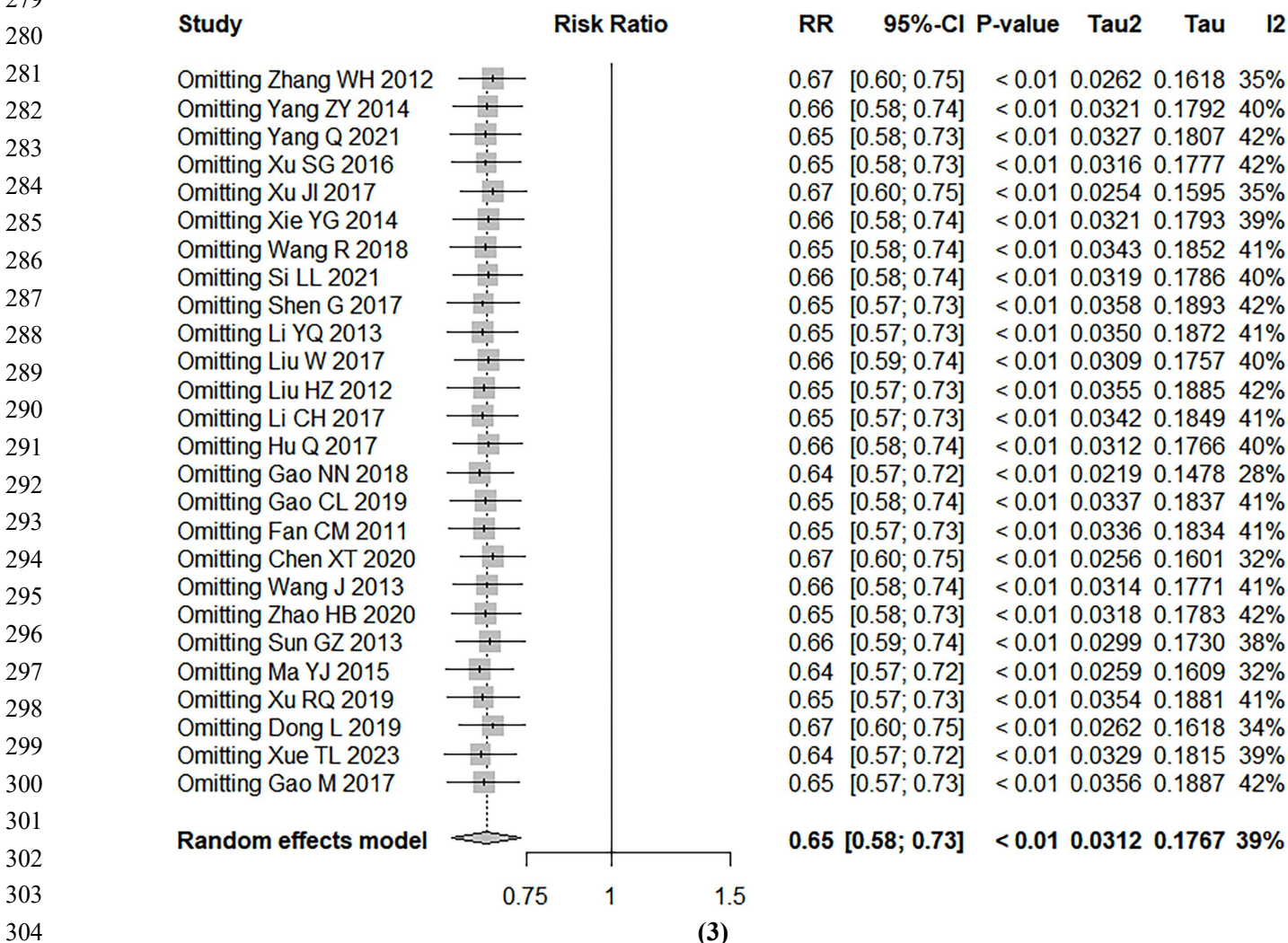
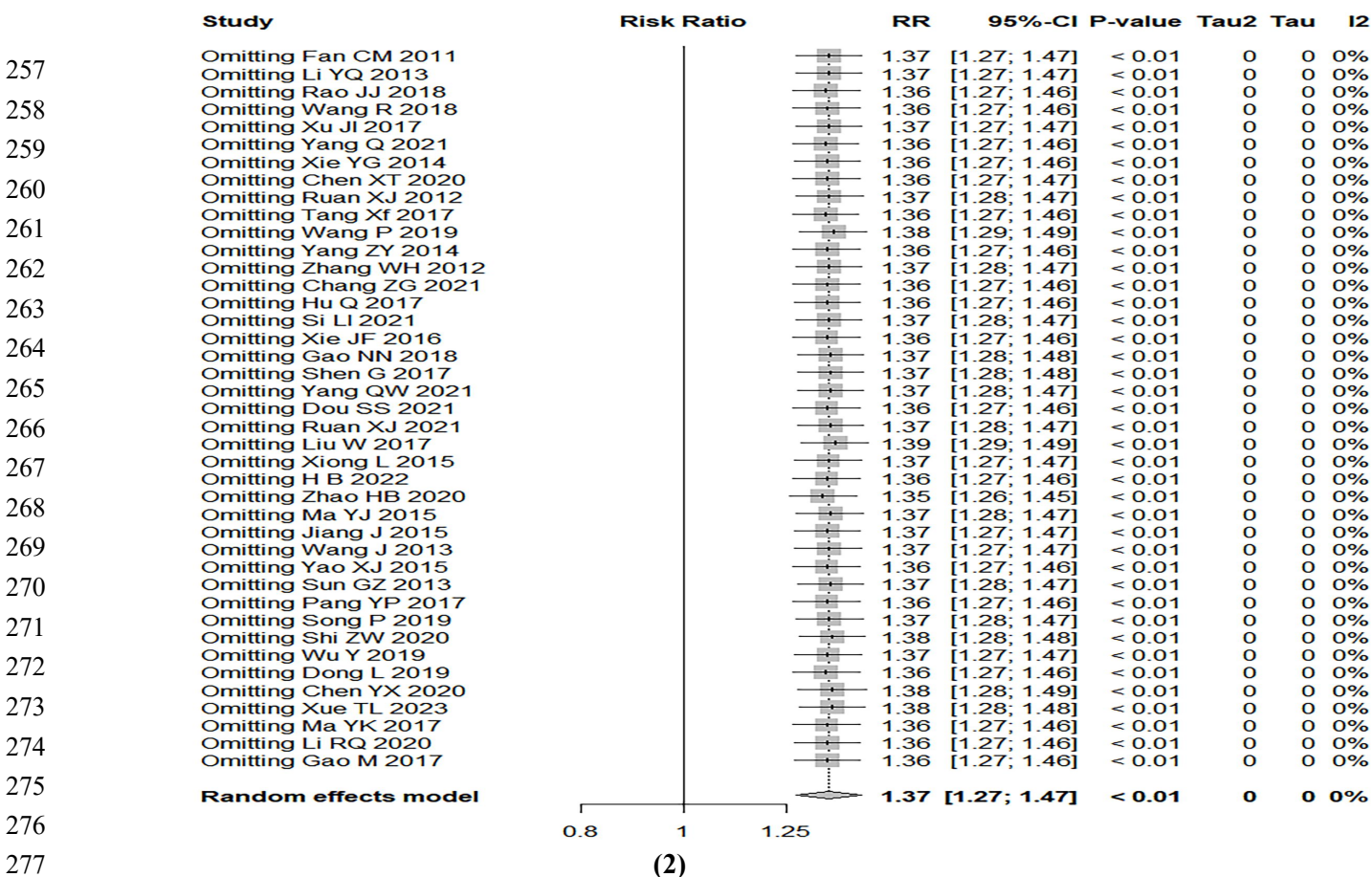
Figure S5, Subgroup analysis and regression analysis were conducted for the seven studies involving ADI in the incidence of nausea and vomiting outcome. (1) Subgroup analysis (2) regression analysis. The subgroup=1 indicated the use of antiemetic drugs during treatment, while the subgroup=2 indicated no use of antiemetic drugs.

208 **Supplement S6**

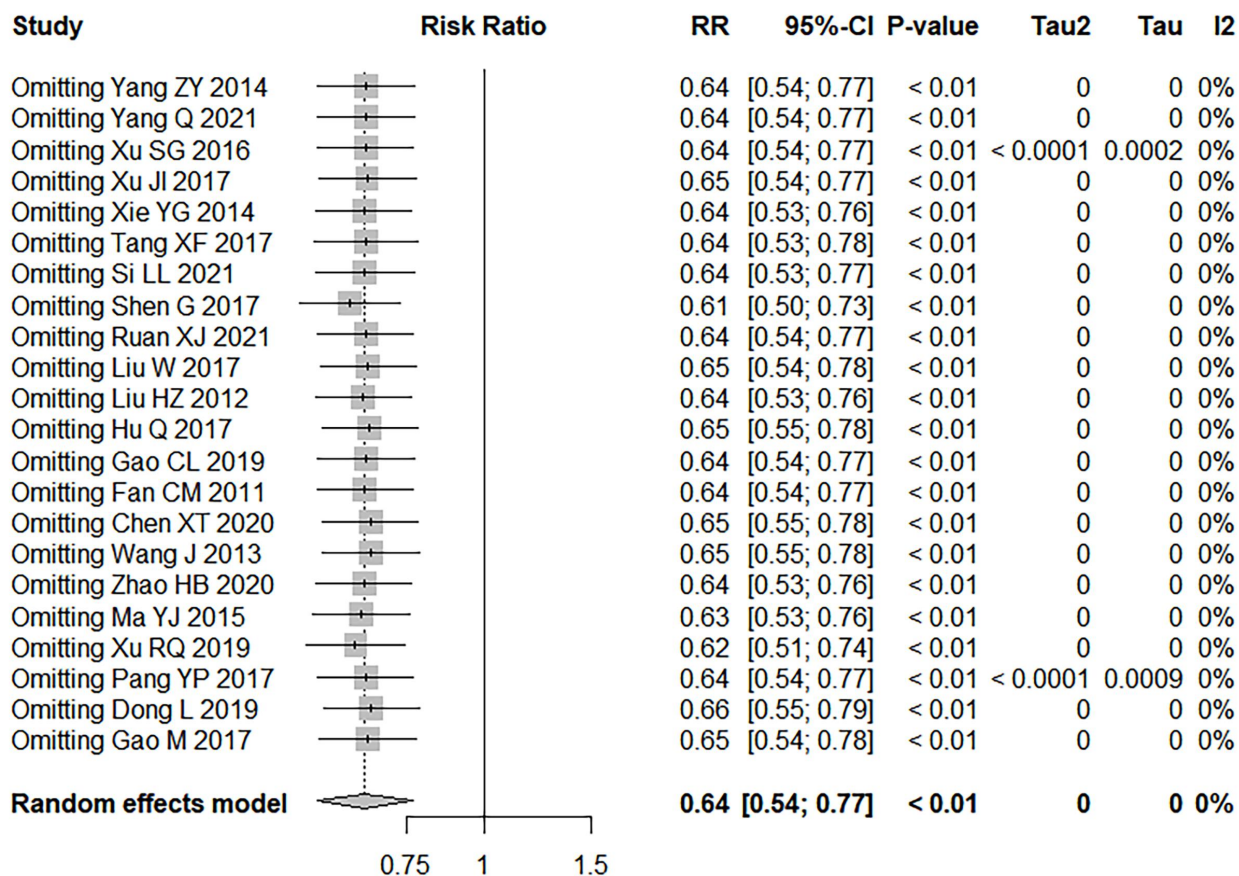
209 Sensitivity analysis.



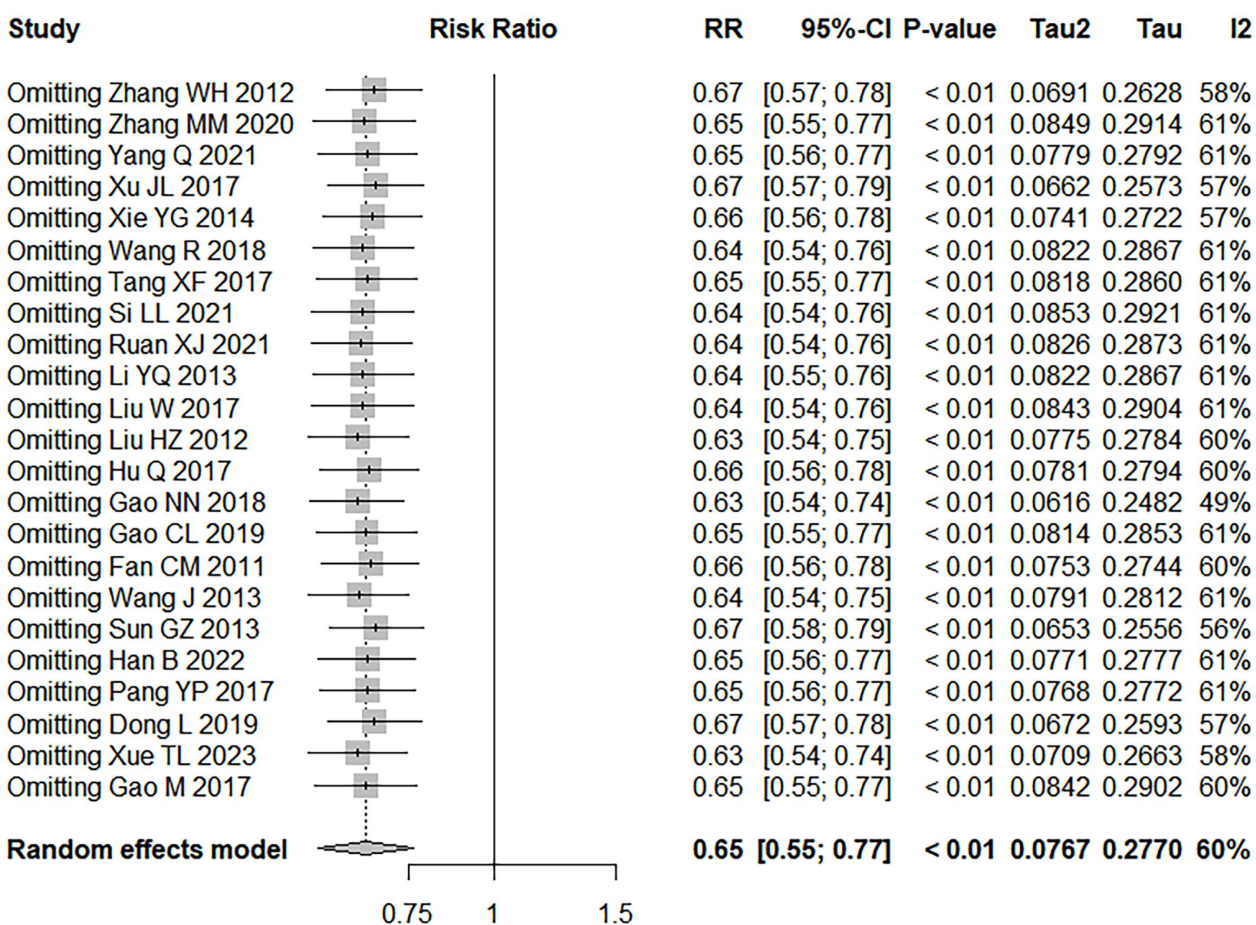
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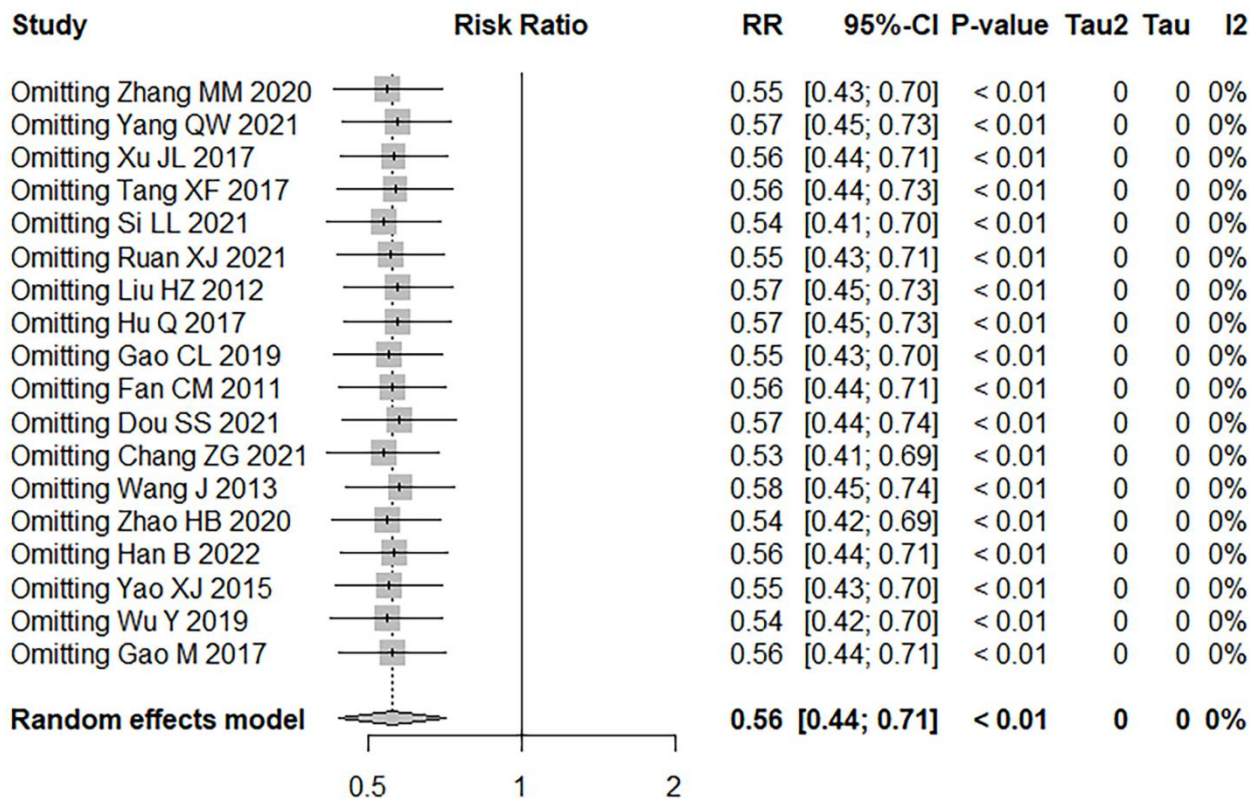


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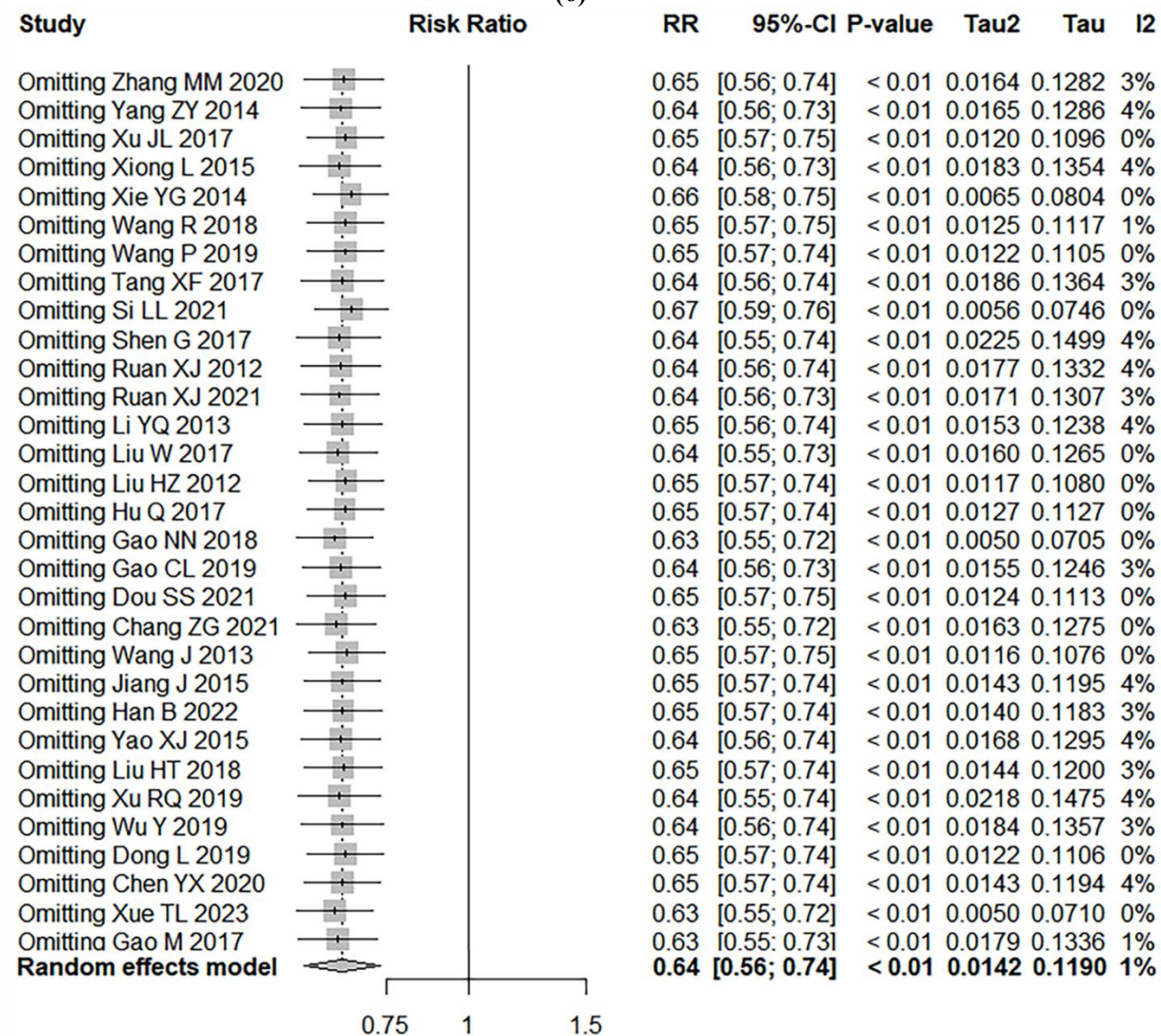


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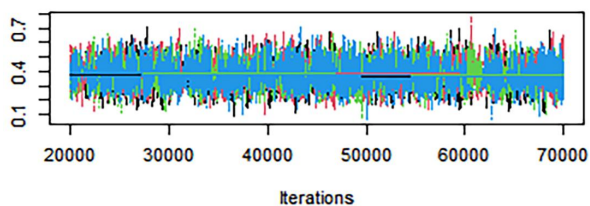
407 Figure S6, Sensitivity analysis of outcomes. (1), Clinical effectiveness. (2), The improvement rate of KPS score. (3),
408 Incidence of leukopenia rate. (4), Incidence of thrombocytopenia. (5), Incidence of nausea and vomiting. (6), Incidence
409 of liver function damage. (7), Incidence of peripheral neurotoxicity. “A”, ADI+SOX. “B”, SFI+SOX. “C”,
410 SQFZI+SOX. “E”, KAI+SOX. “F”, KLTI+SOX. “G”, HCSI+SOX. “H”, XAPI+SOX. “I”, SOX. “J”, HQI+SOX. ADI,
411 AiDi injections. SFI, Shenfu injections. SQFZI, Shenqifuzheng injections. KAI, Kangai injections. KLTI, Kanglaitei
412 injections. HCSI, Huachansu injections. XAPI, Xiaoaiping injections. SOX, SOX chemotherapy regimens, HQI,
413 Huangqi injections.

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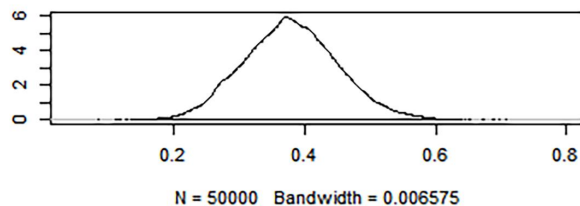
Supplement S7

The specific trajectory maps and density maps.

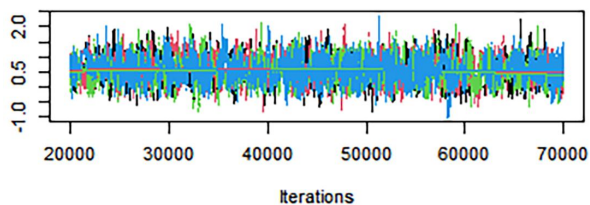
Trace of d.I.A



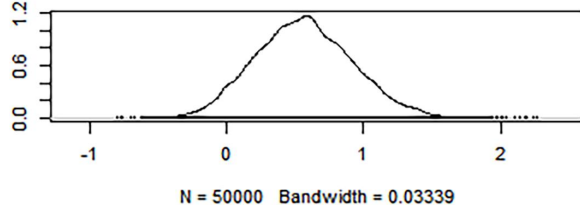
Density of d.I.A



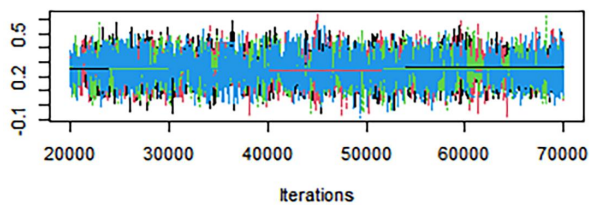
Trace of d.I.B



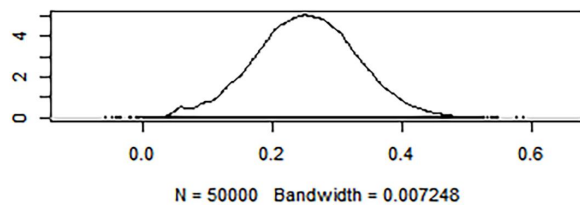
Density of d.I.B



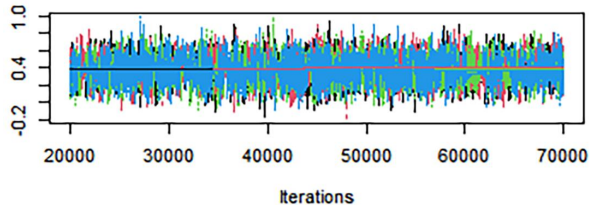
Trace of d.I.C



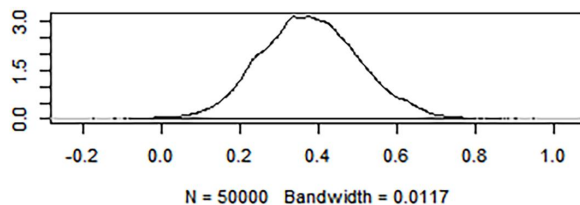
Density of d.I.C



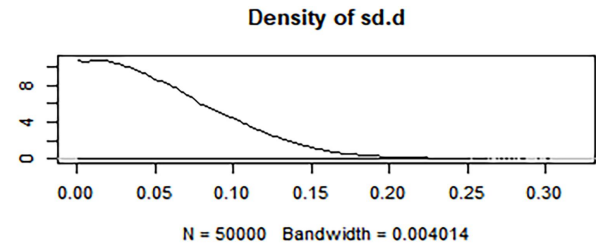
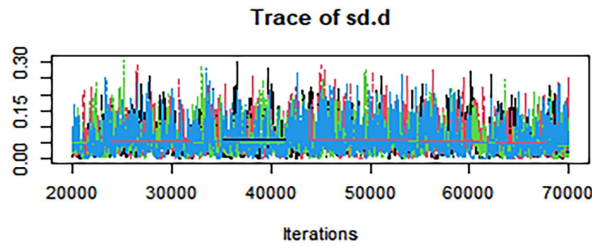
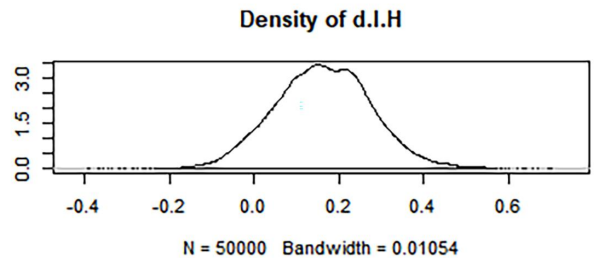
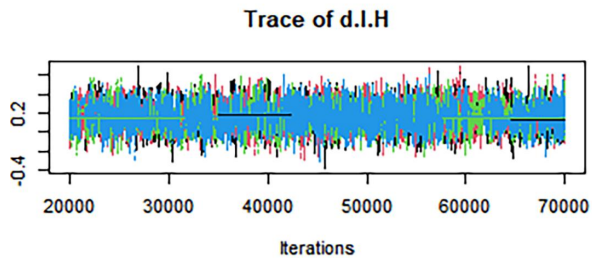
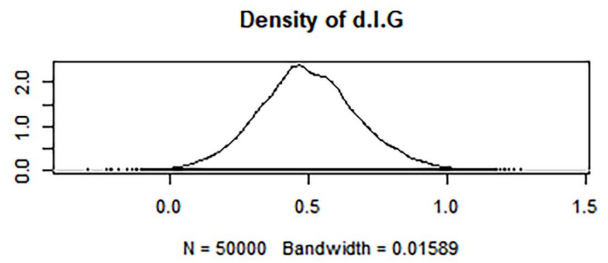
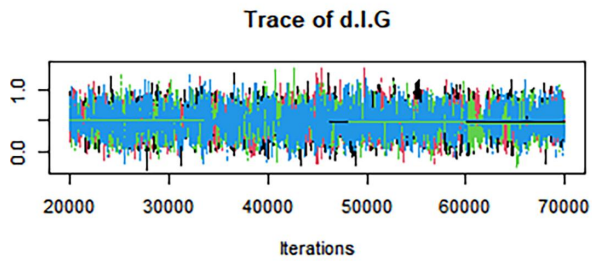
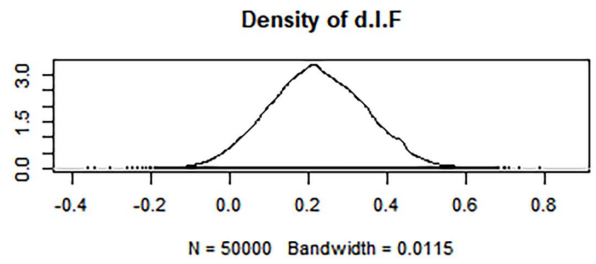
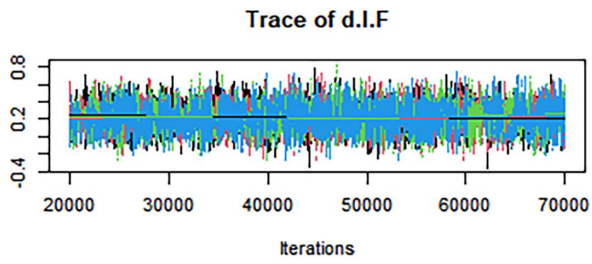
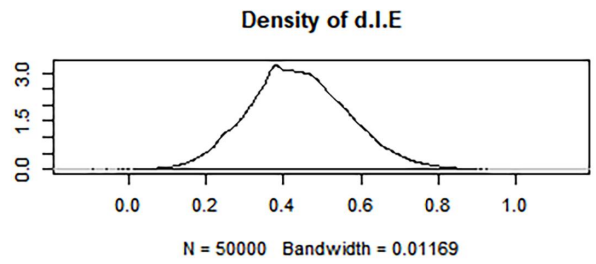
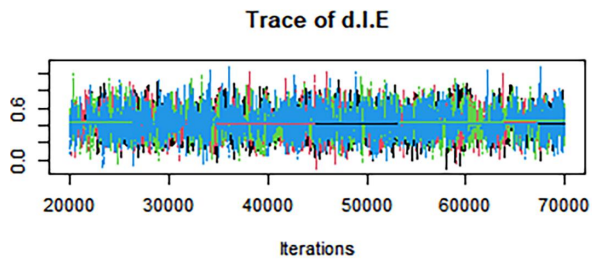
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Density of d.I.D

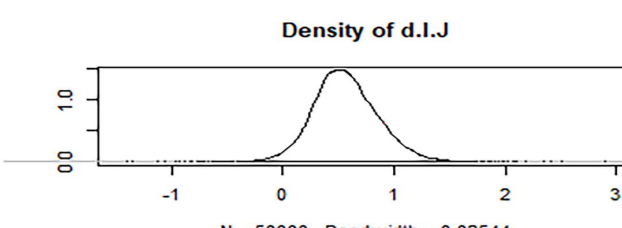
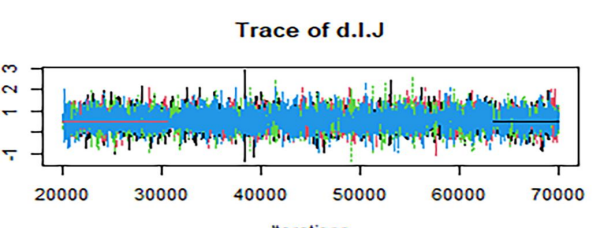
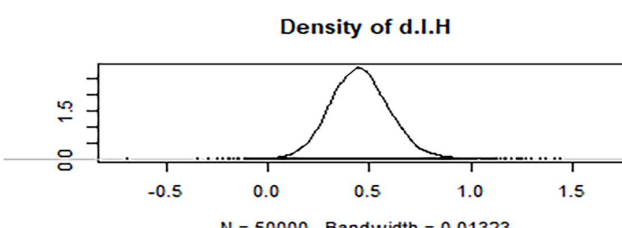
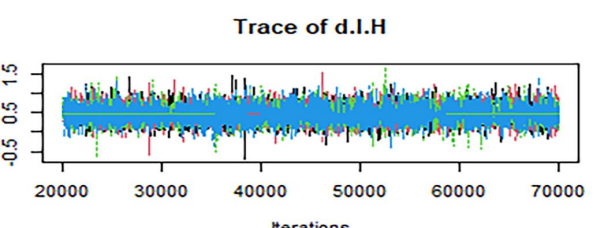
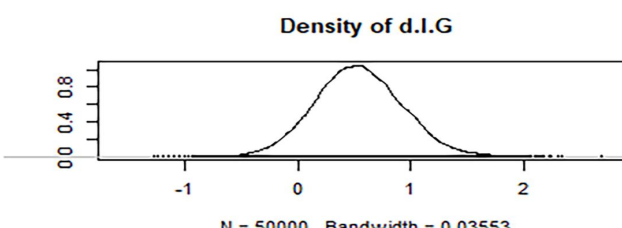
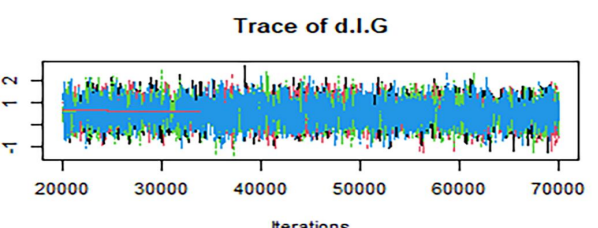
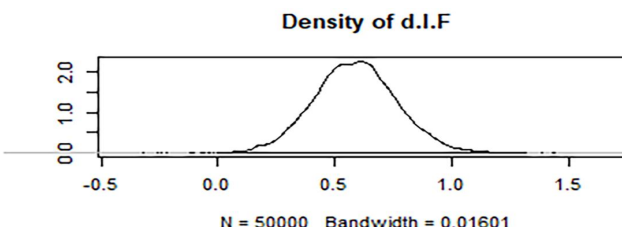
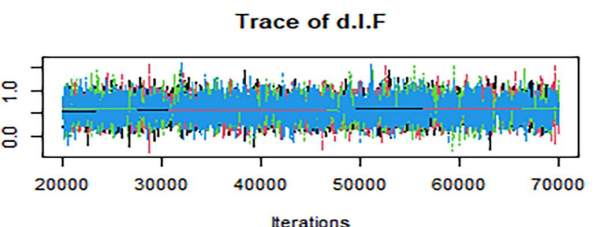
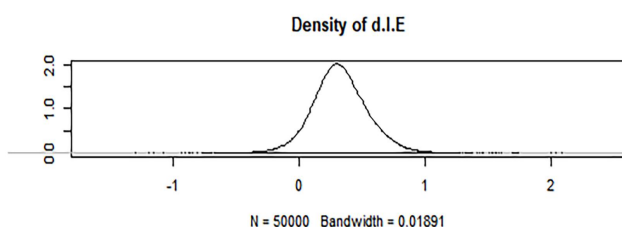
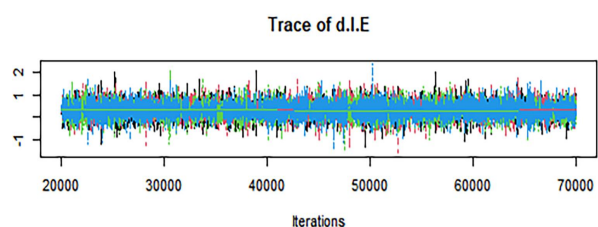
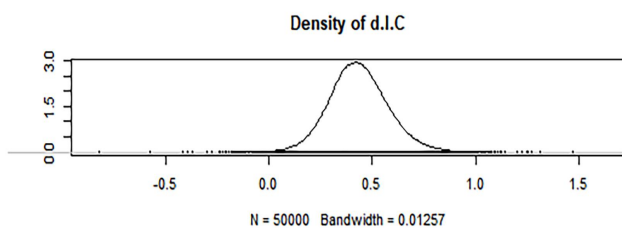
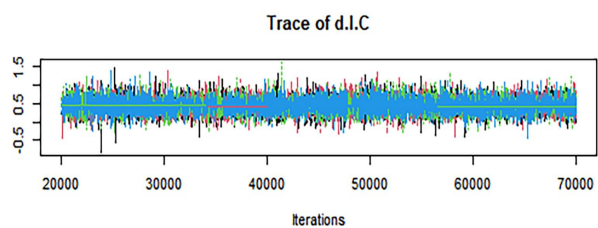
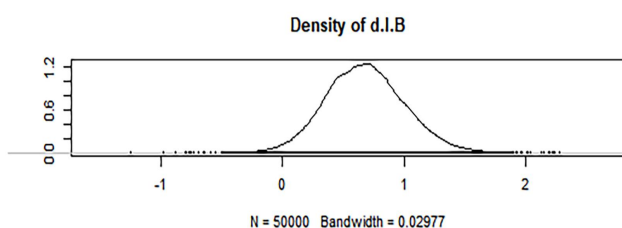
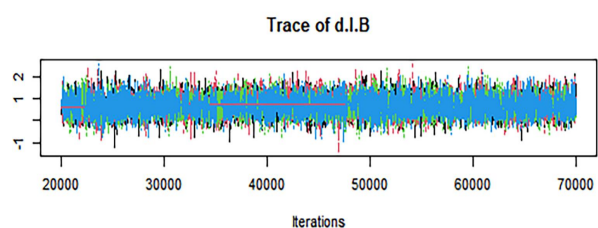
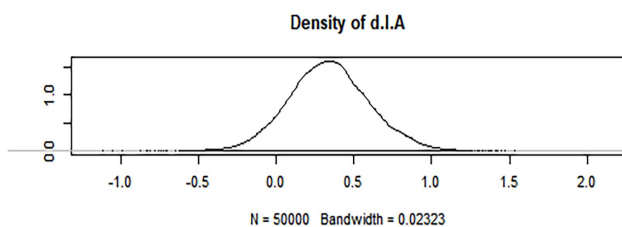
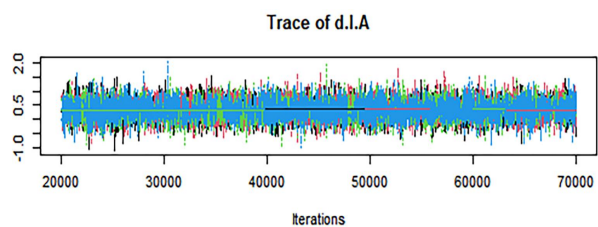


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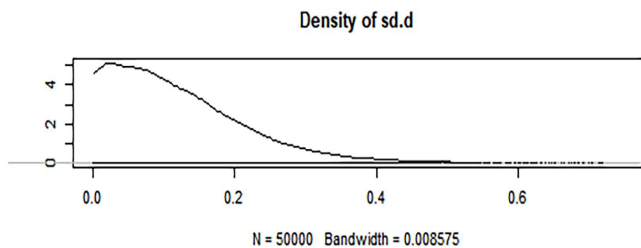
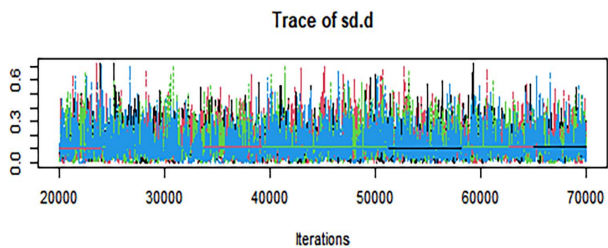


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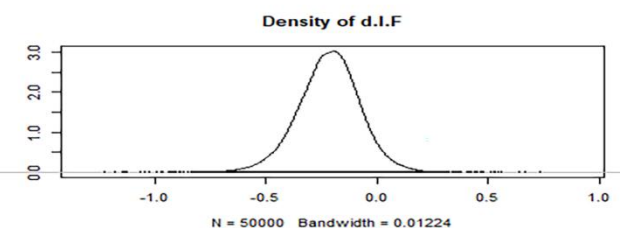
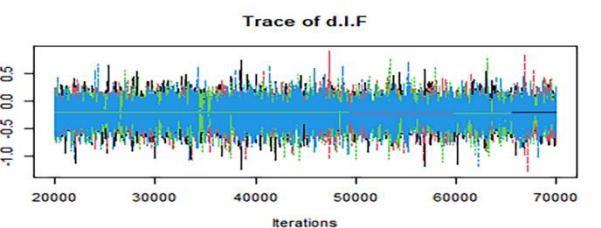
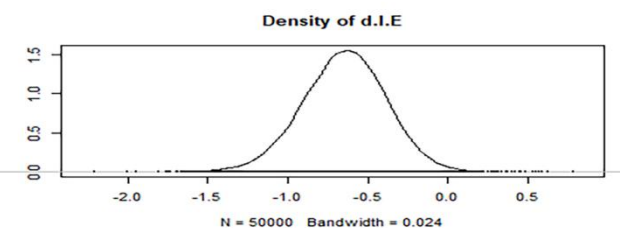
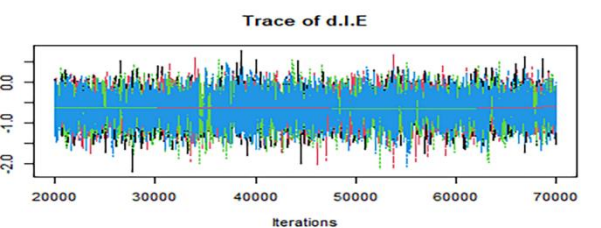
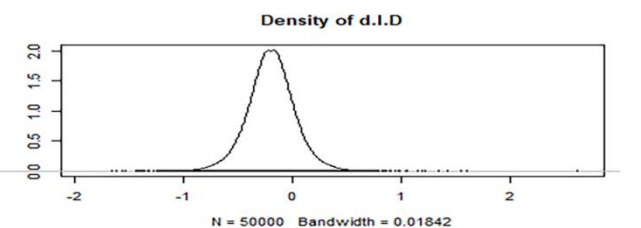
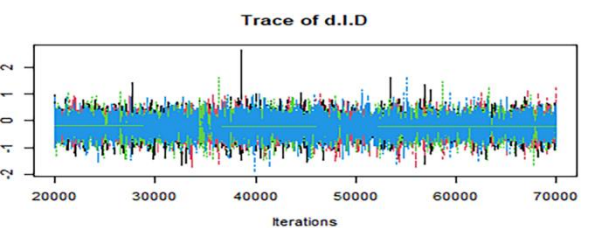
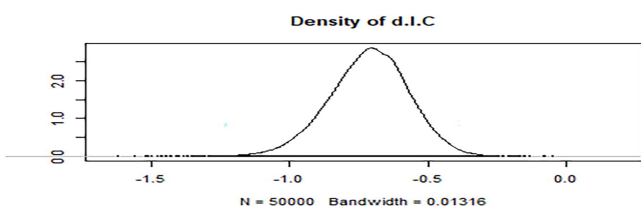
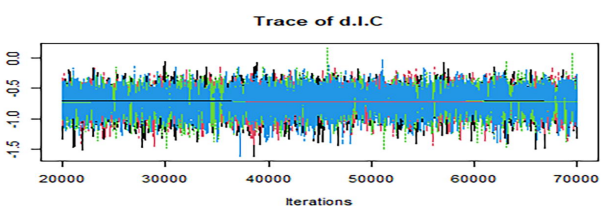
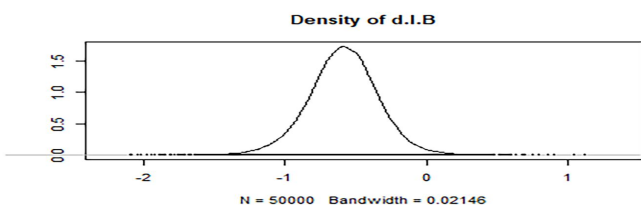
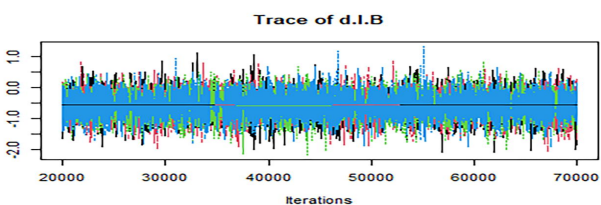
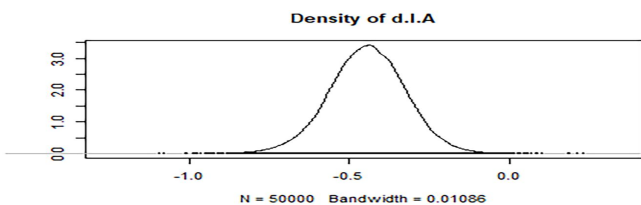
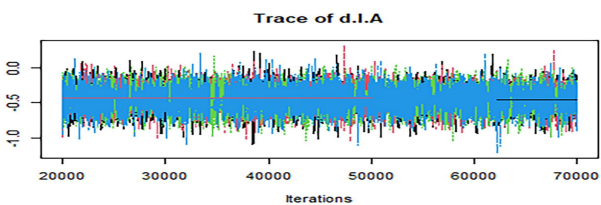
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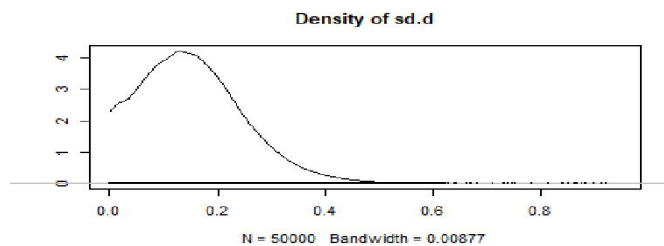
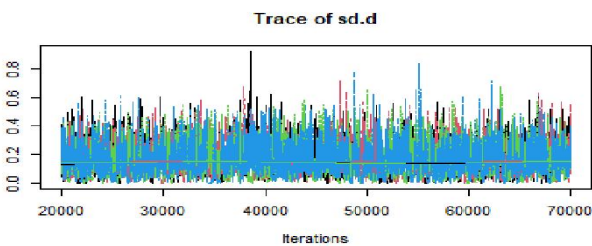
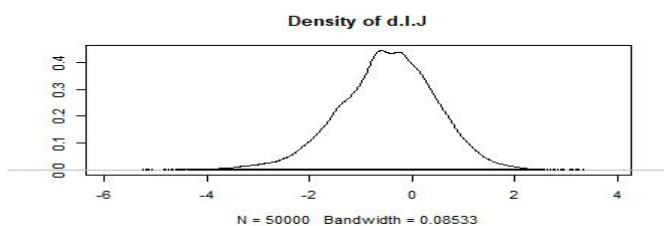
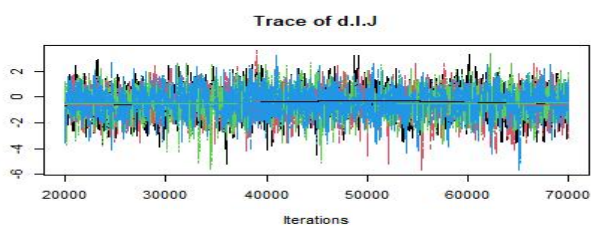
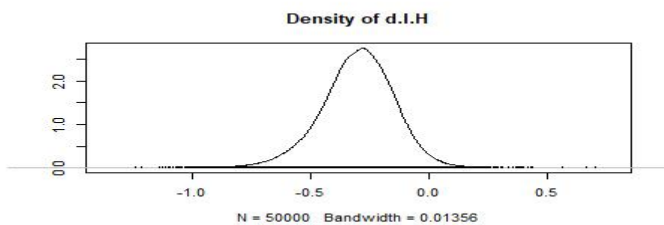
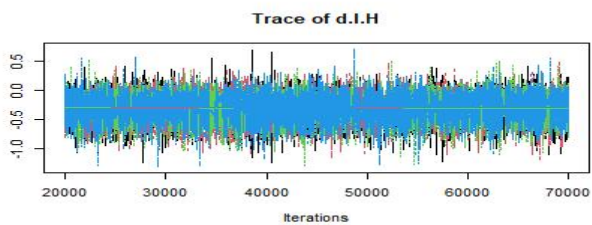
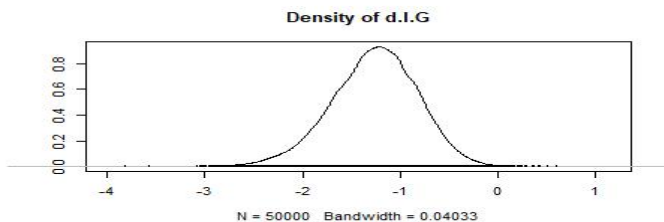
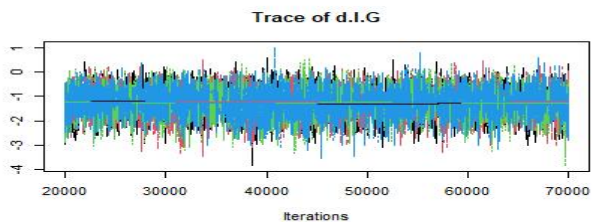


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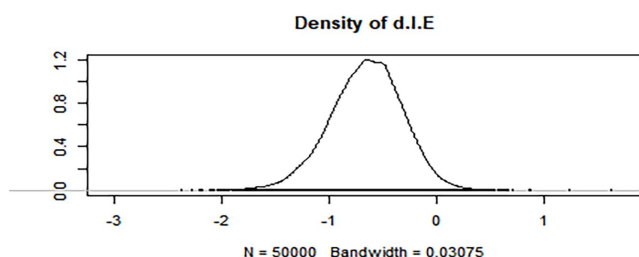
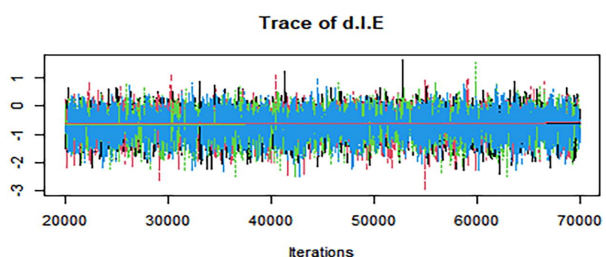
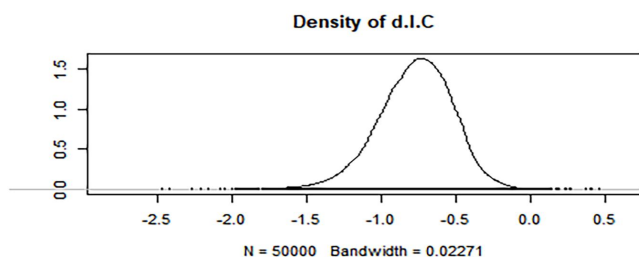
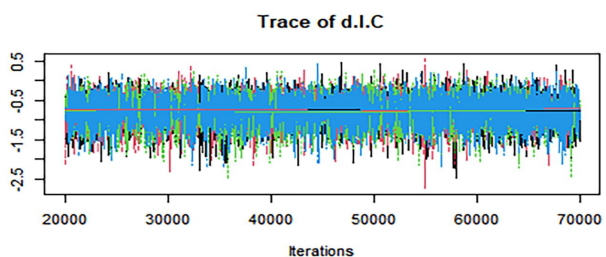
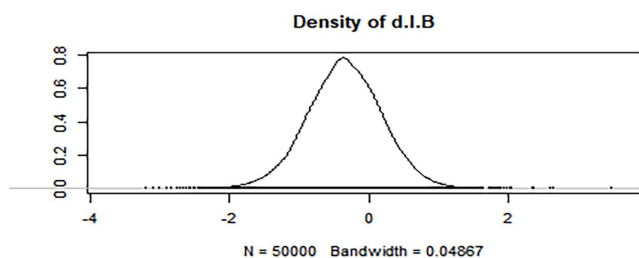
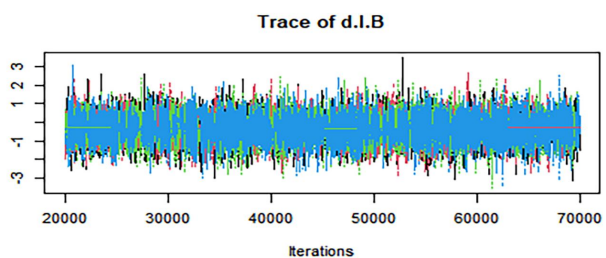
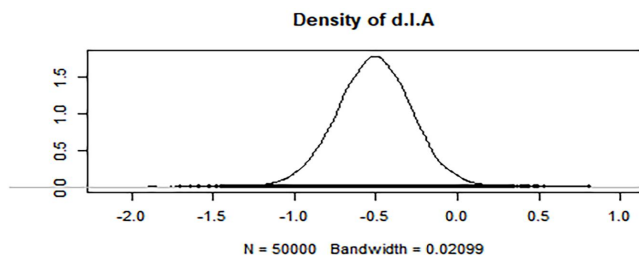
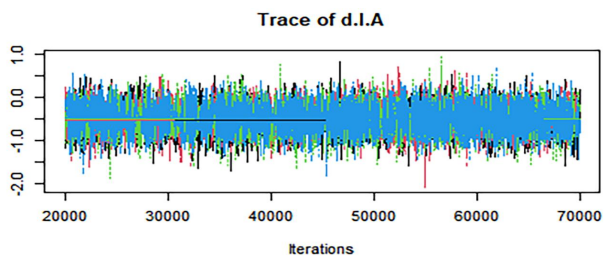
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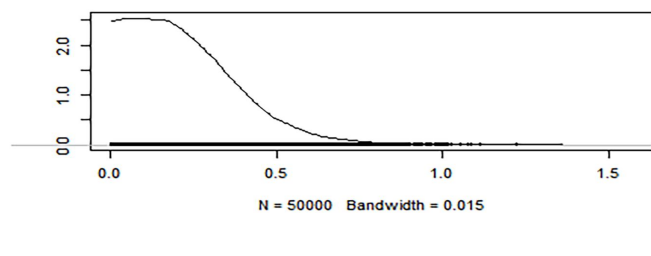
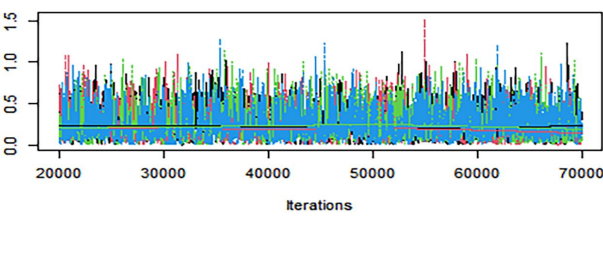
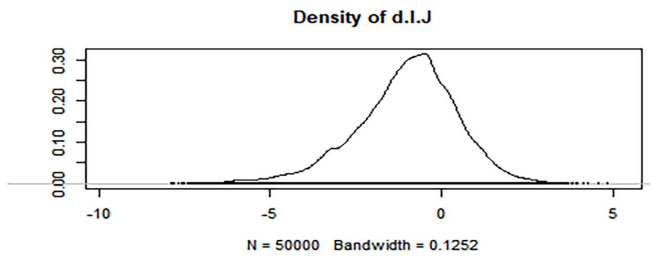
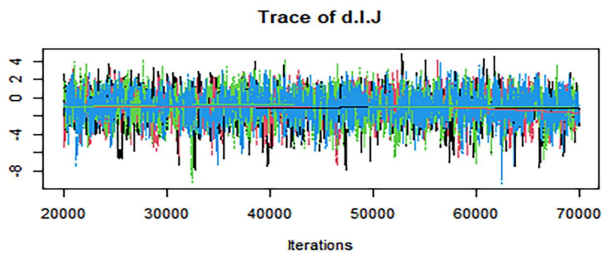
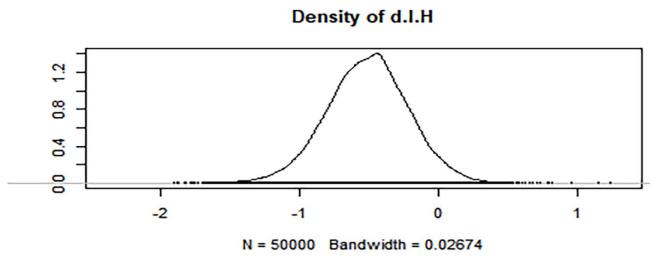
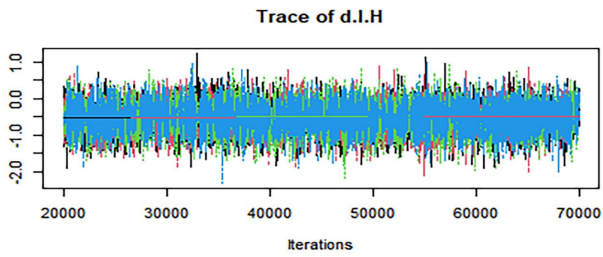
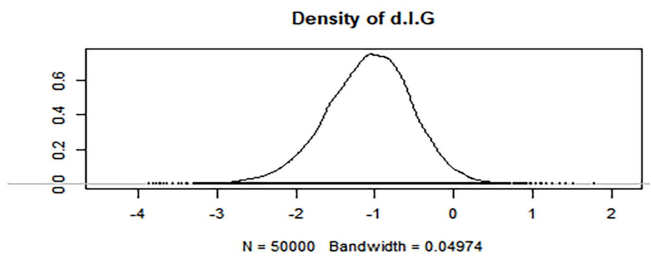
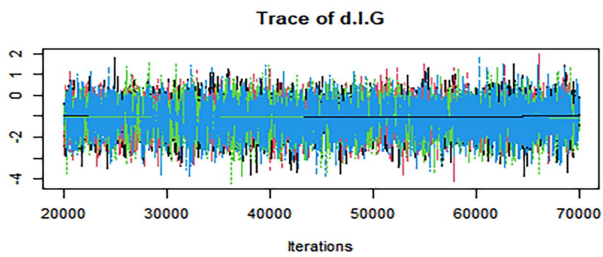
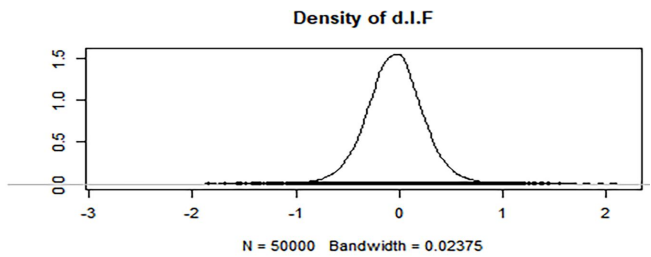
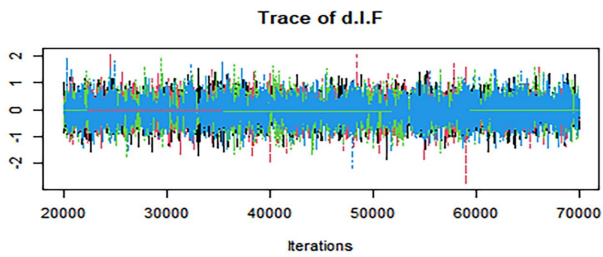


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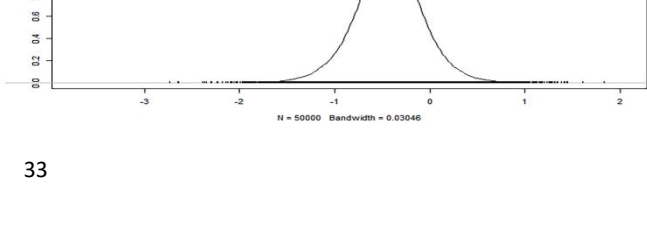
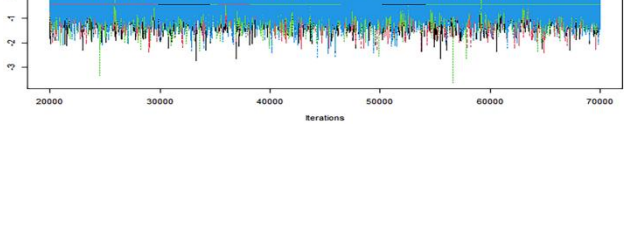
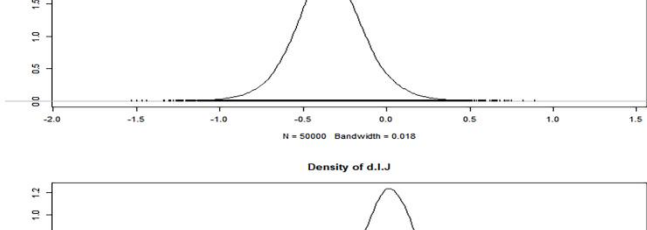
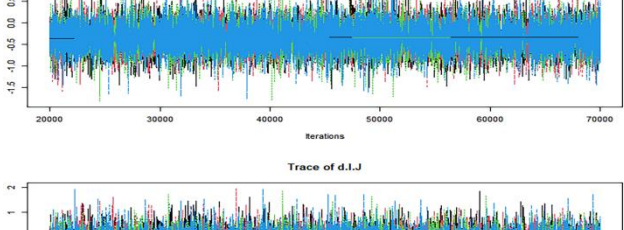
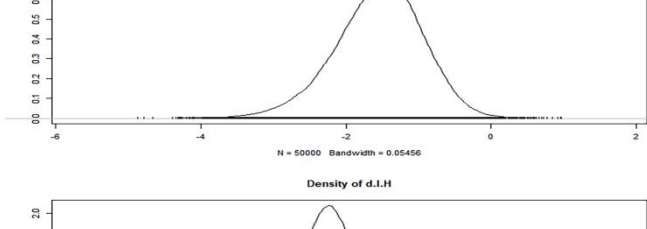
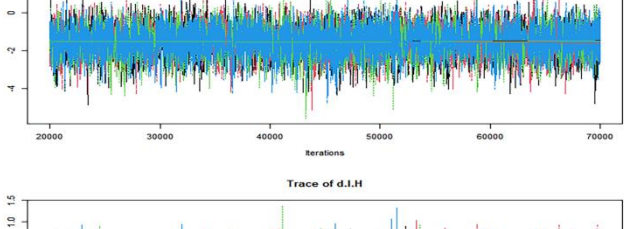
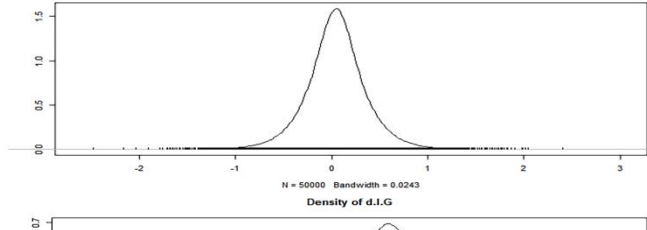
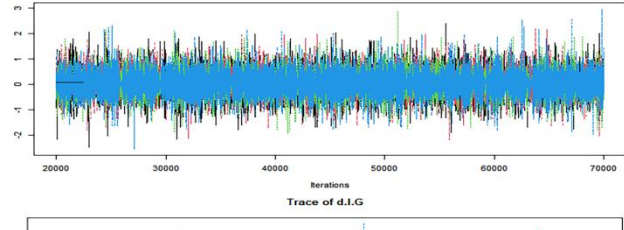
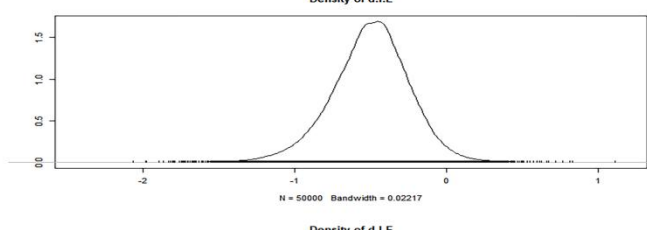
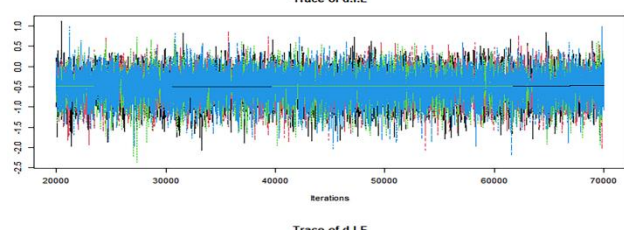
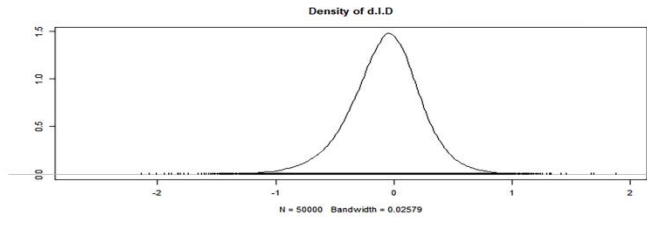
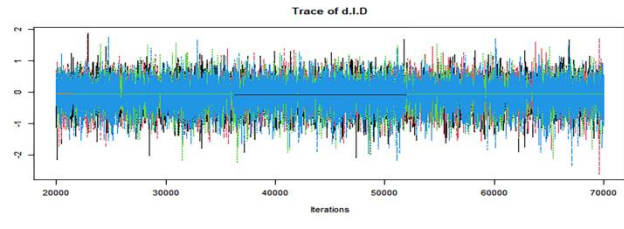
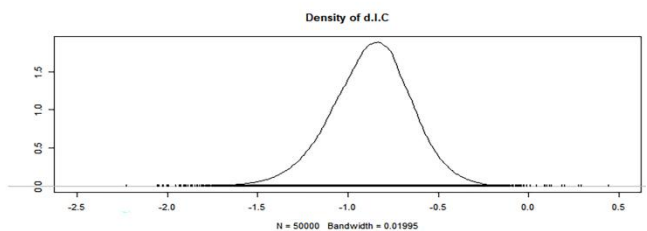
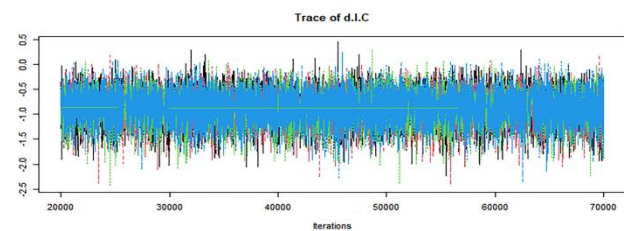
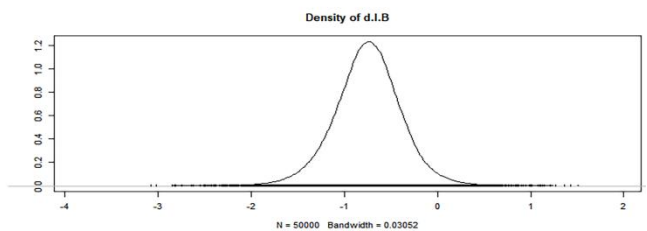
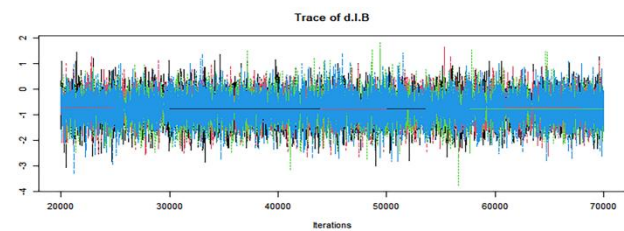
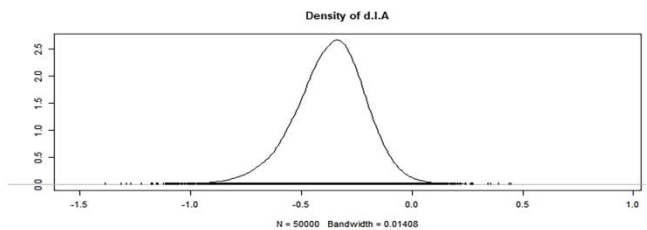
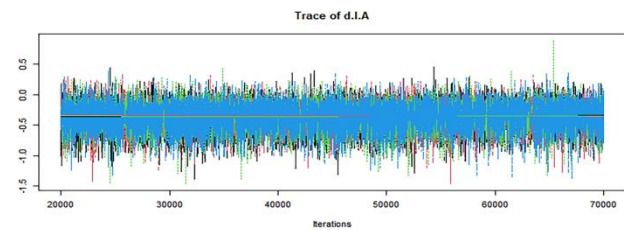


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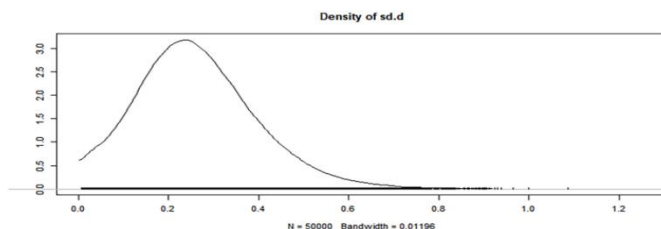
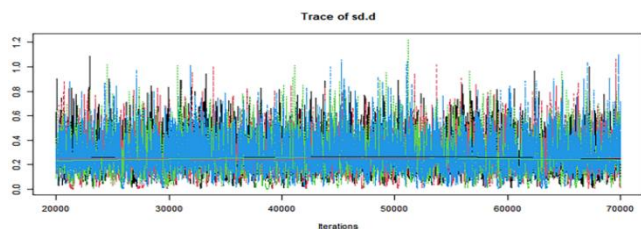


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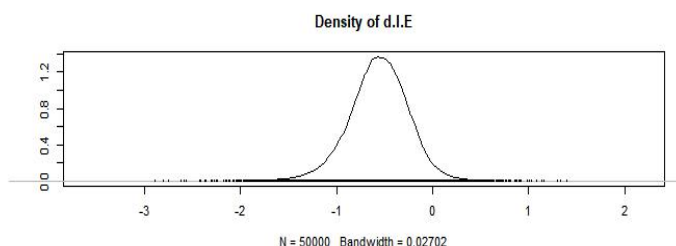
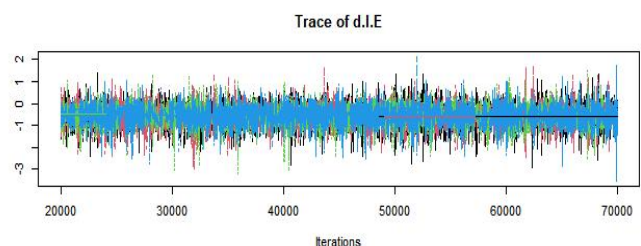
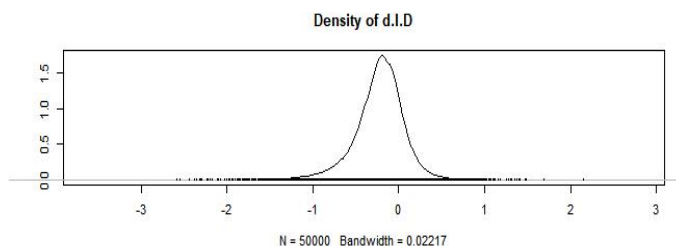
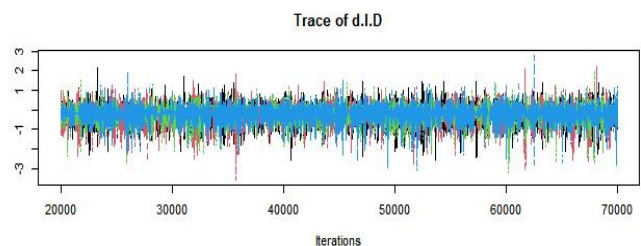
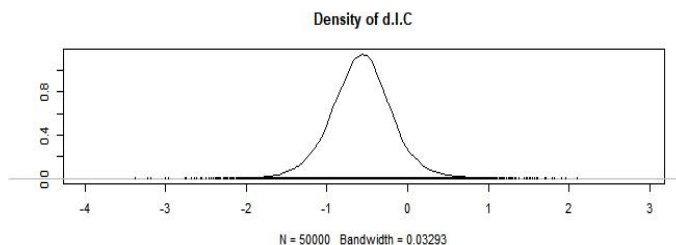
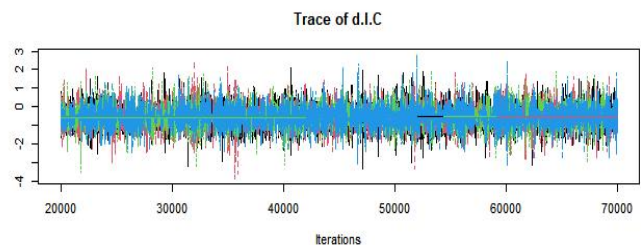
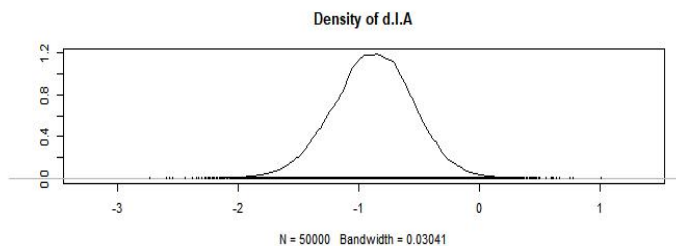
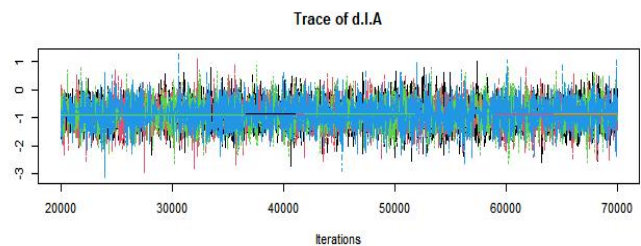
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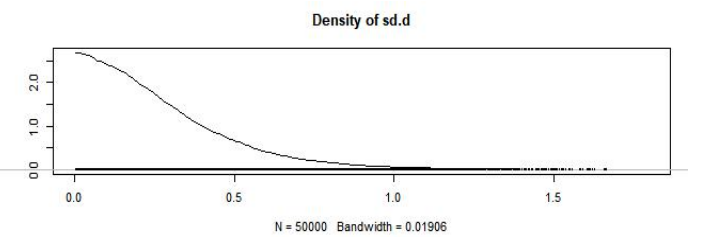
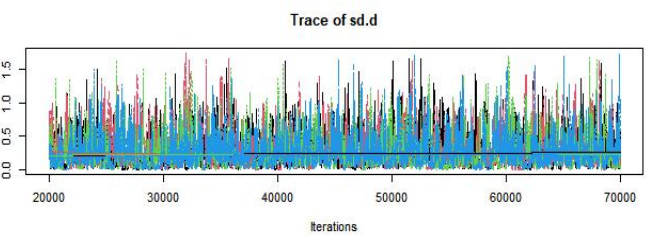
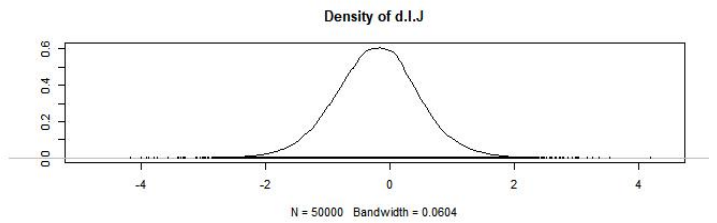
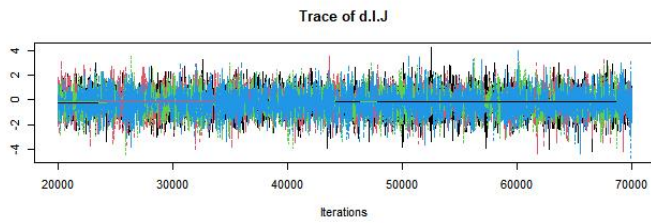
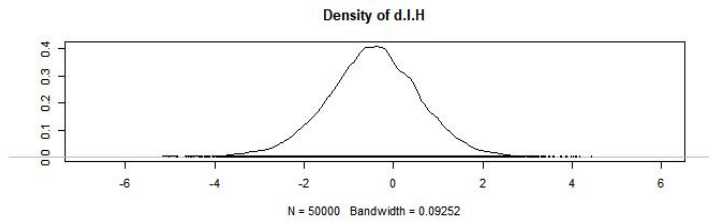
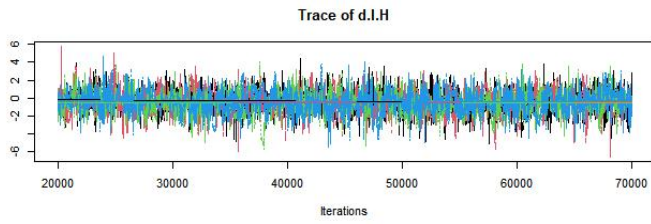
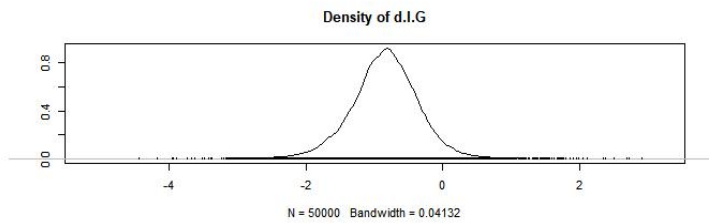
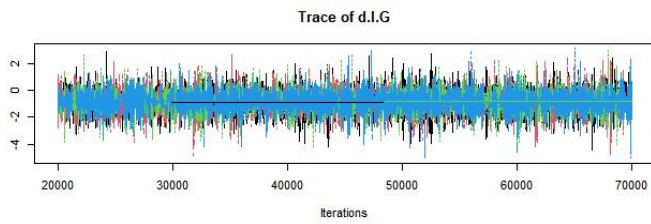
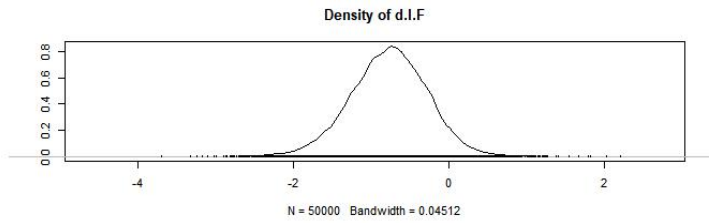
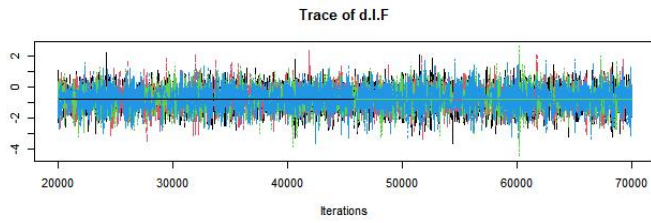
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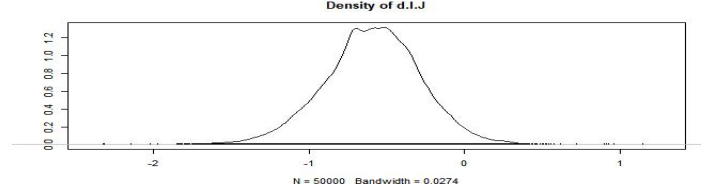
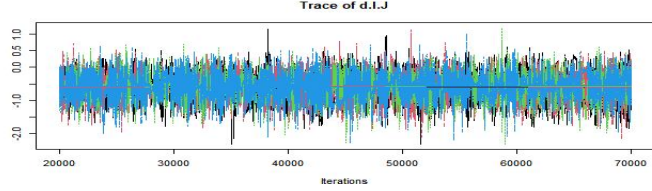
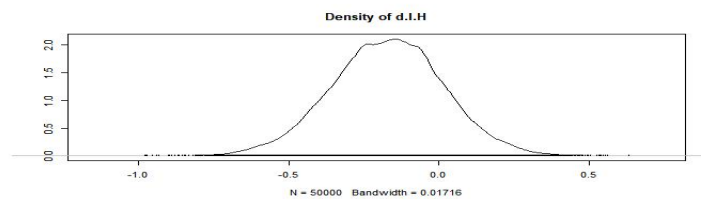
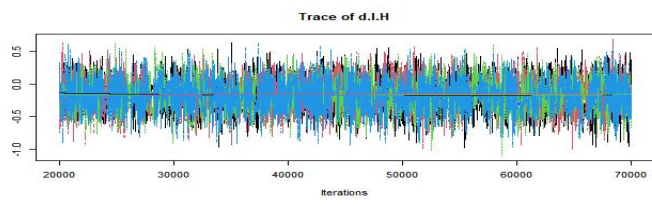
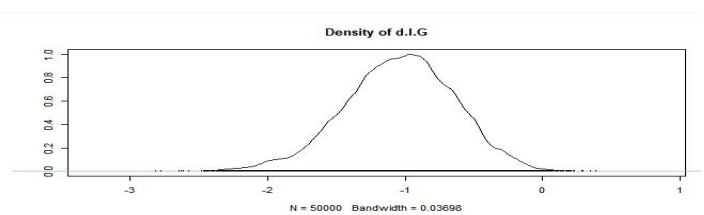
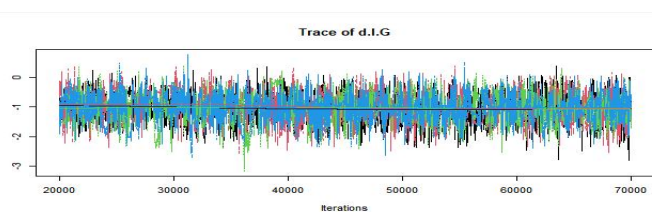
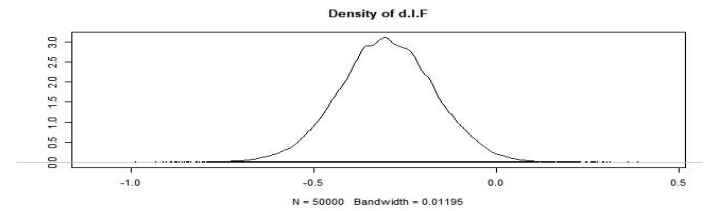
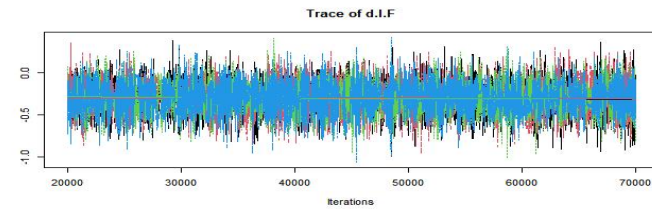
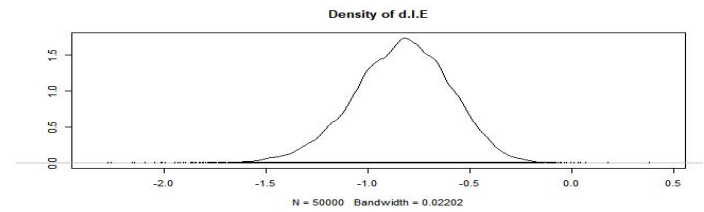
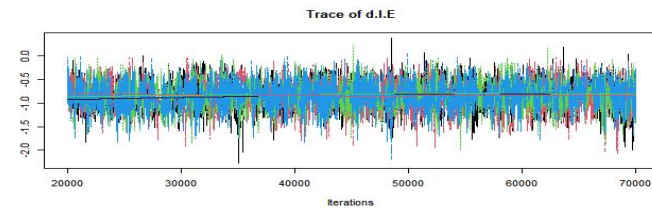
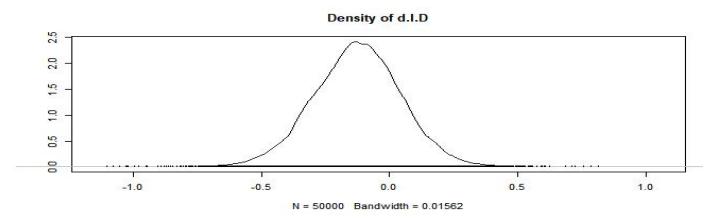
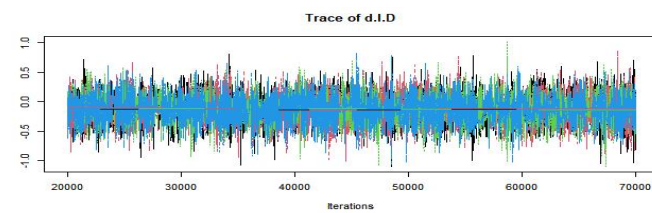
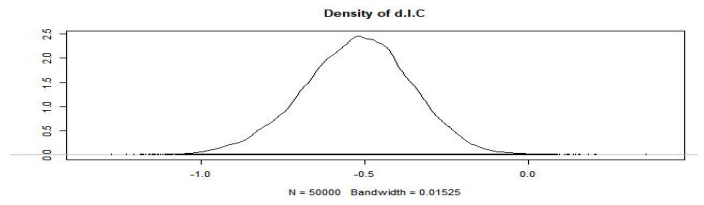
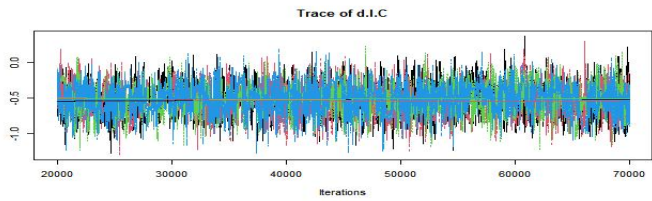
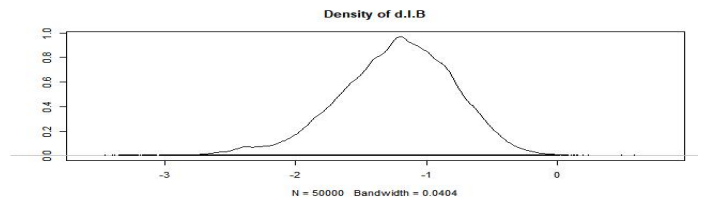
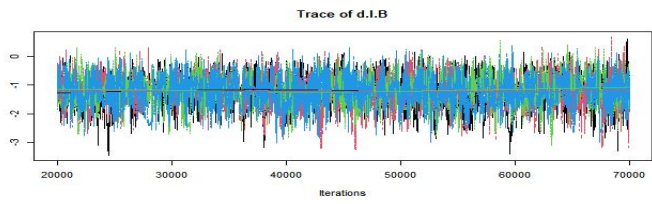
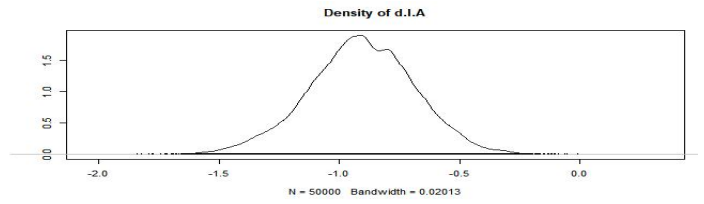
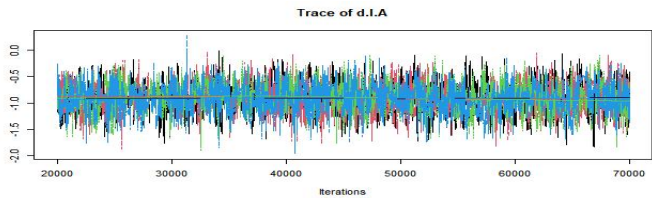
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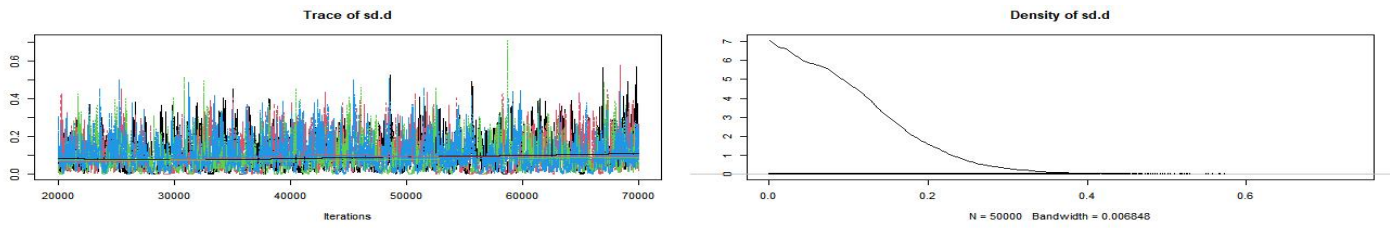
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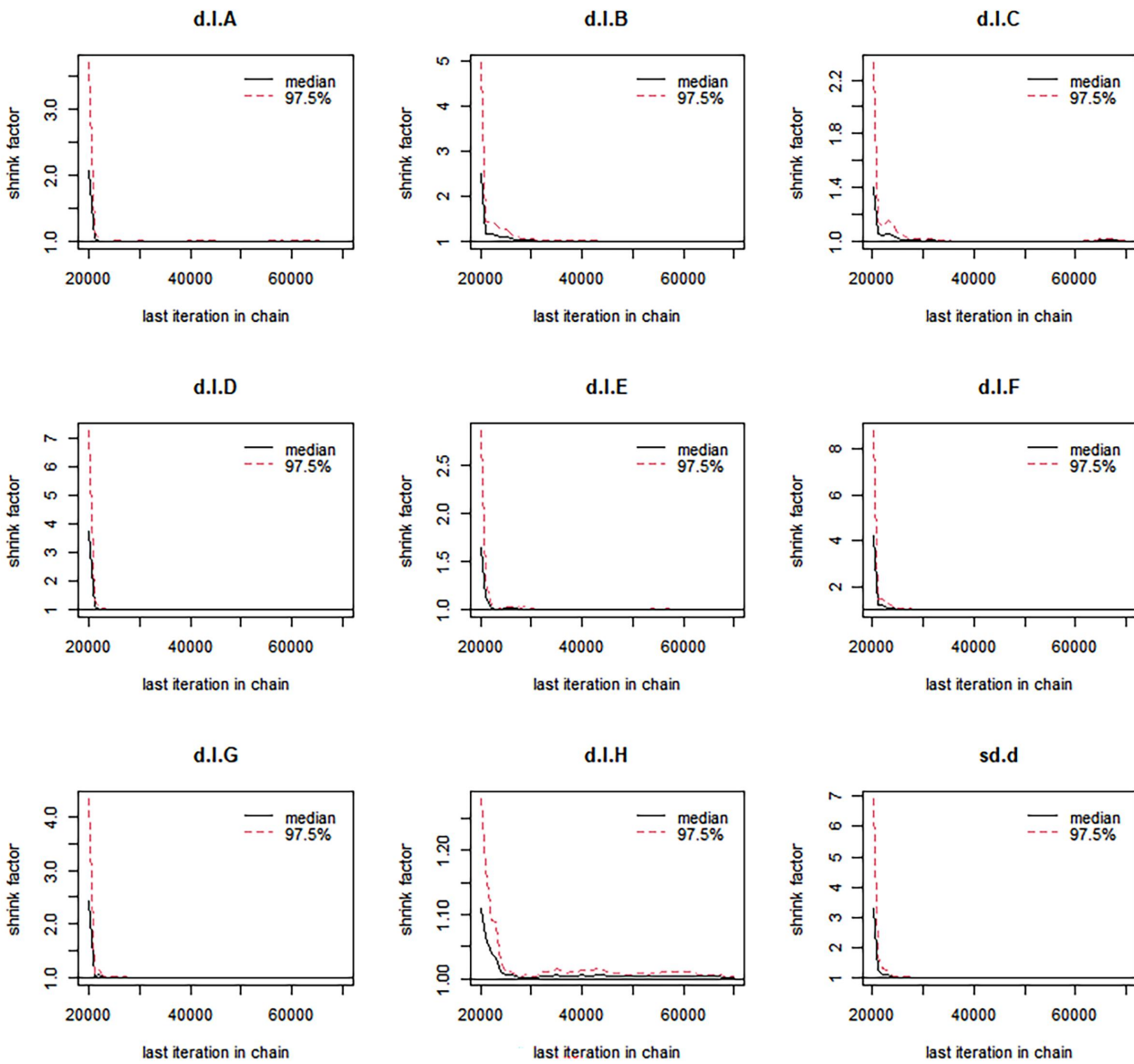
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Figure S7, The specific trajectory maps and density maps. (1), Clinical effectiveness. (2), The improvement rate of KPS score. (3), Incidence of leukopenia rate. (4), Incidence of thrombocytopenia. (5), Incidence of nausea and vomiting. (6), Incidence of liver function damage. (7), Incidence of peripheral neurotoxicity. “A”, ADI+SOX. “B”, SFI+SOX. “C”, SQFZI+SOX. “E”, KAI+SOX. “F”, KLTi+SOX. “G”, HCSI+SOX. “H”, XAPI+SOX. “I”, SOX. “J”, HQI+SOX. ADI, AiDi injections. SFI, Shenfu injections. SQFZI, Shenqifuzheng injections. KAI, Kangai injections. KLTi, Kanglaitei injections. HCSI, Huachansu injections. XAPI, Xiaoaiping injections. SOX, SOX chemotherapy regimens, HQI, Huangqi injections.

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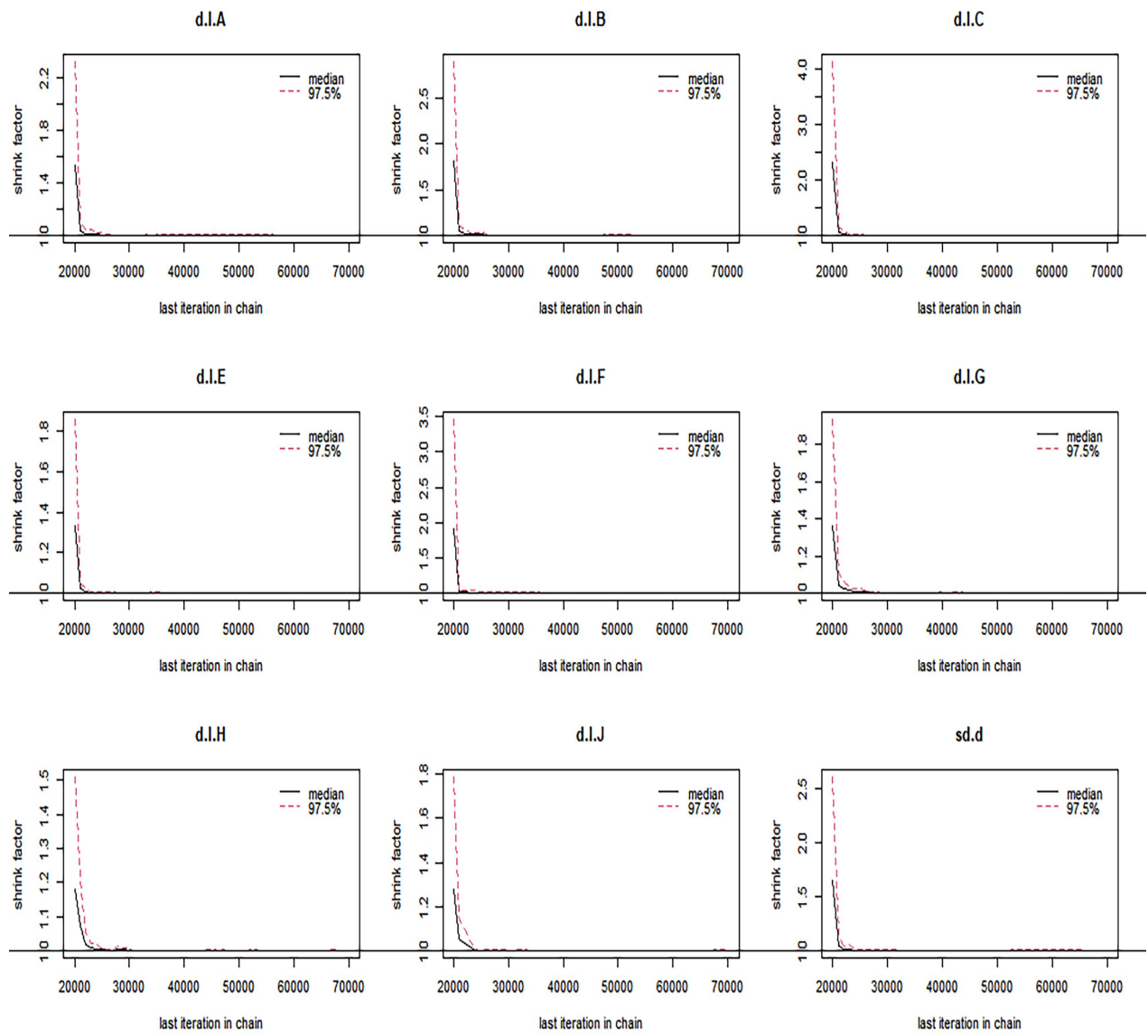
917 **Supplement S8**

918 The Brooks-Gelman-Rubin diagnostic plots.



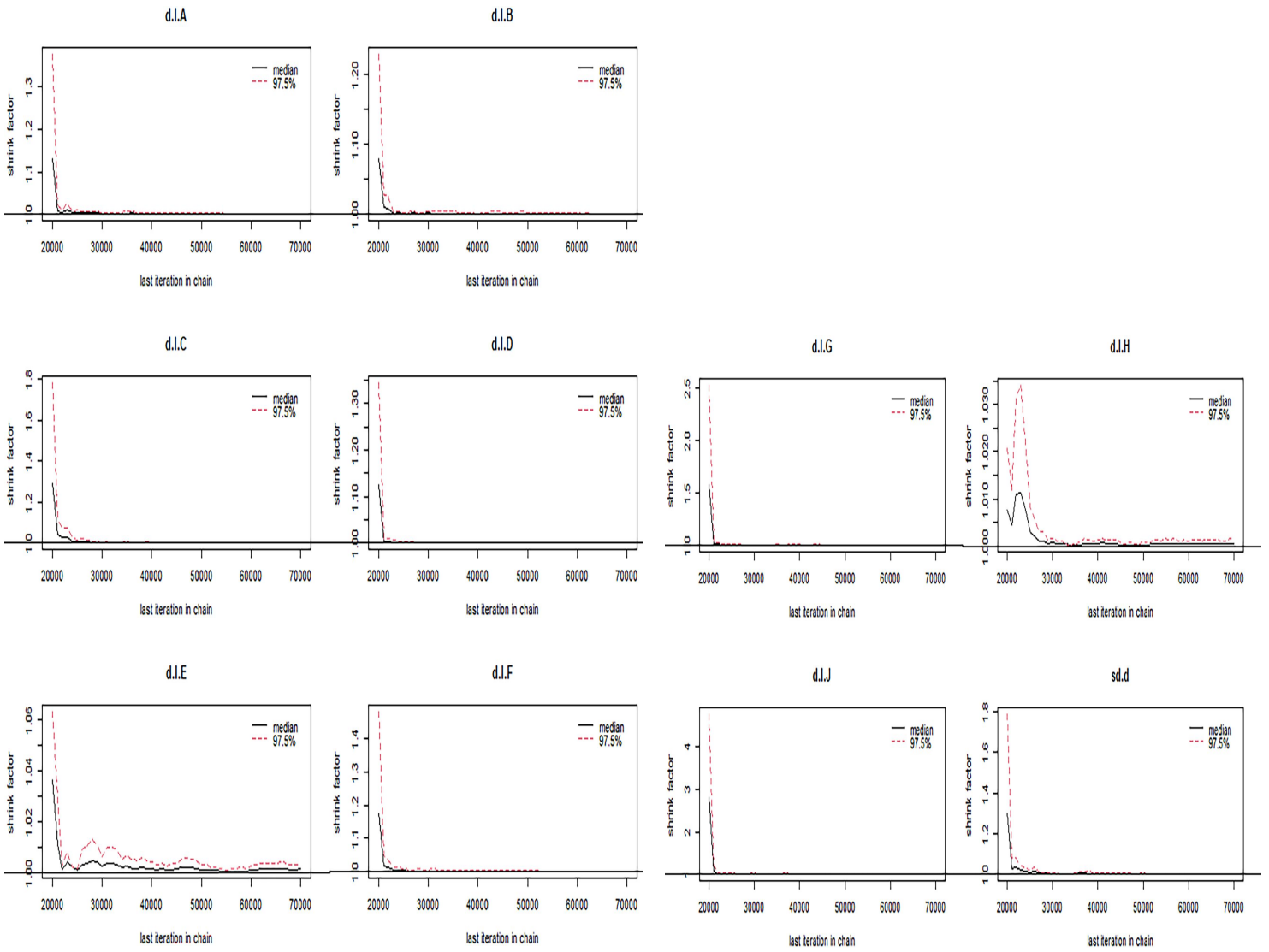
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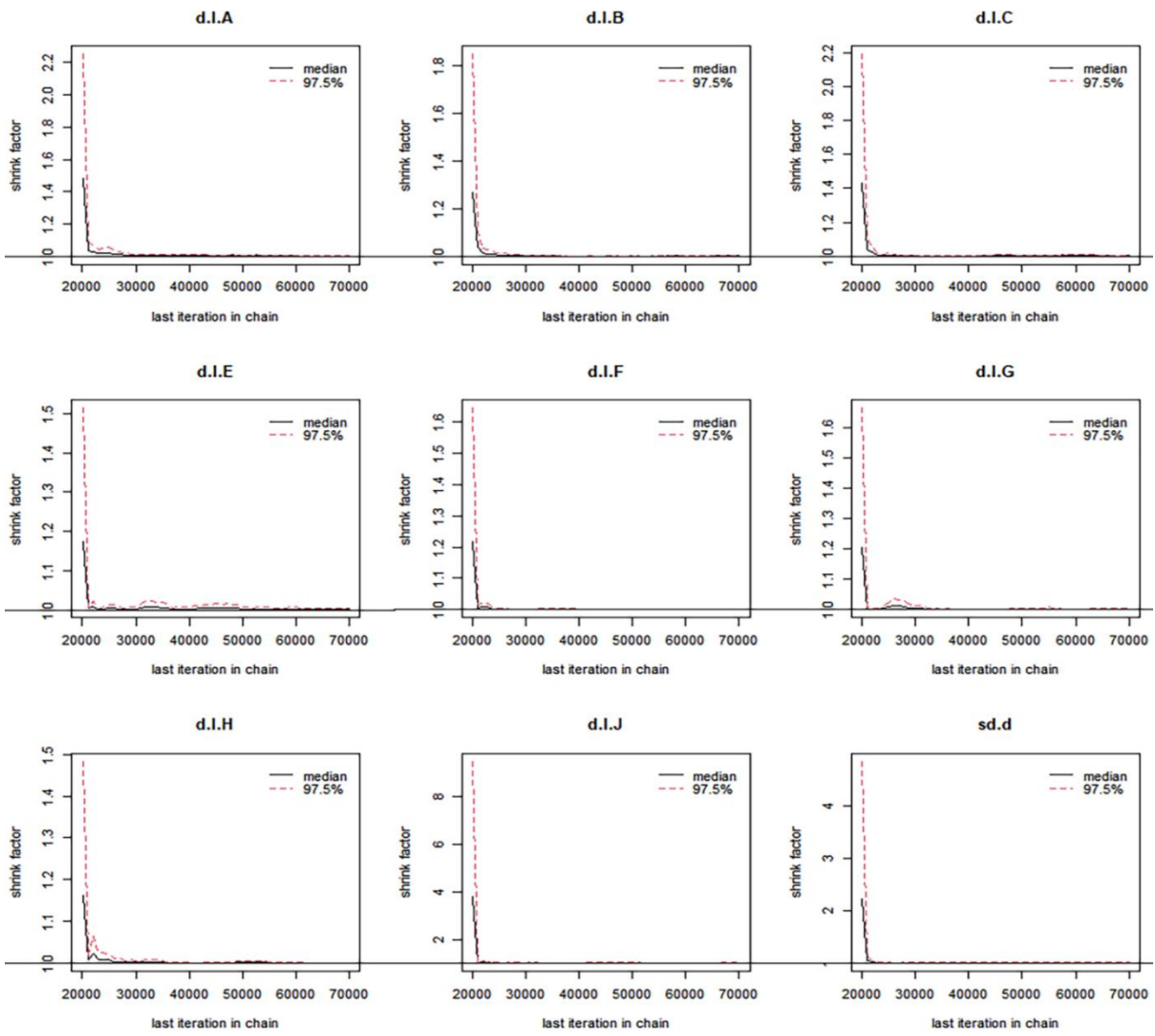
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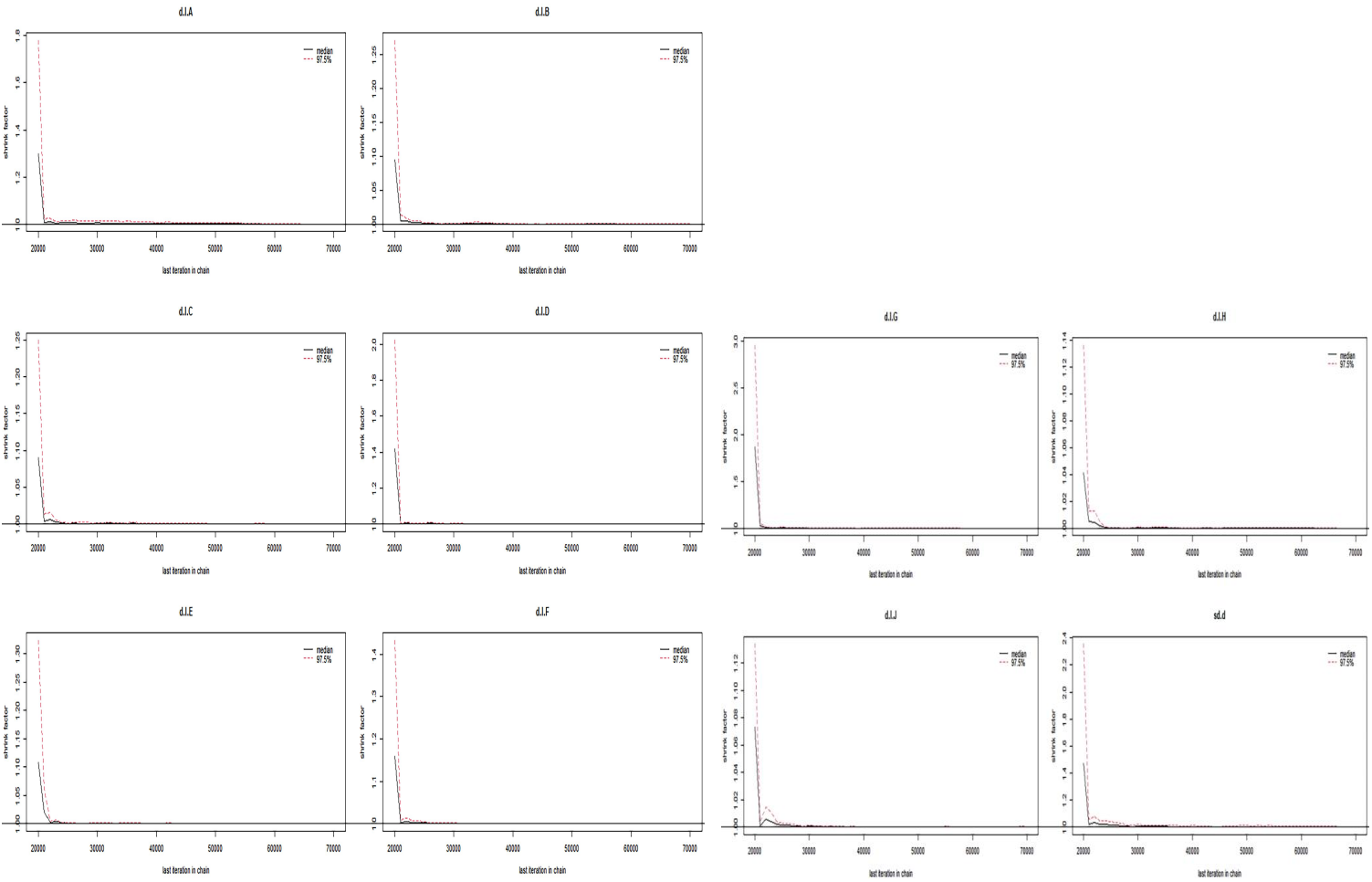
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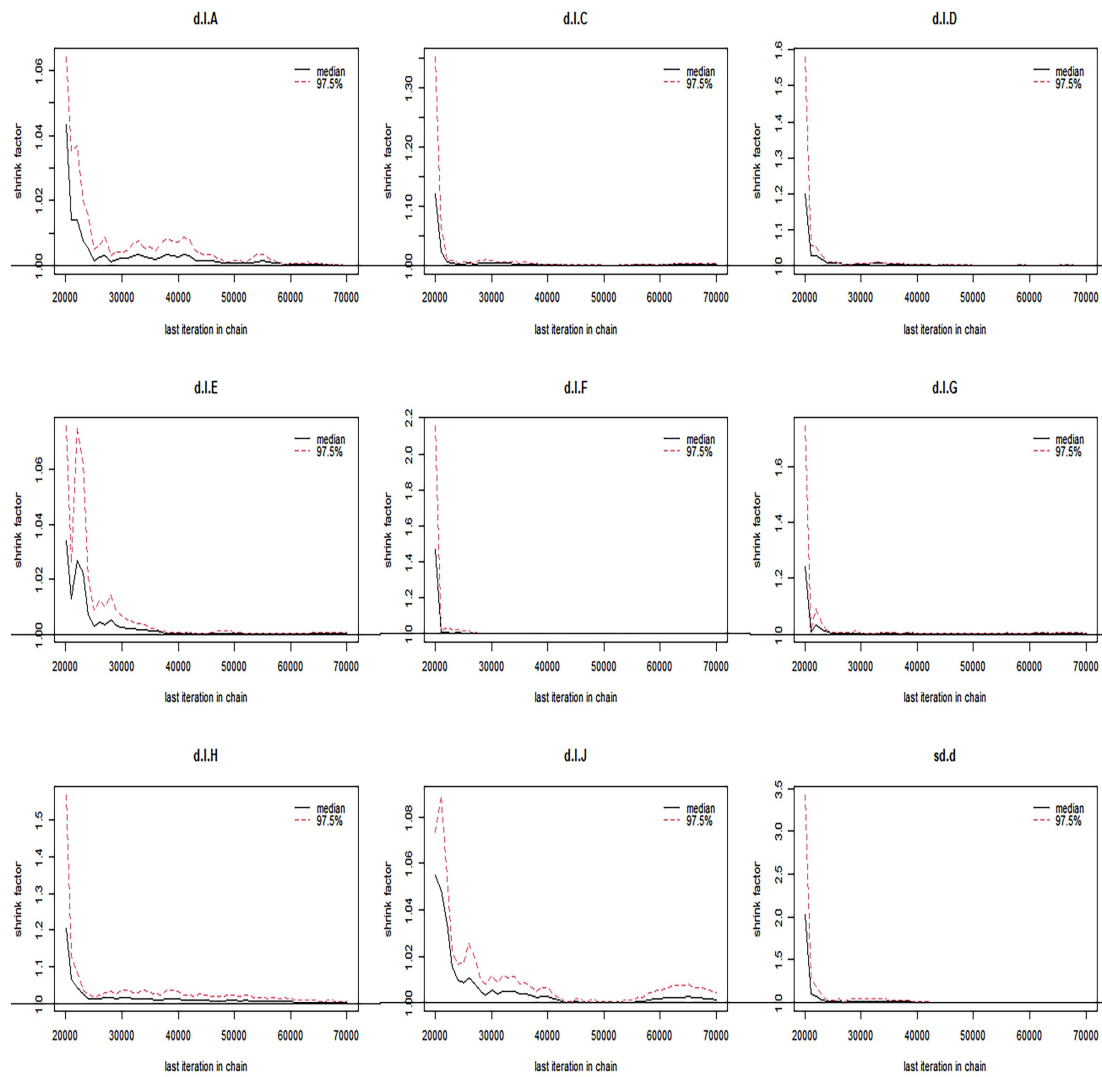
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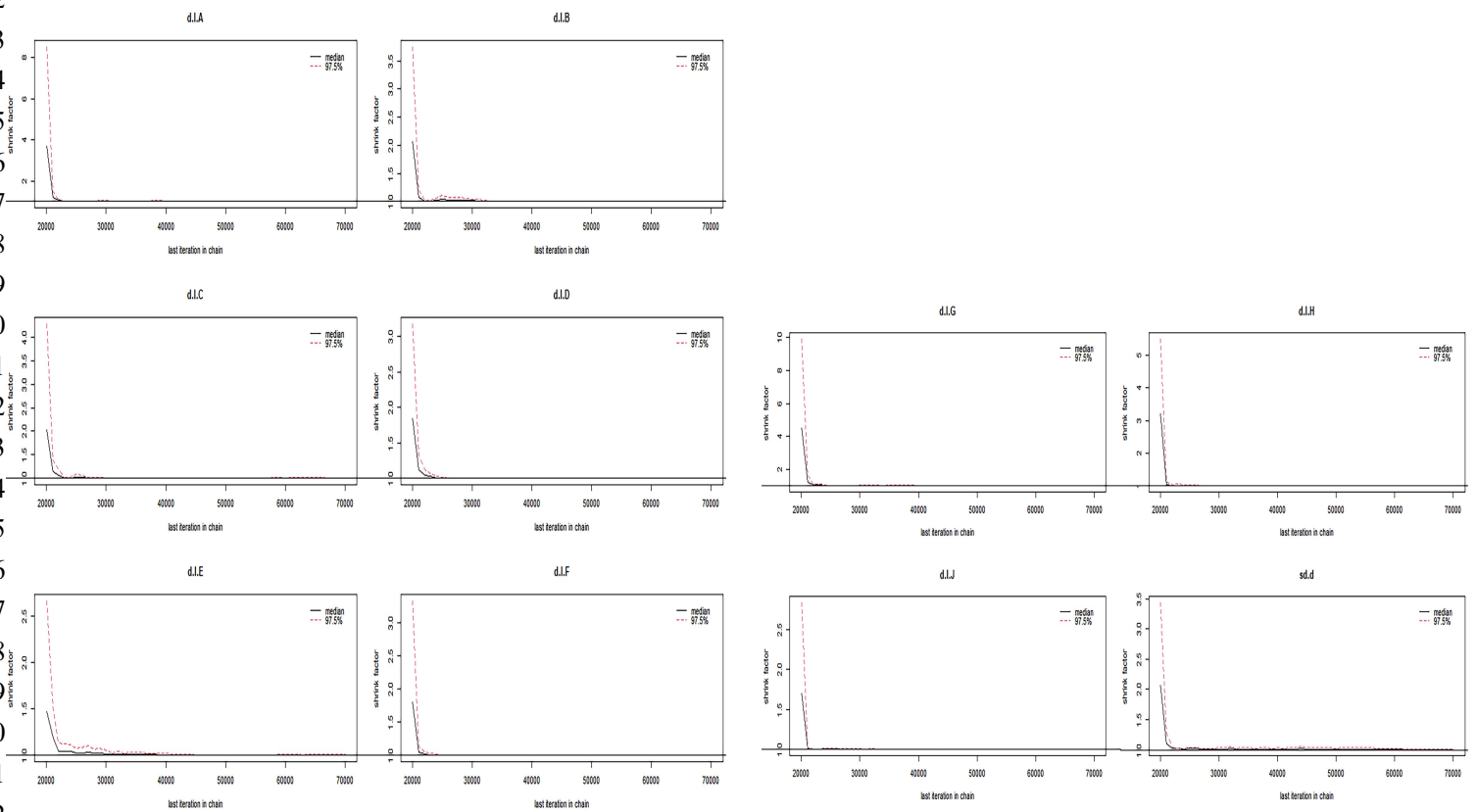
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Figure S8, Brooks-Gelman-Rubin diagnostic maps. (1), Clinical effectiveness. (2), The improvement rate of KPS score. (3), Incidence of leukopenia rate. (4), Incidence of thrombocytopenia. (5), Incidence of nausea and vomiting. (6), Incidence of liver function damage. (7), Incidence of peripheral neurotoxicity. “A”, ADI+SOX. “B”, SFI+SOX. “C”, SQFZI+SOX. “E”, KAI+SOX. “F”, KLTI+SOX. “G”, HCSI+SOX. “H”, XAPI+SOX. “I”, SOX. “J”, HQI+SOX. ADI, AiDi injections. SFI, Shenfu injections. SQFZI, Shenqifuzheng injections. KAI, Kangai injections. KLTI, Kanglaitei injections. HCSI, Huachansu injections. XAPI, Xiaoaping injections. SOX, SOX chemotherapy regimens, HQI, Huangqi injections.

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Supplement S9

Specific characteristics of studies reporting survival data

Id	Treatments	Survival indicators	Intervention (month)	Control (month)
Dou SS 2021	G versus.I	mPFS	36	26
Chang ZG 2021	D versus.I	mPFS	8.4	5.5
Zhao HB 2020	A versus.I	TTP	11.1	4.62
		MST	22.42	11.14
Li RQ 2020	A versus.I	Actual Average Survival	15.58	12.37
		C versus.I	3-Year Average Survival Rate	19.8%
Chen XT 2020		3-Year Average Mortality Rate	79.6%	52.8%
Xu JL 2017	A versus.I	TTP	10.45	8.29
		MST	27.36	20.65
Tang XF 2017	C versus.I	TTP	11.76	8.27
		MST	16.38	12.03
Hu Q 2017	E versus.I	MST	22	15
Yin Q 2015	C versus.I	mPFS	5.6	5.1
Xiong L 2015	H versus.I	mPFS	8.41	6.01
		MST	10.36	8.62
Jiang J 2015	C versus.I	1-Year Average Survival Rate	46.7%	26.7%
		3-Year Average Survival Rate	33.3%	20%
		5-Year Average Survival Rate	20%	6.7%
Li YQ 2013	A versus.I	MST	11.2	10.7
		TTP	4.6	4.3
		1-Year Average Survival Rate	40.1%	37.5%
Zhang WH 2012	C versus.I	MST	12	8
Liu HZ 2012	A versus.I	1-Year PFS rate	82.1%	75%
		2-Year PFS rate	67.9%	39.3%
Fan CM 2011	A versus.I	MST	13.5	10.7

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Median Survival Time: MST, Median Progression-Free Survival: mPFS, Time to Progression:TTP. A, AiDi injections (ADI), B, Shenfu injections (SFI), C, Shenqifuzheng injections (SQFZI), D, Fufangkushen injections (FFKSI), E, Kangai injections (KAI), F, Kanglaitei injections (KLTI), G, Huachansu injections (HCSI), H, Xiaoaping injections (XAPI), I, SOX chemotherapy regimens, J, Huangqi injections (HQI).

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Supplement S10

The Clinical effectiveness standard of the 51 studies included in the NMA analysis.

Study ID	Clinical effectiveness criteria
Xue TL 2023	RECIST
Han B 2022	RECIST
Yang QW 2021	RECIST
Yang Q 2021	RECIST
Si LL 2021	RECIST
Ruan XJ 2021	RECIST
Dou SS 2021	RECIST
Chang ZG 2021	WHO
Zhao HB 2020	WHO
Zhang MM 2020	-
Shi ZW 2020	RECIST
Qian YM 2020	-
Li RQ 2020	RECIST
ChenYX 2020	WHO
Chen XT 2020	WHO
Wang P 2019	RECIST
Xu RQ 2019	WHO
Song B 2019	WHO
Wu Y 2019	WHO
Gao CL 2019	-
Dong L 2019	WHO
Wang R 2018	WHO

Rao JJ 2018	WHO
Liu HT 2018	-
Gao NN 2018	RECIST
Xu JL 2017	RECIST
Tang XF 2017	WHO
Shen G 2017	RECIST
Pang YP 2017	RECIST
Liu W 2017	RECIST
Li CH 2017	-
Hu Q 2017	RECIST
Yan LF 2016	-
Xu SG 2016	-
Xie JF 2016	WHO
Ma YK 2017	WHO
Gao M 2017	WHO
Yin Q 2015	-
Yao XJ 2015	RECIST
Xiong L 2015	WHO
Ma YJ 2015	WHO
Jiang J 2015	WHO
Yang ZY 2014	RECIST
Xie YG 2014	RECIST
Wang J 2013	RECIST
Sun GZ 2013	WHO
Li YQ 2013	RECIST

Zhang WH 2012

WHO

Ruan XJ 2012

RECIST

Liu HZ 2012

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Fan CM 2011

WHO

285 RECIST: Response Evaluation Criteria in Solid Tumours. WHO: World Health Organization criteria
286 -: Due to the lack of reporting on clinical effectiveness, there is no established standard for clinical
287 effectiveness.
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