Table S1. STROBE Statement—Checklist of items that should be included in reports of *case-control studies*

	Item		
	No	Recommendation	Page
Title and abstract	1	(a) Indicate the study's design with a commonly used	1
		term in the title or the abstract	
		(b) Provide in the abstract an informative and balanced	2
		summary of what was done and what was found	
Introduction			
Background/rationale	2	Explain the scientific background and rationale for the	4-5
		investigation being reported	
Objectives	3	State specific objectives, including any prespecified	5
		hypotheses	
Methods			
Study design	4	Present key elements of study design early in the paper	6-7
Setting	5	Describe the setting, locations, and relevant dates,	6
		including periods of recruitment, exposure, follow-up,	
		and data collection	
Participants	6	(a) Give the eligibility criteria, and the sources and	5-7
		methods of case ascertainment and control selection.	
		Give the rationale for the choice of cases and controls	
		(b) For matched studies, give matching criteria and the	7
		number of controls per case	
Variables	7	Clearly define all outcomes, exposures, predictors,	7
		potential confounders, and effect modifiers. Give	
		diagnostic criteria, if applicable	
Data sources/	8*	For each variable of interest, give sources of data and	5-6
measurement		details of methods of assessment (measurement).	
		Describe comparability of assessment methods if there	
		is more than one group	
Bias	9	Describe any efforts to address potential sources of bias	7
Study size	10	Explain how the study size was arrived at	5-7
Quantitative	11	Explain how quantitative variables were handled in the	7
variables		analyses. If applicable, describe which groupings were	
		chosen and why	
Statistical methods	12	(a) Describe all statistical methods, including those used	7
		to control for confounding	
		(b) Describe any methods used to examine subgroups	7
		and interactions	
		(c) Explain how missing data were addressed	6
		(d) If applicable, explain how matching of cases and	7
		controls was addressed	

Participants	13*	(a) Report numbers of individuals at each stage of	8
		study—eg numbers potentially eligible, examined for	
		eligibility, confirmed eligible, included in the study,	
		completing follow-up, and analysed	
		(b) Give reasons for non-participation at each stage	8
		(c) Consider use of a flow diagram	N/A
Descriptive data	14*	(a) Give characteristics of study participants (eg	Table 1
		demographic, clinical, social) and information on	
		exposures and potential confounders	
		(b) Indicate number of participants with missing data for	8
		each variable of interest	
Outcome data	15*	Report numbers in each exposure category, or summary	Table 2
		measures of exposure	
Main results	16	(a) Give unadjusted estimates and, if applicable,	Table 3
		confounder-adjusted estimates and their precision (eg,	and
		95% confidence interval). Make clear which	Table 4
		confounders were adjusted for and why they were	
		included	
		(b) Report category boundaries when continuous	Table 1
		variables were categorized	
		(c) If relevant, consider translating estimates of relative	N/A
		risk into absolute risk for a meaningful time period	

Other analyses	17	Report other analyses done—eg analyses of subgroups and interactions, and sensitivity analyses	11-13
Discussion			
Key results	18	Summarise key results with reference to study objectives	13
Limitations	19	Discuss limitations of the study, taking into account sources of potential bias or imprecision. Discuss both direction and magnitude of any potential bias	18
Interpretation	20	Give a cautious overall interpretation of results considering objectives, limitations, multiplicity of analyses, results from similar studies, and other relevant evidence	18
Generalisability	21	Discuss the generalisability (external validity) of the study results	18
Other informati	on		
Funding	22	Give the source of funding and the role of the funders for the present study and, if applicable, for the original study on which the present article is based	20

*Give information separately for cases and controls.

Note: An Explanation and Elaboration article discusses each checklist item and gives methodological background and published examples of transparent reporting. The STROBE checklist is best used in conjunction with this article (freely available on the Web sites of PLoS Medicine at http://www.plosmedicine.org/, Annals of Internal Medicine at http://www.annals.org/, and Epidemiology at http://www.epidem.com/). Information on the STROBE Initiative is available at http://www.strobe-statement.org.

Features	Overall cohort (n = 314)			PSM cohort (n = 150)		
	pMMR/MSS	dMMR/MSI-H	p †	pMMR/MSS	dMMR/MSI-H	p †
	n=280	n=34		n=117	n=33	
Age, n (%)			0.91			1.00
<60	207 (73.9)	26 (76.5)		90 (76.9)	25 (75.8)	
≥60	73 (26.1)	8 (23.5)		27 (23.1)	8 (24.2)	
Sex, n (%)			0.49			
Female	104 (37.1)	10 (29.4)		44 (37.6)	10 (30.3)	0.57
Male	176 (62.9)	24 (70.6)		73 (62.4)	23 (69.7)	
CRC family history, n (%)			0.37			1.0
No	263 (93.9)	30 (88.2)		105 (89.7)	29 (87.9)	
Yes	17 (6.1)	4 (11.8)		12 (10.3)	4 (12.1)	
Smoking, n (%)			1.00			1.0
No	210 (75.0)	26 (76.5)		88 (75.2)	25 (75.8)	
Yes	70 (25.0)	8 (23.5)		29 (24.8)	8 (24.2)	
Time of Metastasis, n (%)			0.02			0.4
Metachronous metastasis	65 (23.2)	17 (50.0)		46 (39.3)	16 (48.5)	
Synchronous metastasis	215 (76.8)	17 (50.0)		71 (60.7)	17 (51.5)	
Primary tumor site, n (%)			0.25			1.0
Left	204 (72.9)	21 (61.8)		76 (65.0)	21 (63.6)	
Right	76 (27.1)	13 (38.2)		41 (35.0)	12 (36.4)	
Pathological differentiation, n (%)			0.17			0.8

 Table S2. Characteristics of mCRC patients with different MMR or microsatellite status (second-line palliative chemotherapy): overall and propensity score-matched cohorts

Moderately	171 (61.1)	16 (47.1)		61 (52.1)	16 (48.5)	
Poorly	109 (38.9)	18 (52.9)		56 (47.9)	17 (51.5)	
Hepatic metastasis, n (%)			0.07			0.96
No	106 (37.9)	19 (55.9)		61 (52.1)	18 (54.5)	
Yes	174 (62.1)	15 (44.1)		56 (47.9)	15 (45.5)	
Pulmonary metastasis, n (%)			0.26			0.24
No	188 (67.1)	19 (55.9)		79 (67.5)	18 (54.5)	
Yes	92 (32.9)	15 (44.1)		38 (32.5)	15 (45.5)	
Distant lymph node metastasis, n			0.69			0.49
(%)						
No	192 (68.6)	25 (73.5)		79 (67.5)	25 (75.8)	
Yes	88 (31.4)	9 (26.5)		38 (32.5)	8 (24.2)	
Peritoneum metastasis, n (%)			0.76			1.00
No	201 (71.8)	23 (67.6)		79 (67.5)	22 (66.7)	
Yes	79 (28.2)	11 (32.4)		38 (32.5)	11 (33.3)	
NRAS, n (%)			< 0.001			< 0.001
mutation	5 (14.7)	6 (2.1)		3 (2.6)	5 (15.2)	
unknown	22 (64.7)	124 (44.3)		50 (42.7)	21 (63.6)	
wild	7 (20.6)	150 (53.6)		64 (54.7)	7 (21.2)	
KRAS, n (%)			0.36			0.36
mutation	9 (26.5)	74 (26.4)		31 (26.5)	9 (27.3)	
unknown	15 (44.1)	84 (30.0)		36 (30.8)	14 (42.4)	
wild	10 (29.4)	122 (43.6)		50 (42.7)	10 (30.3)	
BRAF, n (%)			< 0.001			< 0.001
mutation	4 (11.8)	13 (4.6)		4 (3.4)	4 (12.1)	

unknown	24 (70.6)	110 (39.3)	43 (36.8)	23 (69.7)
wild	6 (17.6)	157 (56.1)	70 (59.8)	6 (18.2)

Abbreviations: CRC: colorectal cancer.

[†] Pearson's Chi-square test

1 Table S3. Second-line palliative chemotherapy in propensity score-matched

2	cohort.

Features	pMMR/MSS	dMMR/MSI-H	p †
	n=117	n=33	
Treatment, n (%)			
CPT-11	17 (14.5)	6 (18.2)	0.90
FOLFIRI	73 (62.4)	19 (57.6)	
FOLFOX	16 (13.7)	3 (9.1)	
XELODA	2 (1.7)	1 (3.0)	
XELOX	4 (3.4)	2 (6.1)	
Other	5 (4.3)	2 (6.1)	
Chemotherapeutics, n (%)			
Irinotecan	93 (79.5)	25 (75.8)	0.39
Oxaliplatin	20 (17.1)	5 (15.2)	
Other	4 (3.4)	3 (9.1)	
Targeted therapy, n (%)			
Bevacizumab or cetuximab containing	73 (62.4)	16 (48.5)	0.22
Other	44 (37.6)	17 (51.5)	
Local treatment, n (%)			0.67
No	71 (60.7)	22 (66.7)	
Yes	46 (390.3)	11 (33.3)	
Efficacy, n (%)			
ORR	18 (15.4)	3 (9.1)	0.53
DCR	75 (64.1)	22 (66.7)	0.95

3 Abbreviations: CPT-11: irinotecan; DCR: disease control rate; FOLFIRI:

irinotecan, fluorouracil and calcium folinate; FOLFOX: oxaliplatin, fluorouracil and
 calcium folinate; ORR: objective response rate; XELODA: capecitabine; XELOX:

6 oxaliplatin and capecitabine.

7 [†] Pearson's Chi-square test