STROBE Statement—checklist of items that should be included in reports of observational studies

Section/item	Item No	Recommendation	Reported on Page Number/Line Number	Reported on Section/Paragraph
Title and abstract	1	(a) Indicate the study's design with a commonly used term in the title or the abstract	Page 1/ Line 2-3	Title
		(b) Provide in the abstract an informative and balanced summary of what was done and what was found	Page 1-2/ Line 37-62	Abstract/Paragraph 2-4
Introduction	•			
Background/ rationale	2	Explain the scientific background and rationale for the investigation being reported	Page 4/ Line 84-101	Background/Paragraph 1
Objectives	3	State specific objectives, including any prespecified hypotheses	Page 4-5/ Line 101-106	Background/Paragraph 1
Methods	•			
Study design	4	Present key elements of study design early in the paper	Page 4/ Line 112-114	Methods/Paragraph 1
Setting	5	Describe the setting, locations, and relevant dates, including periods of recruitment, exposure, follow-up, and data collection	Page 4/ Line 112-114	Methods/Paragraph 1
Participants	6	(a) Cohort study—Give the eligibility criteria, and the sources and methods of selection of participants. Describe methods of follow-up Case-control study—Give the eligibility criteria, and the sources and methods of case ascertainment and control selection. Give the rationale for the choice of cases and controls Cross-sectional study—Give the eligibility criteria, and the sources and methods of selection of participants	Page 4/ Line 116-121	Methods/Paragraph 1
		(b) Cohort study —For matched studies, give matching criteria and number of exposed and unexposed Case-control study —For matched studies, give matching criteria and the number of controls per case	N/A #Note 1: This study isn't matched study.	N/A
Variables	7	Clearly define all outcomes, exposures, predictors, potential confounders, and effect modifiers. Give diagnostic criteria, if applicable	Page 5/ Line 123-129	Methods/Paragraph 1
Data sources/ measurement	8*	For each variable of interest, give sources of data and details of methods of assessment (measurement). Describe comparability of assessment methods if there is more than one group	Page 5/ Line 112-114, 115-116, 129-131	Methods/Paragraph 1

Bias	9	Describe any efforts to address potential sources of bias	Page 4-5/ Line 112- 114, 129-131 #Note 2: The way we control the bias is to control the baseline data of the two groups of patients and treatments except Nimotozumab without statistical difference, but because it is a retrospective study, we cannot eliminate the bias, and we can only control the bias without affecting the accuracy of statistical analysis.	Methods/Paragraph 1
Study size	10	Explain how the study size was arrived at	Page 5/ Line 112-114	Methods/Paragraph 1
Quantitative variables	11	Explain how quantitative variables were handled in the analyses. If applicable, describe which groupings were chosen and why	Page 7/ Line 177-182	Methods/Paragraph 6
Statistical	12	(a) Describe all statistical methods, including those used to control for confounding	Page 7/ Line 177-182	Methods/Paragraph 6
methods		(b) Describe any methods used to examine subgroups and interactions	Page 7/ Line 177-182	Methods/Paragraph 6
		(c) Explain how missing data were addressed	N/A #Note 3: The 120 patients we finally included in the study had no follow-up loss.	N/A
		(d) Cohort study—If applicable, explain how loss to follow-up was addressed Case-control study—If applicable, explain how matching of cases and controls was addressed Cross-sectional study—If applicable, describe analytical methods taking account of sampling strategy	N/A #Note 3: The 120 patients we finally included in the study had no follow-up loss.	N/A
		(e) Describe any sensitivity analyses	N/A #Note 4: No sensitivity analyses in this study.	N/A
Results		1	<u>I</u>	

Participants	13*	(a) Report numbers of individuals at each stage of study—eg numbers potentially eligible, examined for eligibility, confirmed eligible, included in the study, completing follow-up, and analysed	N/A #Note 5: We used retrospective analysis to collect patients at least 3 years after treatment, and collected their medical records since treatment, as well as telephone follow-up. For patients that cannot be contacted, they have been excluded from the collection from the beginning. When we retrieve the data from the system, we are already using the judgment criteria described in the article to exclude the patients who do not meet the requirements, so the number of individuals in each study stage cannot be reported.	N/A
		(b) Give reasons for non-participation at each stage	N/A #Note 3: The 120 patients we finally included in the study had no follow-up loss.	N/A
		(c) Consider use of a flow diagram	Figure 1	Figure 1
Descriptive data	14*	(a) Give characteristics of study participants (eg demographic, clinical, social) and information on exposures and potential confounders	Table 1, 2	Table 1, 2
		(b) Indicate number of participants with missing data for each variable of interest	N/A #Note 3: The 120 patients we finally included in the study had no follow-up loss.	N/A
		(c) <i>Cohort study</i> —Summarise follow-up time (eg, average and total amount)	Page 8/ Line 209	Results/ Paragraph 4

Outcome data	15*	Cohort study—Report numbers of outcome events or summary measures over time	Page 8/ Line 203-229	Results/ Paragraph 3-7
		Case-control study—Report numbers in each exposure category, or summary measures of exposure	N/A #Note 6: The study is cohort study.	N/A
		Cross-sectional study—Report numbers of outcome events or summary measures	N/A #Note 6: The study is cohort study.	N/A
Main results	16	(a) Give unadjusted estimates and, if applicable, confounder-adjusted estimates and their precision (eg, 95% confidence interval). Make clear which confounders were adjusted for and why they were included	N/A #Note 7: Not required.	N/A
		(b) Report category boundaries when continuous variables were categorized	Table 4	Table 4
		(c) If relevant, consider translating estimates of relative risk into absolute risk for a meaningful time period	N/A #Note 7: Not required.	N/A
Other analyses	17	Report other analyses done—eg analyses of subgroups and interactions, and sensitivity analyses	N/A #Note 7: Not required.	N/A
Discussion				
Key results	18	Summarise key results with reference to study objectives	Page 10-11/ Line 303- 304, 306-307	Discussion/ Paragraph 5
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	Page 11/ Line 308-311	Discussion/ Paragraph 6
Interpretation	20	Give a cautious overall interpretation of results considering objectives, limitations, multiplicity of analyses, results from similar studies, and other relevant evidence	Page 10-11/ Line 296- 298, 301-304	Discussion/ Paragraph 5
Generalisability	21	Discuss the generalisability (external validity) of the study results	Page 10-11/ Line 296- 298, 301-305	Discussion/ Paragraph 5
Other information	1	1	I	<u> </u>
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	N/A #Note 8: No funding.	N/A
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^{*}Give information separately for cases and controls in case-control studies and, if applicable, for exposed and unexposed groups in cohort and cross-sectional studies.

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 www.strobe-statement.org.

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*As the checklist was provided upon initial submission, the page number/line number reported may be changed due to copyediting and may not be referable in the published version. In this case, the section/paragraph may be used as an alternative reference.

Updated on April 13, 2020