Supplementary

Table S1 Twenty-six patients were recruited into the control group for the following reasons

Reasons	Ν
Poor financial status	24
Previous myocardial infarction	1
Grade 3 hypertension	1

Table S2 Number of cycles and relative dose intensities of mFOLFOXIRI regimen, according to treatment group

Variable	mFOLFOXIRI plus bevacizumab (n=54)	mFOLFOXIRI alone (n=26)	
No. of cycles per patient, median [range]	8 [2–12]	6 [1–9]	
No. of cycles per patient prior to local ablative treatment, median $\left[\text{range}\right]^{t}$	8 [3–10]	5.5 [2–9]	
No. of cycles per patient prior to liver metastasectomy, median [range] [¶]	8 [3–9]	6 [4–9]	
Relative dose intensity with respect to planned, mean [range], $\%$			
Oxaliplatin	95.2 [78.3–100.0]	95.4 [83.8–100.0]	
Irinotecan	91.9 [77.4–100.0]	91.9 [83.8–100.0]	
5-Fluorouracil	91.1 [71.3–100.0]	92.1 [77.1–100.0]	

[†], only patients received local ablative treatment; [¶], only patients received liver metastasectomy. FOLFOXIRI, 5-fluorouracil, folinic acid, oxaliplatin, and irinotecan; mFOLFOXIRI, modified FOLFOXIRI.

Pagimon	N (%) [†]			
negimen –	mFOLFOXIRI plus bevacizumab (n=33)	mFOLFOXIRI alone (n=12)		
Triplet chemotherapy plus bevacizumab	5 (15.2)	1 (8.3)		
Doublet chemotherapy plus bevacizumab	24 (72.7)	3 (25.0)		
Doublet chemotherapy	2 (6.1)	6 (50.0)		
Capecitabine	0 (0)	1 (8.3)		
Regorafenib plus PD-1 inhibitor	2 (6.1)	O (O)		
Fruquintinib	0 (0)	1 (8.3)		

Table S3 Second line therapy for patients with disease progression, according to treatment group

Percentages may not total 100 because of rounding.[†], only patients receiving second line therapy were included. FOLFOXIRI, 5-fluorouracil, folinic acid, oxaliplatin, and irinotecan; mFOLFOXIRI, modified FOLFOXIRI; PD-1, programmed death-1.



Figure S1 Radiographic images of four cases before and after treatment in the two groups. Case 1: the patient in the experimental group attained NED; Case 2 (only the largest lesions was shown): the patient in the control group attained NED; Case 3: the patient in the experimental group did not attain NED; Case 4: the patient in the control group did not attain NED, no evidence of disease.

Table S4 Clinical studies	s involving triplet che	motherapy-based regimen as	conversion therapy for	patients with initiall	y unresectable CRLMs

Schedule	Gene status	Ν	RR (%)	R0 resection (%)	mPFS (months)	mOS (months)
FOLFOXIRI (Falcone et al., 2007) (11)	Unknown	39	Not reported	36	Not reported	23.4
FOLFIRINOX (Ychou et al., 2008) (19)	Unknown	34	70.6	26.5	Not reported	36
FOLFOXIRI + bevacizumab (Masi <i>et al.</i> , 2010) (20)	Unknown	30	80	40	16.9	Not reported
FOLFOXIRI + cetuximab (Garufi <i>et al.</i> , 2010) (21)	Unknown	43	79.1	60	14	37
FOLFIRINOX (Ychou et al., 2013) (12)	Unknown	30	73	30	11.9	Not reported
FOLFOXIRI + bevacizumab (Gruenberger <i>et al.</i> , 2015) (13)	Unknown	41	81	49	18.6	Not reached
mFOLFOXIRI (Hu <i>et al.</i> , 2021) (8)	RAS/BRAF wild-type	34	76.5	20.6	14.2	33.2
mFOLFOXIRI + cetuximab (Hu <i>et al.</i> , 2021) (8)	RAS/BRAF wild-type	67	95.5	35.8	15.5	Not reached
mFOLFOXIRI (Shen <i>et al.</i> , present study)	RAS/BRAF/PIK3CA mutation	26	60.0	3.8	9.1	35.3
mFOLFOXIRI+ bevacizumab (Shen <i>et al.</i> , present study)	RAS/BRAF/PIK3CA mutation	54	77.4	7.4	12.6	42.6

CRLMs, colorectal liver-limited metastases; FOLFOXIRI, 5-fluorouracil, folinic acid, oxaliplatin, and irinotecan; FOLFIRINOX, fluorouracil, leucovorin, oxaliplatin, and irinotecan; mFOLFOXIRI, modified FOLFOXIRI; mOS, median overall survival; mPFS, median progression-free survival; RR, response rate.

Table S5 Site of first disease progression among patients who underwent LATs, according to treatment group

LATe and site of first prograssion	N (%)				
LAIS and site of hist progression	mFOLFOXIRI plus bevacizumab (n=32)	mFOLFOXIRI alone (n=16)			
R0 resection plus thermal ablation	11 [†]	1			
Site treated by surgical resection	1 (9.1)	0 (0.0)			
Site treated by thermal ablation	0 (0.0)	0 (0.0)			
Any other liver lesions	5 (45.5)	0 (0.0)			
Extrahepatic lesions only	2 (18.2)	0 (0.0)			
Without disease progression	3 (27.3)	1 (100.0)			
Complete thermal ablation	10	7			
Site treated by thermal ablation	1 (10.0)	1 (14.3)			
Any other liver lesions	4 (40.0)	1 (14.3)			
Extrahepatic lesions	1 (10.0)	2 (28.6)			
Without disease progression	4 (40.0)	3 (42.9)			
Thermal ablation	8	4			
Site treated by thermal ablation	0 (0.0)	0 (0.0)			
Any other liver lesions	4 (50.0)	4 (100.0)			
Extrahepatic lesions	1(12.5)	0 (0.0)			
Without disease progression	3 (37.5)	0 (0.0)			
R2 resection	3	4 [¶]			
Site treated by surgical resection	0 (0.0)	0 (0.0)			
Any other liver lesions	3 (100.0)	2 (50.0)			
Extrahepatic lesions	0 (0.0)	0 (0.0)			
Without disease progression	0 (0.0)	2 (50.0)			

[†], one patient underwent R0 resection plus thermal ablation and stereotactic body radiation therapy; [¶], one patient underwent R2 resection plus thermal ablation and transarterial chemoembolisation. FOLFOXIRI, 5-fluorouracil, folinic acid, oxaliplatin, and irinotecan; LATs, local ablative treatments; mFOLFOXIRI, modified FOLFOXIRI.



Figure S2 Kaplan-Meier curves of overall survival, according to means of LAT. CI, confidence interval; HR, hazard ratio; LAT, local ablative treatment.