

The patients were divided into those with gastric SRC versus those with ASC. Given the 2 cohort dichotomized above were not randomized, unbalanced variables might engender selection bias, so we utilized a 1:4 propensity-score matching (PSM) method to control the non-random assignment of patients. A logistic regression model that predicts the likelihood of being assigned to ASC was constructed and set as the propensity score. The propensity scores were calculated according to unbalanced covariates. The PSM adopted nearest-neighbor matching algorithm. The caliper width was 0.01. No replacement was allowed, and all patients were matched only once. The baseline characteristics were compared in both matched and unmatched cohorts by Chi-square tests. The survival curves of each histologic group were compared by Kaplan-Meier plots with log-rank test. Univariable and multivariable Cox proportional hazards regression models were used to identify prognostic factors in the post-matching cohort. Variables with $p < 0.05$ in univariate analysis were further adjusted through multivariate analysis. The PSM was conducted in R version 3.5.3. The statistical analyses were completed by SPSS statistical software, version 25.0 (SPSS, Chicago, IL, USA). A two-tailed $p < 0.05$ was considered statistically significant.