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

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|  | Item No | Recommendation | Page  No |
| **Title and abstract** | 1 | 1. *Indicate the study’s design with a commonly used term in the title or the abstract*   This has been done in both subsections. The study was a case-series study. | Page 1 and 5 |
| 1. *Provide in the abstract an informative and balanced summary of what was done and what was found*   This has been done with explanation of main outcomes and principal results. | Page 5-6 |
| Introduction | | | |
| Background/rationale | 2 | *Explain the scientific background and rationale for the investigation being reported*  This has been done in first to third paragraphs of the introduction section. | Page 8-9 |
| Objectives | 3 | *State specific objectives, including any prespecified hypotheses*  This has been done. Aims have been depicted in the last paragraph of introduction section. | Page 9 |
| Methods | | | |
| Study design | 4 | *Present key elements of study design early in the paper*  This has been done in the first paragraph of patients and methods section. | Page 10 |
| Setting | 5 | *Describe the setting, locations, and relevant dates, including periods of recruitment, exposure, follow-up, and data collection*  This has been done in the first paragraph of patients and methods section. | Page 10 |
| 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  This has been done in the first paragraph of patients and methods section. | Page 10 |
| (*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  This was not a matched study. |  |
| Variables | 7 | *Clearly define all outcomes, exposures, predictors, potential confounders, and effect modifiers. Give diagnostic criteria, if applicable*  All these data have been included in the subsections “Surgical and pathological review” and “Toxicity evaluation and follow-up” | Page 11 and 12 |
| 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*  All these data have been included in the subsections “Preoperative chemotherapy” and “Surgical and pathological review” | Page 10 and 11 |
| Bias | 9 | *Describe any efforts to address potential sources of bias*  Possible bias have been described in the study limitations | Page 23 |
| Study size | 10 | *Explain how the study size was arrived at*  These data have been included in the subsection “Statistical analysis”. | Page 13 |
| Quantitative variables | 11 | *Explain how quantitative variables were handled in the analyses. If applicable, describe which groupings were chosen and why*  How quantitative variables were handled was explained in the subsection “Statistical analysis”. | Page 13 |
| Statistical methods | 12 | 1. *Describe all statistical methods, including those used to control for confounding*   All information has been provided in the subsection “Statistical analysis”. | Page 13 |
| 1. *Describe any methods used to examine subgroups and interactions*   This has been provided in the subsection “Statistical analysis”. | Page 13 |
| 1. *Explain how missing data were addressed*   This has been provided in the first paragraph of “Materials and Methods” | Page 10 |
| (*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  This has been provided in the subsection “Statistical analysis”. | Page 13 |
| 1. *Describe any sensitivity analyses*   Not applicable for this study. |  |

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| Results | | | |
| Participants | 13\* | 1. *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*   All these data have been included in results | Page 14-15 |
| 1. *Give reasons for non-participation at each stage*   Nobody refused the analysis and study. |  |
| 1. *Consider use of a flow diagram*   Flow chart was not necessary because it was case-series study. |  |
| Descriptive data | 14\* | 1. *Give characteristics of study participants (eg demographic, clinical, social) and information on exposures and potential confounders*   All these data have been included in results and Table 1. | Page 14 and 36 |
| 1. *Indicate number of participants with missing data for each variable of interest*   All these data have been included in results, in particular in the subsection “Surgical and pathological response”. | Page 15 |
| 1. *Cohort study*—Summarise follow-up time (eg, average and total amount)   Follow-up time was described in the subsection “Survival data and failure patterns” | Page 17 |
| Outcome data | 15\* | *Cohort study*—Report numbers of outcome events or summary measures over time |  |
| *Case-control study—*Report numbers in each exposure category, or summary measures of exposure  All these data have been included in results, in particular in the subsection “Surgical and pathological response”. | Page 15 |
| *Cross-sectional study—*Report numbers of outcome events or summary measures |  |
| Main results | 16 | 1. *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*   All these data have been included in results, in particular in the subsection “Surgical and pathological response”, and Tables 2, 3 and 5 | Page 15, 37, 39 and 41 |
| 1. *Report category boundaries when continuous variables were categorized.*   All these data have been included in results, in particular in the subsection “Survival data and failure patterns”, and Table 1 | Page 17 and 36 |
| 1. *If relevant, consider translating estimates of relative risk into absolute risk for a meaningful time period*   Not applicable for this study. |  |
| Other analyses | 17 | *Report other analyses done—eg analyses of subgroups and interactions, and sensitivity analyses*  All results have been represented in univariate and multivariate analysis. | Page 16 |
| Discussion | | | |
| Key results | 18 | *Summarise key results with reference to study objectives*  Key results have been summarised (Page 24). Each objective of the study has been discussed in a separate point. | Page 24 |
| 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*  Limitations have been discussed at the page 23. | Page 23 |
| Interpretation | 20 | *Give a cautious overall interpretation of results considering objectives, limitations, multiplicity of analyses, results from similar studies, and other relevant evidence*  A cautious interpretation considering other studies has been given for each specific result. |  |
| Generalisability | 21 | *Discuss the generalisability (external validity) of the study results*  Generalisability has been discussed at each specific point. |  |
| Other information | | | |
| 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.  Funding has been described in a specific point at the page 3. |  |

\*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.