Variables	Definitions or interpretation				
BMI	A BMI < 24.0 kg/m ² was defined as low BMI (including				
	underweight and normal weight), while \geq 24.0 kg/m ²				
	was defined as high BMI (including overweight and				
	obesity).				
Weight gain or	A weight change exceeding 5% was recorded as either				
weight loss	weight gain or weight loss during the period between the				
	initiation of neoadjuvant chemotherapy and the time of				
	surgery				
Primary					
colorectal					
tumour					
Primary tumour	The locations of primary colorectal cancer were classified				
site	as either colon or rectum. 'Primary site, colon' indicates				
	that the primary tumor was located in the colon.				
Lymph nodal	Lymph nodal metastasis was divided into two groups				
metastasis	(positive and negative) based on the presence or absence				
	of regional lymph node metastasis.				
Liver metastases					
Synchronous	Liver metastases detected at the time of primary tumor				
	diagnosis were referred to as "synchronous," which				
	includes patients with incidental liver metastases				
	discovered during surgery. Otherwise, they were termed				
	"metachronous."				
Diameter of	The diameter represents either the size of a single				
largest	metastasis or the largest among multiple liver				
metastases	metastases.				
Multiple	More than one liver metastases were defined as multiple.				

Supplementary Table 1 Definitions or interpretation of variables

metastases

Bilobar	Bilobar distribution was defined as the presence of						
distribution	multiple liver metastases located in two lobes of the liver.						
Preoperative							
chemotherapy							
details							
Oxaliplatin-	Oxaliplatin-based regimens include (e.g. Cape OX,						
based regimen	FOLFOX), Irinotecan-based regimens include (e.g.						
	FOLFIRI and FOLFOXIRI).						
Bevacizumab	It was divided into two groups: "bevacizumab" and						
	"non-bevacizumab" based on whether received						
	combined bevacizumab or not.						
Therapy delayed	Chemotherapy cycle delayed or dose reductions due to						
or dose reduced	various reasons.						
Surgical details							
Laparoscopic	According to the surgical approach, it was divided into						
Laparoscopic	According to the surgical approach, it was divided into laparoscopic and open approach.						
Laparoscopic Simultaneous							
	laparoscopic and open approach.						
	laparoscopic and open approach. "Simultaneous" was defined as simultaneous rection of						
Simultaneous	laparoscopic and open approach. "Simultaneous" was defined as simultaneous rection of the primary colorectal cancer and liver metastases.						
Simultaneous Pringle	laparoscopic and open approach. "Simultaneous" was defined as simultaneous rection of the primary colorectal cancer and liver metastases. Preventive hepatic duodenal ligament inflow blood						
Simultaneous Pringle manoeuver	laparoscopic and open approach. "Simultaneous" was defined as simultaneous rection of the primary colorectal cancer and liver metastases. Preventive hepatic duodenal ligament inflow blood						
Simultaneous Pringle manoeuver Postoperative	laparoscopic and open approach. "Simultaneous" was defined as simultaneous rection of the primary colorectal cancer and liver metastases. Preventive hepatic duodenal ligament inflow blood						
Simultaneous Pringle manoeuver Postoperative details	laparoscopic and open approach. "Simultaneous" was defined as simultaneous rection of the primary colorectal cancer and liver metastases. Preventive hepatic duodenal ligament inflow blood occlusion method.						
Simultaneous Pringle manoeuver Postoperative details Morbidity	laparoscopic and open approach. "Simultaneous" was defined as simultaneous rection of the primary colorectal cancer and liver metastases. Preventive hepatic duodenal ligament inflow blood occlusion method. The occurrence of complications at Clavien-Dindo grade						
Simultaneous Pringle manoeuver Postoperative details Morbidity (Dindo-Clavien II-V)	laparoscopic and open approach. "Simultaneous" was defined as simultaneous rection of the primary colorectal cancer and liver metastases. Preventive hepatic duodenal ligament inflow blood occlusion method. The occurrence of complications at Clavien-Dindo grade						
Simultaneous Pringle manoeuver Postoperative details Morbidity (Dindo-Clavien II-V)	laparoscopic and open approach. "Simultaneous" was defined as simultaneous rection of the primary colorectal cancer and liver metastases. Preventive hepatic duodenal ligament inflow blood occlusion method. The occurrence of complications at Clavien–Dindo grade II and higher was recorded.						
Simultaneous Pringle manoeuver Postoperative details Morbidity (Dindo-Clavien II-V) Length of	laparoscopic and open approach. "Simultaneous" was defined as simultaneous rection of the primary colorectal cancer and liver metastases. Preventive hepatic duodenal ligament inflow blood occlusion method. The occurrence of complications at Clavien–Dindo grade II and higher was recorded.						

Complete	The assessment of pathological responses to						
tumour response	chemotherapy was based on the tumour regression grade						
	(TRG) system proposed by Mandard et al. (Figure 1).						
	TRG grade 1-2 was defined as complete tumour						
	response, while TRG grade 3-5 was defined as poor						
	tumour response.						
Steatosis	The percentage of steatosis in involved hepatocytes was						
	assessed and graded into the following categories: absent						
	(0%), grade 1 (1–30%), grade 2 (31–60%) and grade 3						
	(>60%).						
Sinusoidal	Sinusoidal dilatation was scored according to the						
dilatation	pathological grade system published by Rubbia-Brandt						
	et al: absent, grade 1, grade 2 and grade 3.						

BMI: Body mass index.

Item	Multivariable		
	OR (95%CI) <i>P</i> value		
Male	0.47 (0.17, 1.32) 0.151		
Low BMI	4.56 (1.42, 14.63) 0.011		
Oxaliplatin-based regime	2.69 (0.63, 11.59) 0.184		
Bevacizumab	3.02 (1.10, 8.33) 0.033		
CEA<10ng/ml	3.84 (1.19, 12.44) 0.025		
Severe sinusoidal dilatation	0.17 (0.03, 0.90) 0.037		

Supplementary Table 2 Multivariate regression analysis of factors for complete tumour response

BMI: Body mass index; CEA: Carcinoembryonic antigen.

X= low BMI	Ν	Complete tumour	P value
		response	
		OR (95%CI) P value	
Gender			0.439
Female	41	2.5 (0.6, 11.1) 0.229	
Male	85	5.8 (1.2, 28.0) 0.027	
Age			0.056
<60 years	72	2.5 (0.8, 8.3) 0.122	
≥60 years	54	inf. (0.0, Inf) 0.994	
Hypertension			0.804
no	76	3.4 (0.9, 12.8) 0.078	
yes	50	4.4 (0.8, 24.5) 0.090	
Lymph nodal metastasis			0.165
1			
Negative	35	12.8 (1.4, 118.3) 0.025	
Positive	77	2.4 (0.7, 8.2) 0.162	
Primary site			0.924
Rectal	64	3.8 (1.0, 15.3) 0.057	
Colon	62	4.3 (0.8, 21.5) 0.079	
Synchronous			0.463
Metachronous	43	2.1 (0.3, 13.0) 0.420	
Synchronous	83	4.9 (1.3, 18.5) 0.018	
Diameter of largest			0.396
metastases			
< 3.0 cm	80	2.8 (0.7, 11.0) 0.132	
≥ 3.0 cm	46	7.1 (1.4, 37.7) 0.021	

Supplementary Table 3 Stratified analysis of association between body mass index and pathological response to chemotherapy

¹ Primary tumour Lymph nodal status data was available in 112 patients.

Number of metastases			0.516
Single	65	2.9 (0.7, 11.6) 0.142	
Multiple	61	5.7 (1.2, 28.6) 0.032	
Cycles of chemotherapy			0.817
<6	94	3.7 (1.1, 12.1) 0.030	
≥6	32	5.0 (0.5, 48.9) 0.167	
Preoperative CEA level			0.904
<10 ng/ml	74	3.6 (1.1, 12.0) 0.040	
≥10 ng/ml	52	4.2 (0.4, 40.2) 0.216	
Chemotherapy regimen			0.099
Irinotecan-based	31	0.6 (0.0, 7.1) 0.668	
Oxaliplatin-based	95	5.7 (1.6, 21.0) 0.008	
Combined with			0.232
bevacizumab			
No	81	2.3 (0.6, 9.3) 0.239	
Yes	45	8.5 (1.6, 44.5) 0.011	
	т.,		1 1

Log likelihood ratio test for Interaction test was applied in this study.

BMI: Body mass index; CEA: Carcinoembryonic antigen.