S3 Table. Quality assessment of the 22 studies (23 RCTs)[a] [1-22]

Author, year	Adequate random sequence generation	Allocation concealment	Blinding method	Adequate assessment of each outcome	Free of selective reporting	Modified Jadad score[b]
Weber 2013 [1]	U	U	Y	Y	Y	5
Kwon 2014 [2]	Y	Y	Y	Y	Y	7
Brahmer 2015 [3]	U	U	N	Y	Y	3
Broghaei 2015 [4]	U	U	N	Y	Y	3
Reck 2016 [5]	Y	Y	Y	Y	Y	7
Eggermont 2016 [6]	U	U	Y	Y	Y	5
Weber 2017 [7]	U	Y	Y	Y	Y	6
Ascierto 2017 [8]	Y	Y	Y	Y	Y	7
Larkin 2018 [9]	Y	Y	Y[c]	Y	Y	7
Govindan 2017 [10]	U	U	Y	Y	Y	5
Horn 2017 [11]	U	U	Y	Y	Y	5
Armand 2018 [12]	Y[c]	Y[c]	Y[c]	Y	Y	7
Kelly 2018 [13]	Y[c]	Y[c]	Y[c]	Y	Y	7
Larkin 2019 [14]	U	U	Y	Y	Y	5
Geoerger 2020 [15]	Y[c]	Y[c]	Y[c]	Y	Y	7
Fradet 2019 [16]	U	N	Y[c]	Y	Y	5
Tomita 2020 [17]	U	N	Y[c]	Y	Y	5

Lebbé 2019 [18]	U	U	Y	Y	Y	5
Sharma 2020 [19]	U	N	Y[c)]	Y	Y	5
Morse 2019 [20]	Y[c)]	Y[c)]	Y[c)]	Y	Y	7
Carneiro 2019 [21]	Y[c)]	Y[c)]	Y[c)]	Y	Y	7
Horinouchi 2019 [22]	Y[c)]	Y[c)]	Y[c)]	Y	Y	7

N, no; RCT, randomized controlled trial; U, unclear; Y, yes. [a)]Quality assessment was based on the original study, possible updated study and supplementary materials but not the study protocol, [b)]Modified Jadad scale rates the adequacy of generation of random sequence, allocation concealment, blinding method, and drop out/loss of follow-up; high-quality studies had a score ≥ 4; low-quality, ≤ 3, [c)]Application of the blinding method is impracticable in these studies due to unavoidable reasons, such as special study designs (single-arm trial), treatment plans requiring the involvement of clinicians (investigator's choice of chemotherapy), evidently different drug administration (oral medication and intravenous injection), and so on. For reasons that were clearly stated in their contents, these studies were still rated as "Y."

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