

Toxicity evaluation

Hematologic & laboratory adverse events

Neutropenia	<input type="radio"/> G1	<input type="radio"/> G2	<input type="radio"/> G3	<input type="radio"/> G4	_____
Anemia	<input type="radio"/> G1	<input type="radio"/> G2	<input type="radio"/> G3	<input type="radio"/> G4	_____
Thrombocytopenia	<input type="radio"/> G1	<input type="radio"/> G2	<input type="radio"/> G3	<input type="radio"/> G4	_____
AST elevation	<input type="radio"/> G1	<input type="radio"/> G2	<input type="radio"/> G3	<input type="radio"/> G4	_____
ALT elevation	<input type="radio"/> G1	<input type="radio"/> G2	<input type="radio"/> G3	<input type="radio"/> G4	_____
ALP elevation	<input type="radio"/> G1	<input type="radio"/> G2	<input type="radio"/> G3	<input type="radio"/> G4	_____
Hyperbilirubinemia	<input type="radio"/> G1	<input type="radio"/> G2	<input type="radio"/> G3	<input type="radio"/> G4	_____

Non-hematologic adverse events

Abdominal pain	<input type="radio"/> G1	<input type="radio"/> G2	<input type="radio"/> G3	<input type="radio"/> G4
Alopecia	<input type="radio"/> G1	<input type="radio"/> G2	<input type="radio"/> G3	<input type="radio"/> G4
Anorexia	<input type="radio"/> G1	<input type="radio"/> G2	<input type="radio"/> G3	<input type="radio"/> G4
Constipation	<input type="radio"/> G1	<input type="radio"/> G2	<input type="radio"/> G3	<input type="radio"/> G4
Diarrhea	<input type="radio"/> G1	<input type="radio"/> G2	<input type="radio"/> G3	<input type="radio"/> G4
Edema	<input type="radio"/> G1	<input type="radio"/> G2	<input type="radio"/> G3	<input type="radio"/> G4
Fatigue	<input type="radio"/> G1	<input type="radio"/> G2	<input type="radio"/> G3	<input type="radio"/> G4
Hand-foot reaction	<input type="radio"/> G1	<input type="radio"/> G2	<input type="radio"/> G3	<input type="radio"/> G4
Myalgia	<input type="radio"/> G1	<input type="radio"/> G2	<input type="radio"/> G3	<input type="radio"/> G4
Nausea	<input type="radio"/> G1	<input type="radio"/> G2	<input type="radio"/> G3	<input type="radio"/> G4
Peripheral neuropathy	<input type="radio"/> G1	<input type="radio"/> G2	<input type="radio"/> G3	<input type="radio"/> G4
Skin rash	<input type="radio"/> G1	<input type="radio"/> G2	<input type="radio"/> G3	<input type="radio"/> G4
Stomatitis	<input type="radio"/> G1	<input type="radio"/> G2	<input type="radio"/> G3	<input type="radio"/> G4
Vomiting	<input type="radio"/> G1	<input type="radio"/> G2	<input type="radio"/> G3	<input type="radio"/> G4
None	<input type="radio"/> G1	<input type="radio"/> G2	<input type="radio"/> G3	<input type="radio"/> G4

Others

S1 Fig. systematic toxicity assessment form (STAF).