

Supplement 1. Previous studies of survival outcomes for total gastrectomy versus proximal gastrectomy

2018	Rosa et al. ²⁸	75	75	Upper body	T1–T4	46.5	56.7	Survival outcomes were not significantly different (P=0.07). PG was associated with surgical mortality, reflux esophagitis, anastomotic stricture.
2016	Sugoor et al. ²⁹	32	43	Upper body	T1–T4	49.9	73.3	Overall 2-year survival rates were not different (P=0.10).
2006	Kim et al. ³⁰	27	12	Upper body	Stage I	63	81.5	Survival outcomes of patients with Stage III (P=0.035) and Stage IV (P=0.026) were significantly different. TG should be performed when cancer stage is advanced.
		20	12		Stage II	59.1	64.8	
		41	16		Stage III	38.4	17.1	
		16	3		Stage IV	19.6	0	
2004	Yoo et al. ³¹	185	74	Upper body	T1–T4	47.8	54.8	Survival outcomes were not significantly different (P=0.378). PG was associated with reflux esophagitis and anastomotic stricture.
1998	Harrison et al. ³²	33	65	Upper body	T1–T4	41	43	Survival outcomes were not significantly different (P-value not reported).
1997	Kitamura et al. ³³	25	23	Upper body	T1	88	100	Survival outcomes were not significantly different (P-value not reported). In T3 and T4 tumors, LN metastases were present along the lower part of the stomach. PG should be performed for T and T2 tumors.
		12	8		T2	85	55	
		33	11		T3	60	55	
		48	24		T4	25	25	
1995	Jakl et al. ³⁴	50	75	EGJ cancer	T1–T4	18	17	Survival outcomes were not significantly different (P-value not reported).
1988	Moreaux et al. ³⁵	27	54	EGJ cancer	T1–T4	40	28	Survival outcomes were not significantly different (P=0.30).

Abbreviations: EGJ, esophagogastric junction; LN, lymph node; PG, proximal gastrectomy; TG, total gastrectomy.