Information S2

Correction of baseline imbalance in terms of number of liver metastases

We conducted this analysis to correct the baseline imbalance on number of liver metastases by respectively calculating the postoperative morbidity of patients with \leq 3 or > 3 metastases after simultaneous or staged resection.

Take the patients with ≤ 3 metastases in simultaneous group for example. 6 studies reported data of number of liver metastases as " ≤ 3 vs. > 3". The data were sorted out in format of the proportion of patients with ≤ 3 metastases and the corresponding morbidity (Details in Table SS1). Considering that the postoperative morbidity was significantly related with the number of liver metastases, the proportion of patients with ≤ 3 metastases should have linear correlation with the corresponding morbidity (Details in Figure SS1A). Each study was considered as an observed value, and a linear regression model was constructed with 95% confidence interval (Linear equation in Table SS2). In this liner equation, independent variable was the proportion of patients with ≤ 3 metastases, and the dependent variable was postoperative morbidity. Each study was given the same weight in the model because all studies included in the meta-analysis were in high quality, with a sample size over 50. Point estimate for the independent variable = 1, we got the postoperative morbidity of patients with ≤ 3 metastases after simultaneous resection (17.2%, 95%CI = [0 - 37.3%]). And point estimate for the independent variable = 0, we got the morbidity of patients with ≥ 3 metastases (49.4%, 95%CI = [9.4% - 89.5%]).

The same method was used to estimate the morbidity of patients with \leq 3 metastases (13.8%, 95%CI = [0 - 28.6%]) or > 3 metastases (50.8%, 95%CI = [33.8% - 67.9%]) after staged resection (Linear equation in Table SS3).

We also conducted analyses of studies reported number of liver metastases as "Single vs. Multiple". The results showed no significant correlation in simultaneous group (P = 0.250) or staged group (P = 0.193), which meant that "Single vs. Multiple" was not a good cut-off value for number of liver metastases.

Table SS1 Data sorted out as the proportion of patients with ≤ 3 metastases, and the corresponding morbidity

	Simultaneous	resection grou	ıp		Staged resection group					
Studies	No. of	Total No.	Proportion	Postoperative	No. of	Total No.	Proportion	Postoperative		
	patients	of patients	of patients	of patients morbidity		of patients	of patients	morbidity		
	with ≤ 3 liver with ≤ 3		with ≤ 3 liver		with ≤ 3					
	metastases		metastases		metastases		metastases			
Thelen 2007	34	40	0.85	0.18	45	179	0.68	0.25		
Turrini 2007	42	57	0.74	0.21	19	62	0.44	0.31		
Wang 2008	32	37	0.86	0.24	9	46	0.76	0.20		
Weber 2003	29	35	0.82	0.23	20	62	0.63	0.32		
Xu 2009	68	96	0.71	0.34	22	79	0.67	0.28		
Yan 2007	37	73	0.51	0.31	13	30	0.23	0.43		

Table SS2 Linear equation of proportion of patients with ≤ 3 metastases and the corresponding morbidity in simultaneous resection group

Coefficients^a

	Unstandardized Coefficients		Standardized Coefficients			95.0% Confidence Interval for B		Correlations			Collinearity Statistics	
Model	В	Std. Error	Beta	t	Sig.	Lower Bound	Upper Bound	Zero-order	Partial	Part	Tolerance	VIF
1 (Constant)	.494	.134		3.689	.021	.122	.866					
≤ 3 metastases	323	.176	675	-1.827	.142	813	.167	675	675	675	1.000	1.000

a. Dependent Variable: Morbidity

Table SS3 Linear equation of proportion of patients with ≤ 3 metastases and the corresponding morbidity in staged resection group

Coefficients^a

	Unstandardized Coefficients		Standardized Coefficients			95.0% Confidence Interval for B		Correlations			Collinearity Statistics	
Model	В	Std. Error	Beta	t	Sig.	Lower Bound	Upper Bound	Zero-order	Partial	Part	Tolerance	VIF
1 (Constant)	.509	.049		10.298	.001	.372	.646					
≤ 3 metastases	371	.083	913	-4.476	.011	601	141	913	913	913	1.000	1.000

a. Dependent Variable: Morbidity

