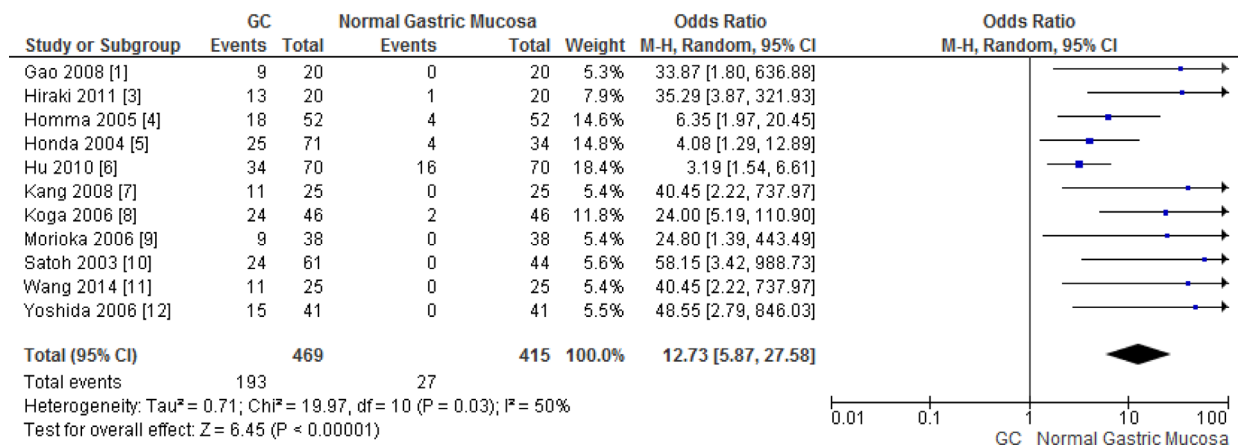
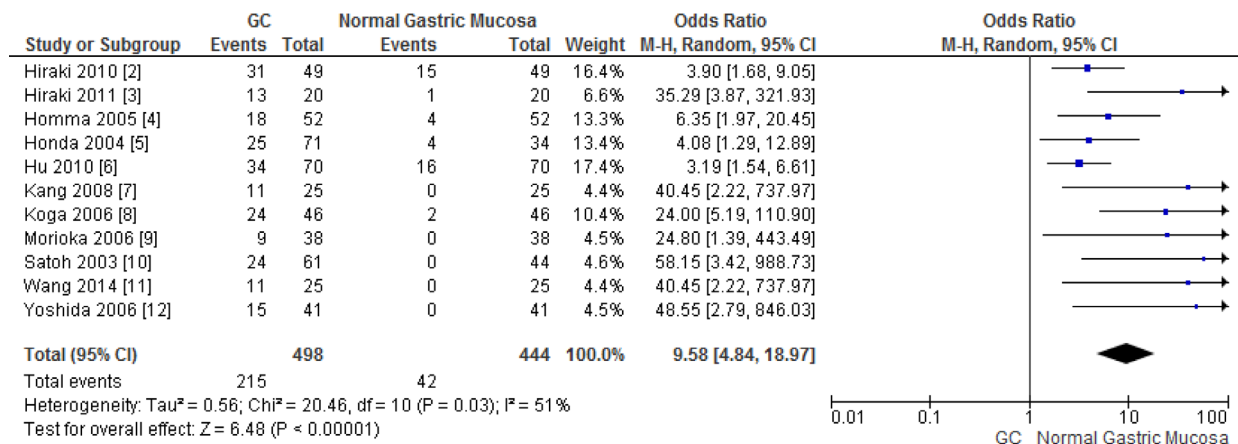
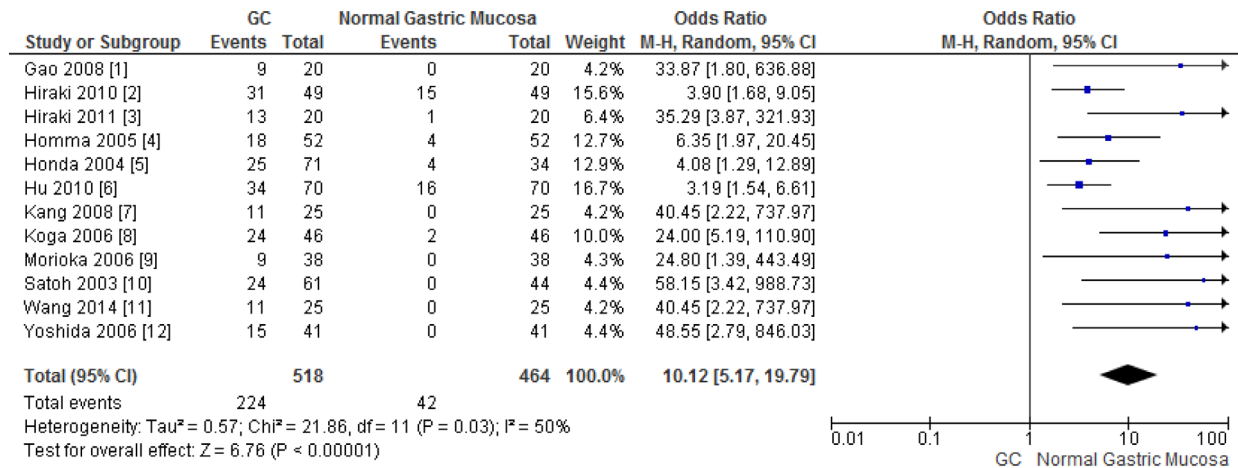
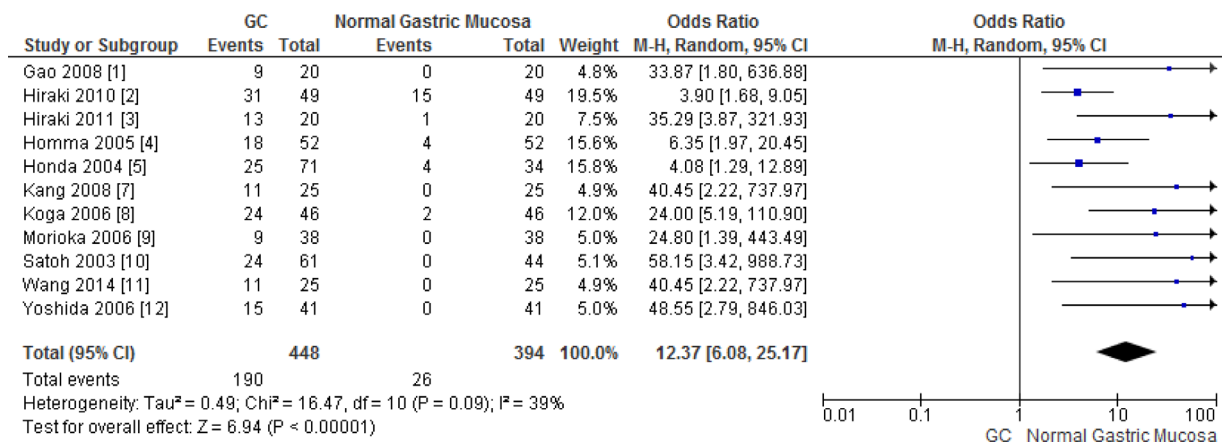
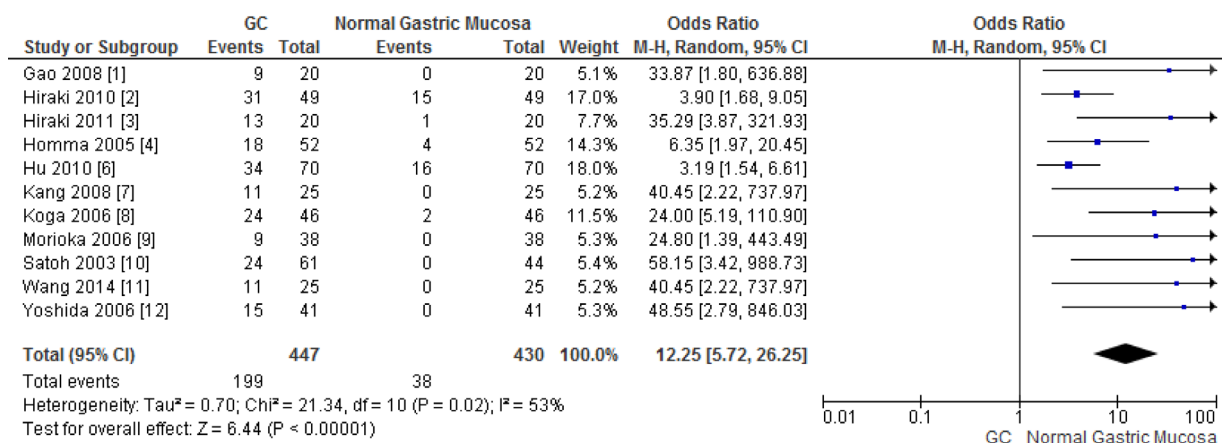
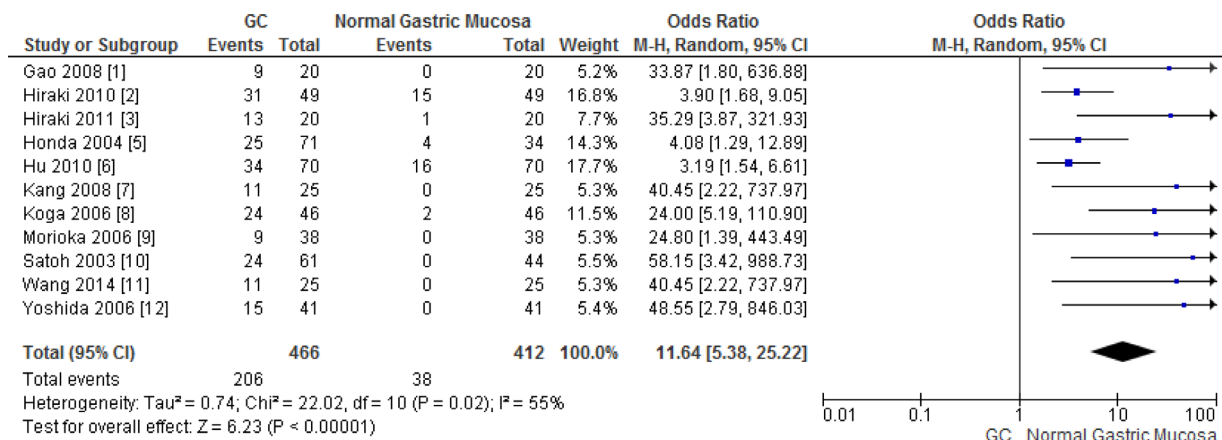
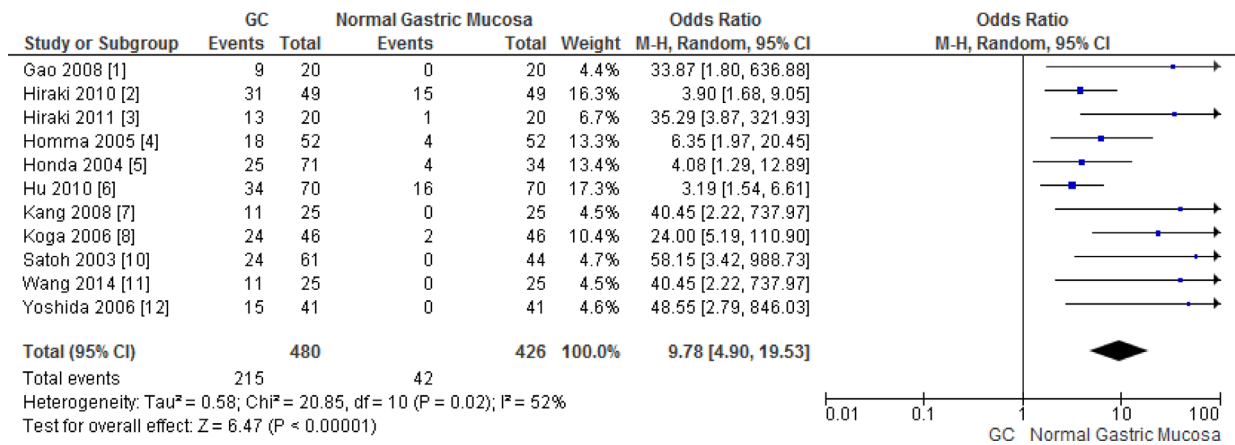
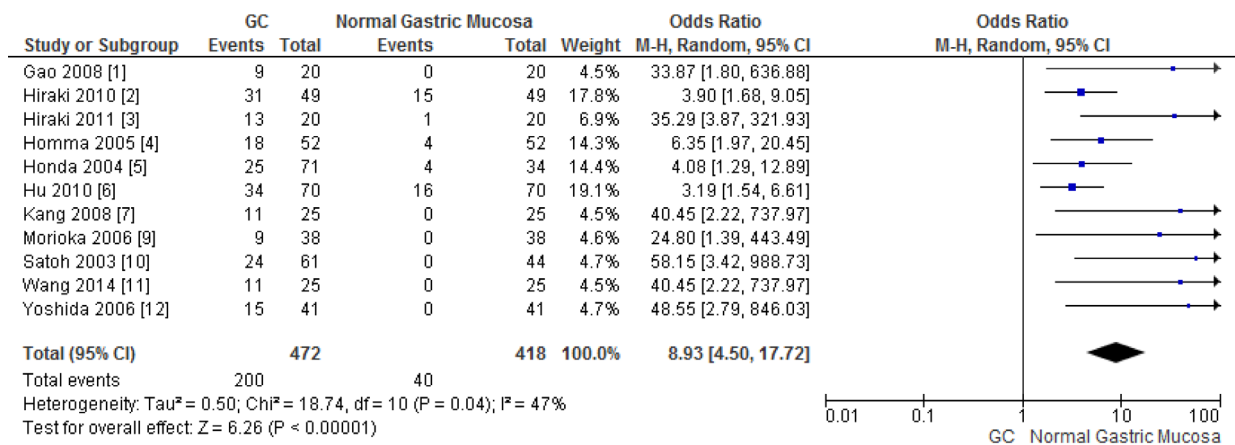
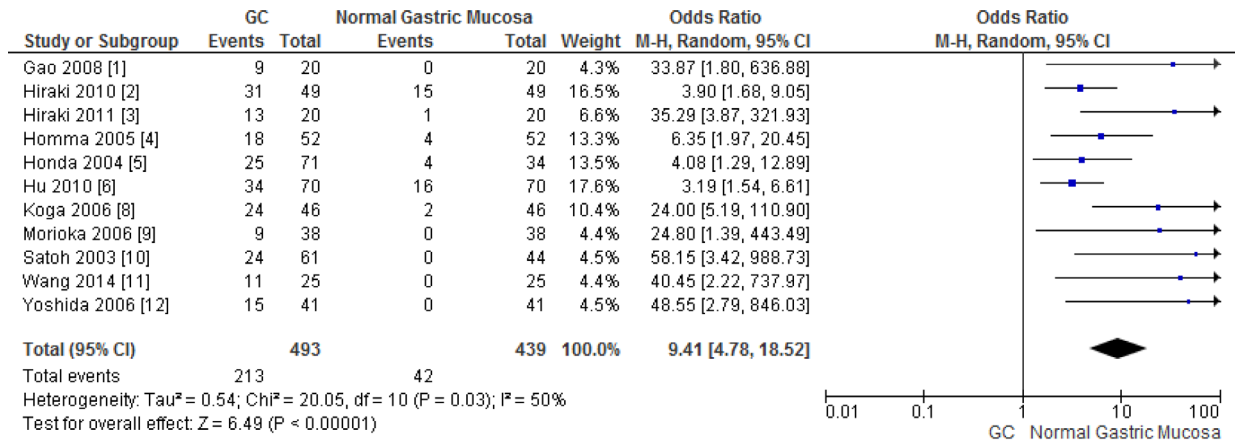


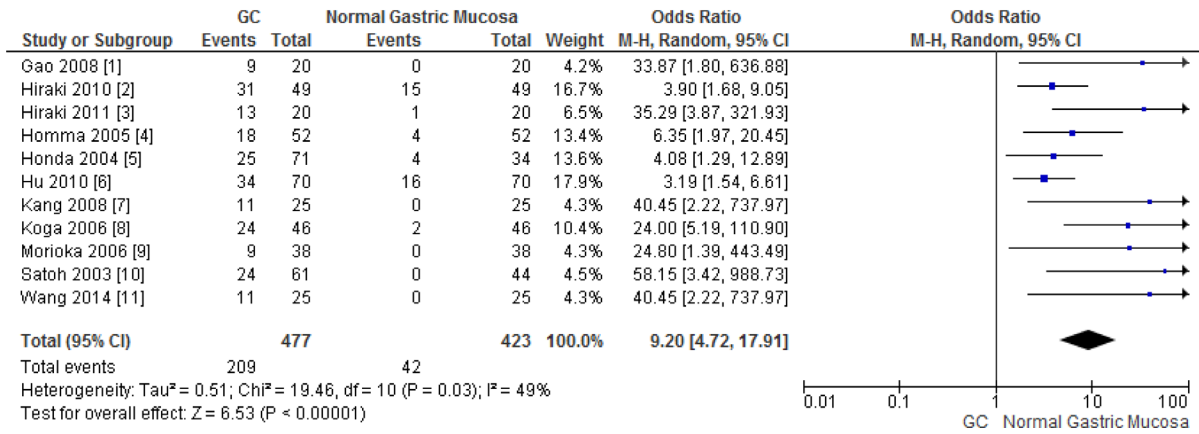
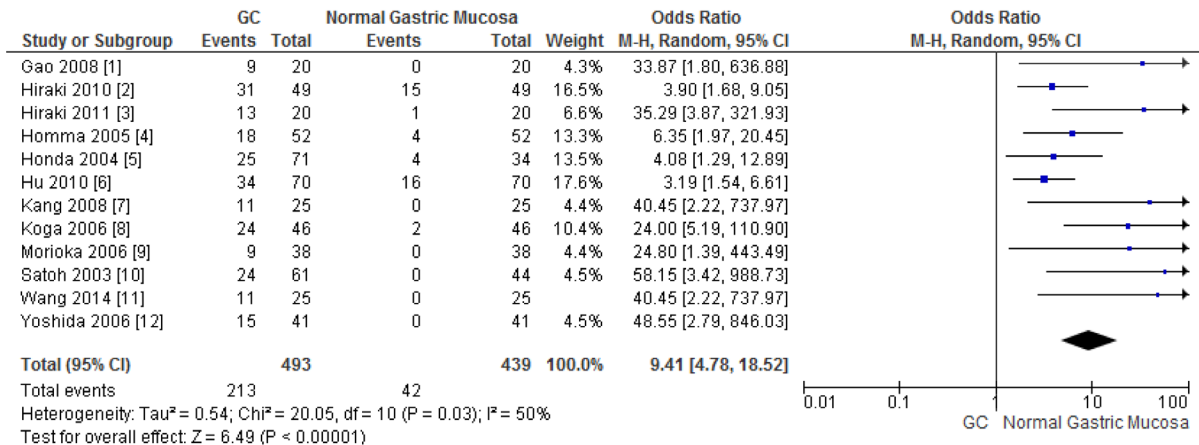
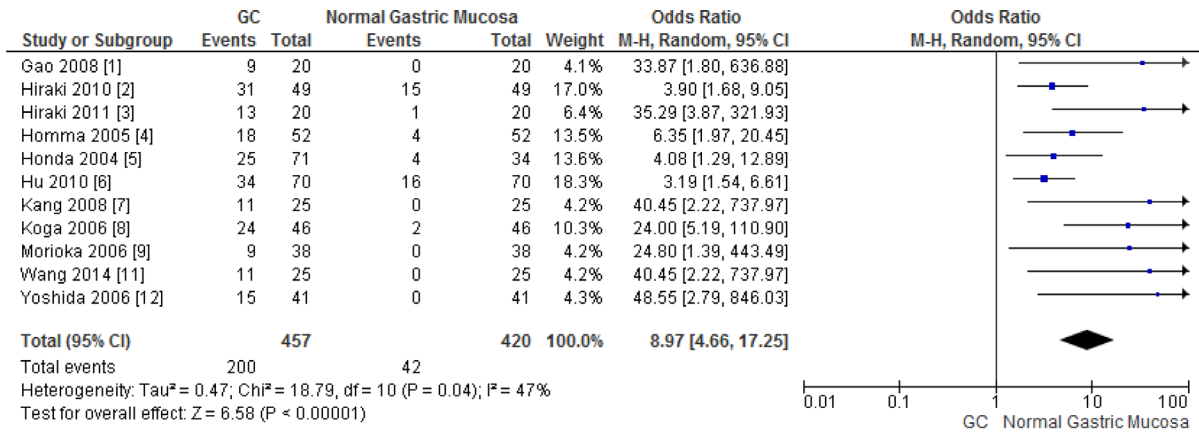
Clinicopathological significance of *CHFR* promoter methylation in gastric cancer: a meta-analysis

SUPPLEMENTARY MATERIALS

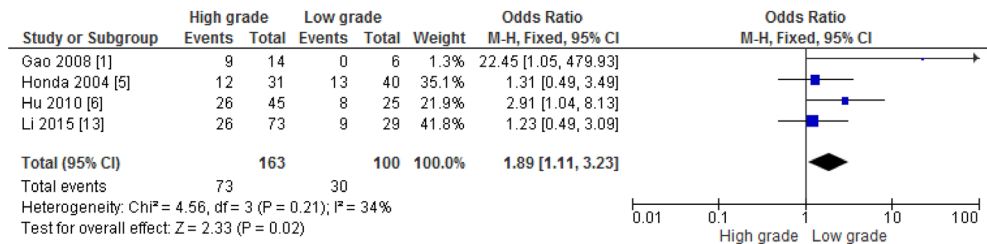
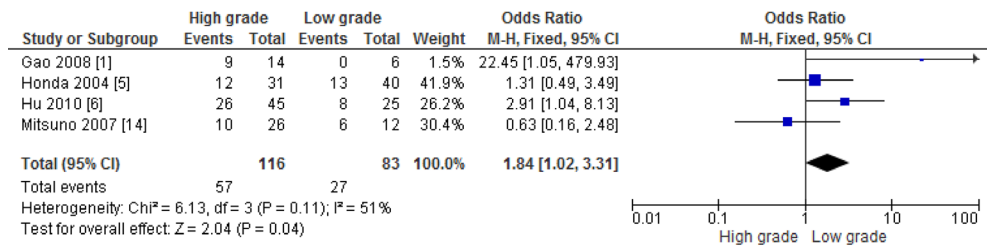
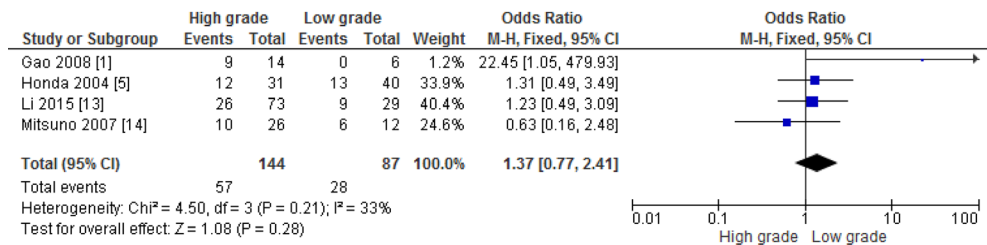
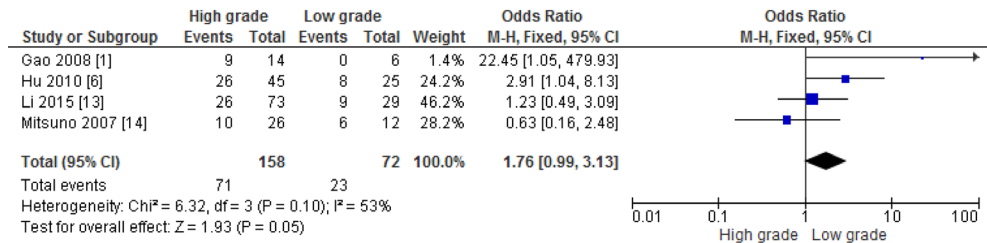
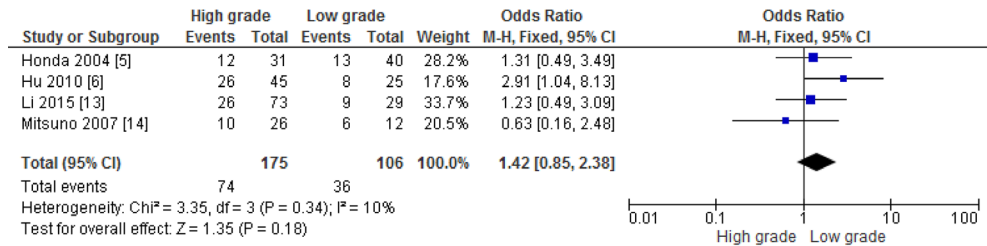
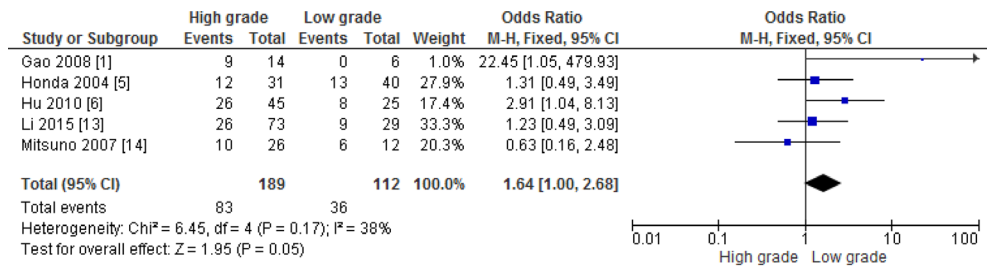




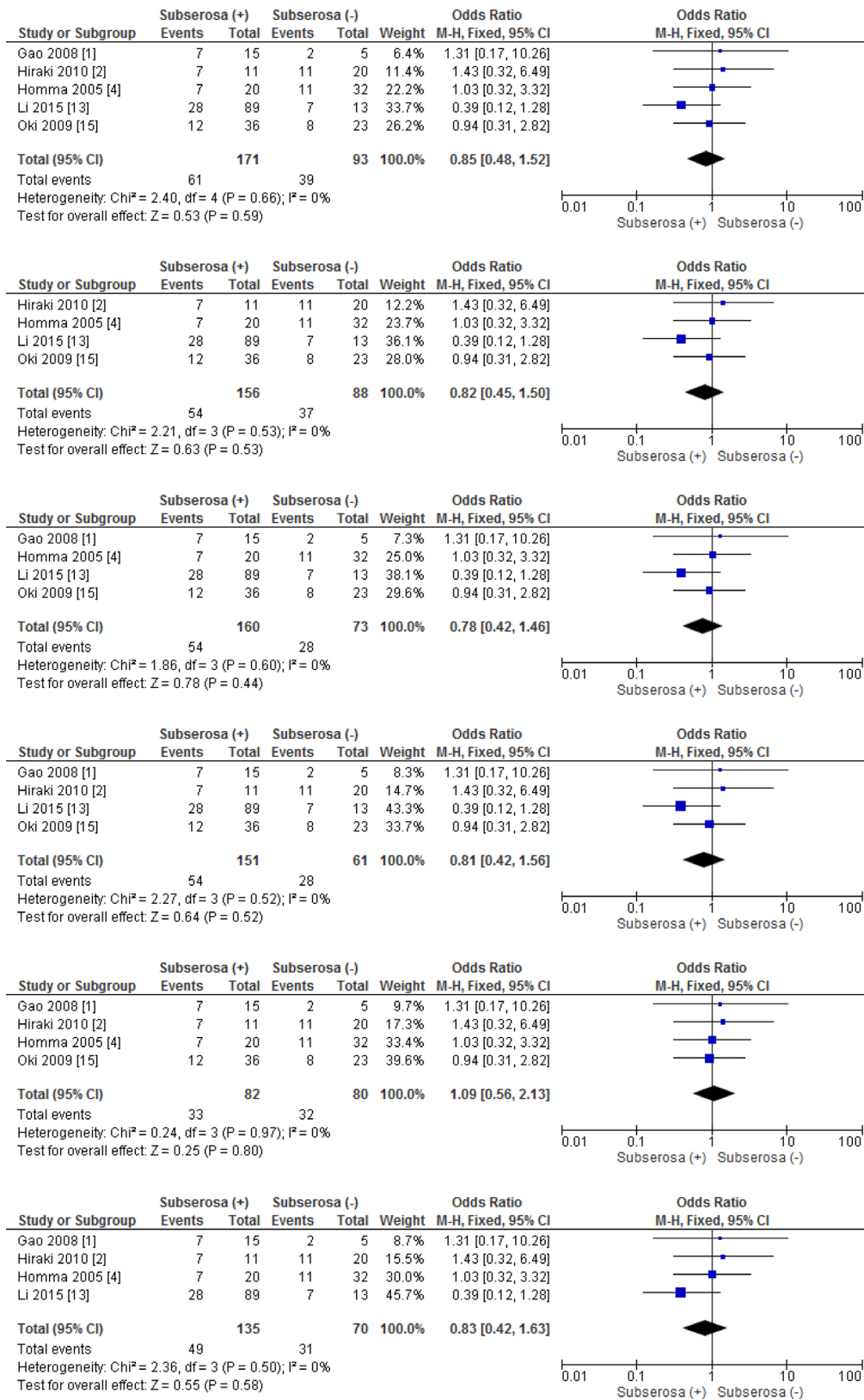




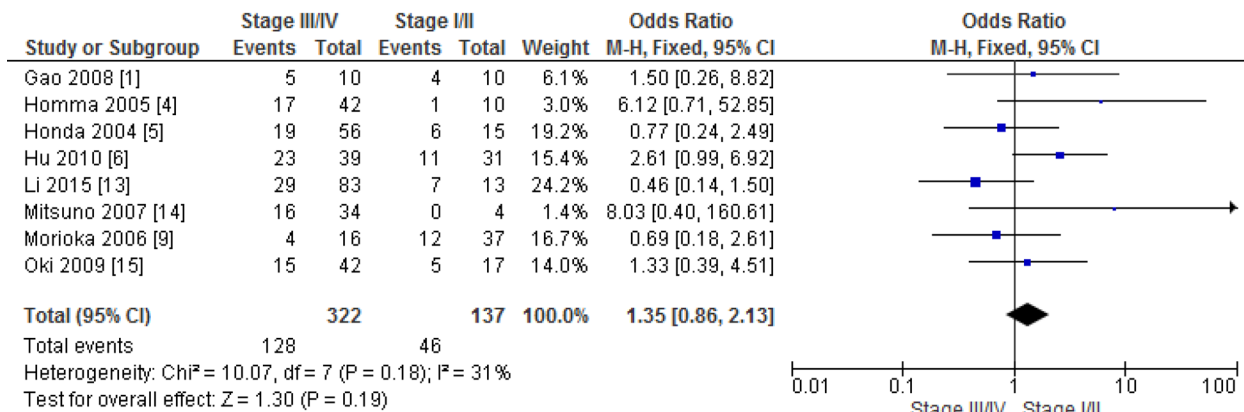
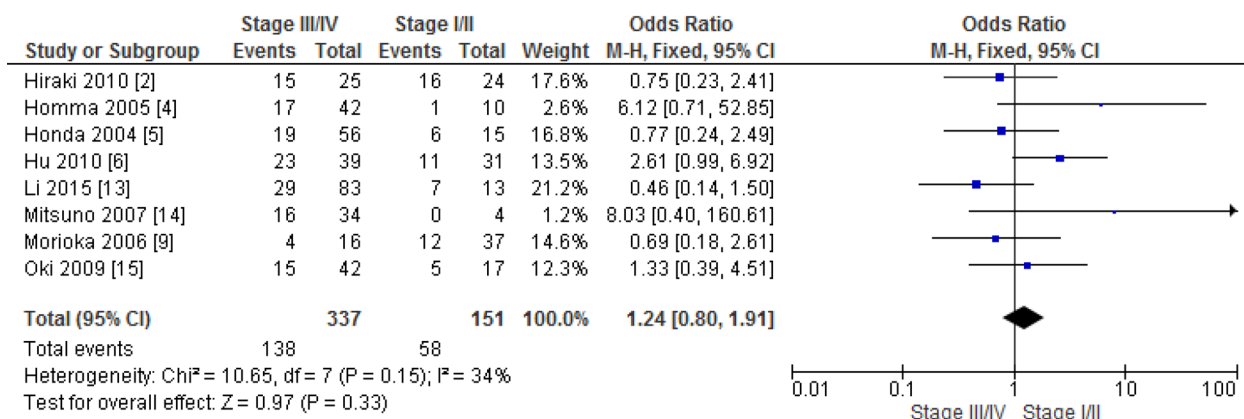
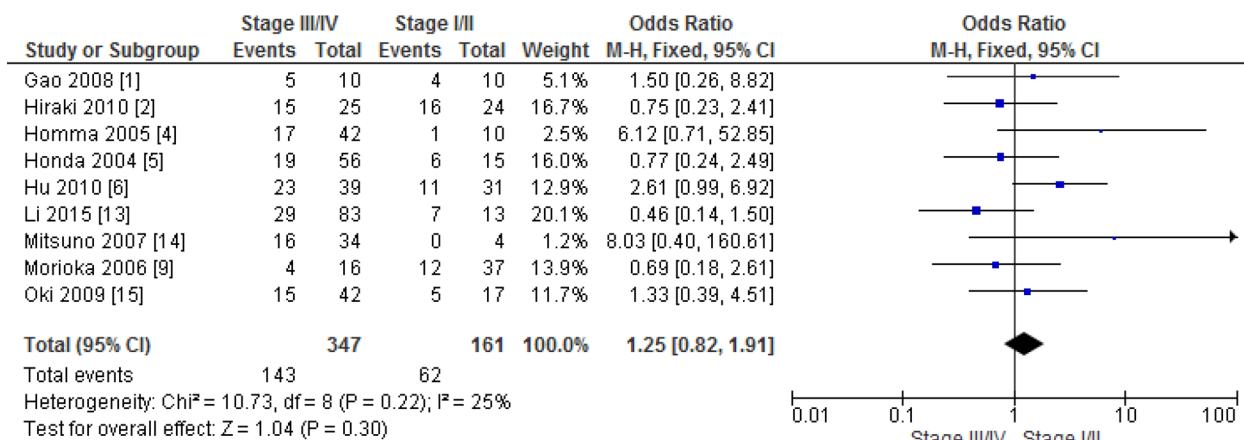
Supplementary Figure 1: Sensitivity analysis for *CHFR* promoter methylation in GC and normal gastric tissue.

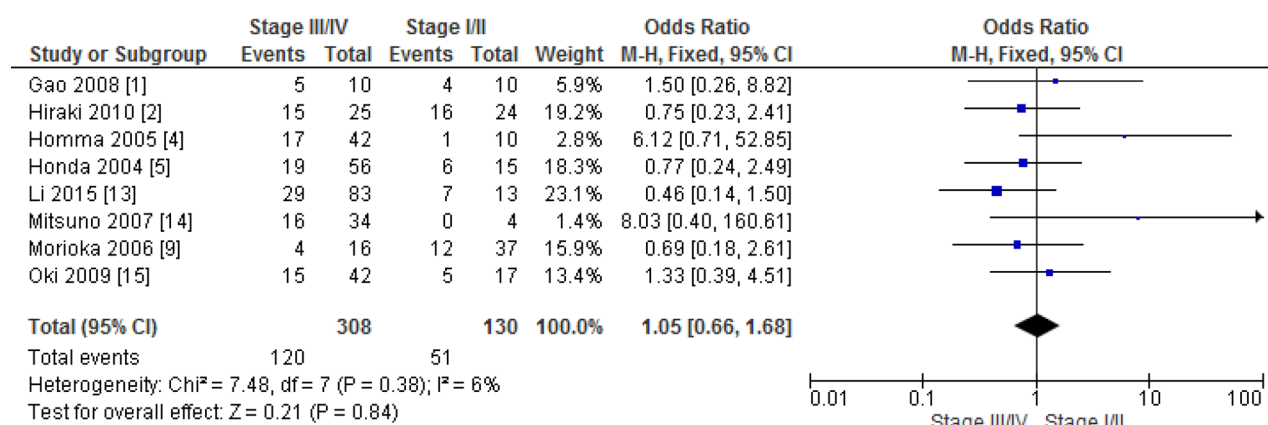
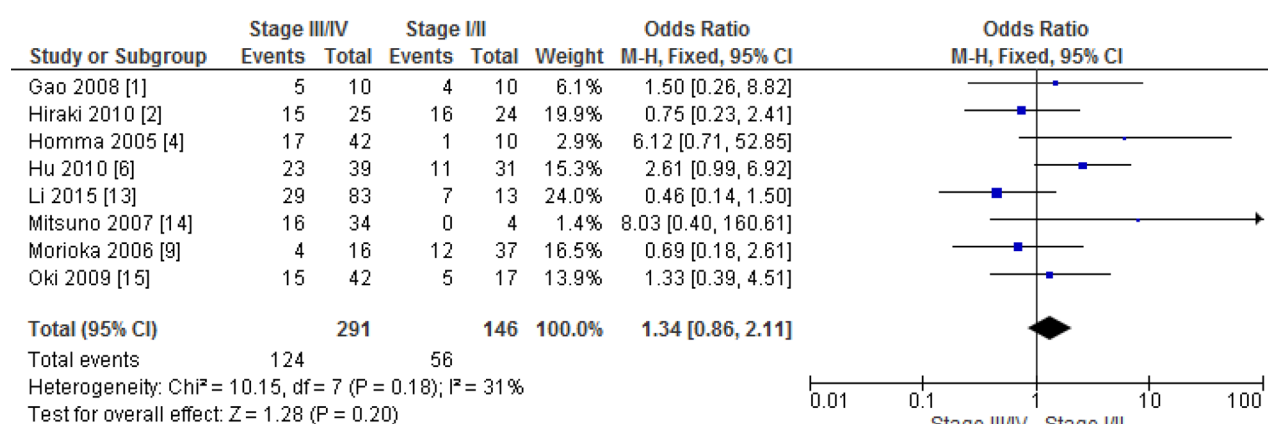
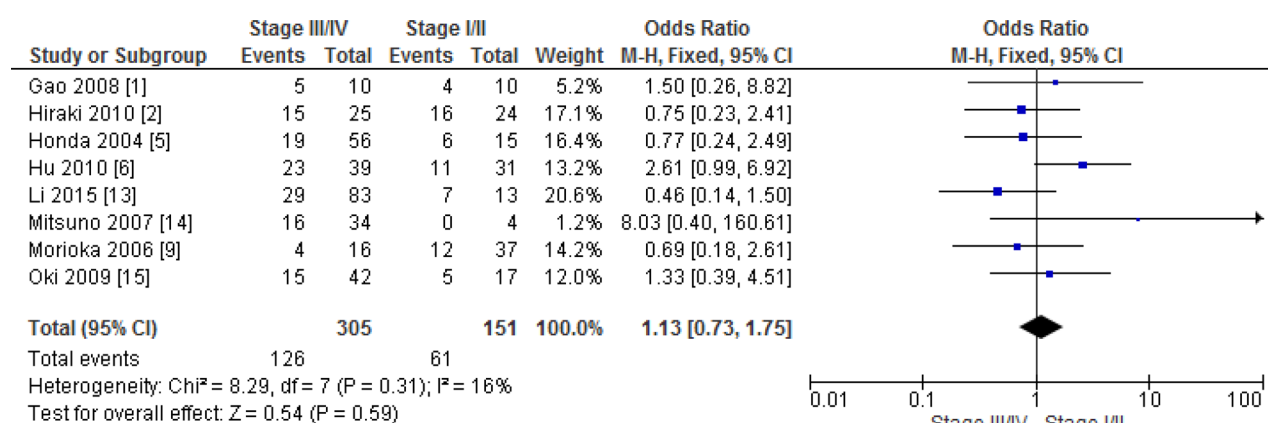


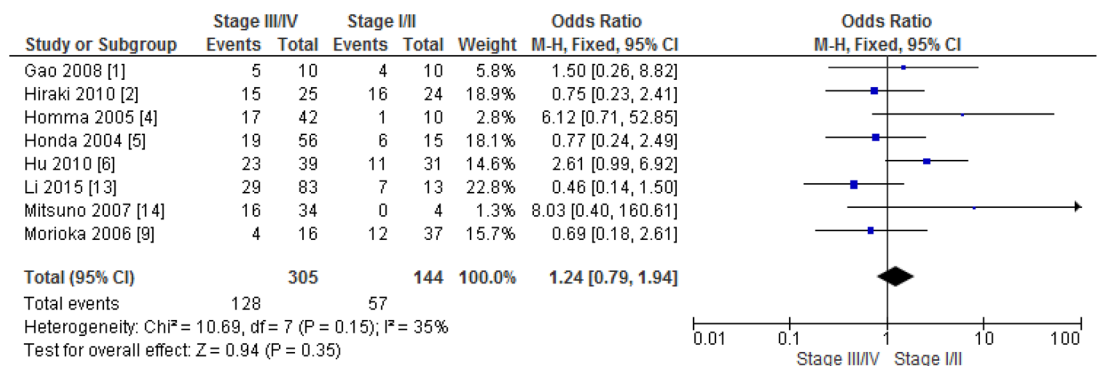
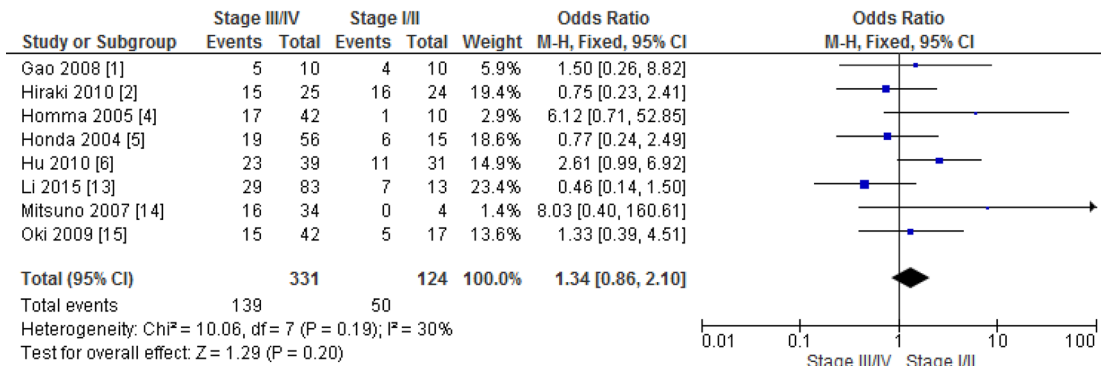
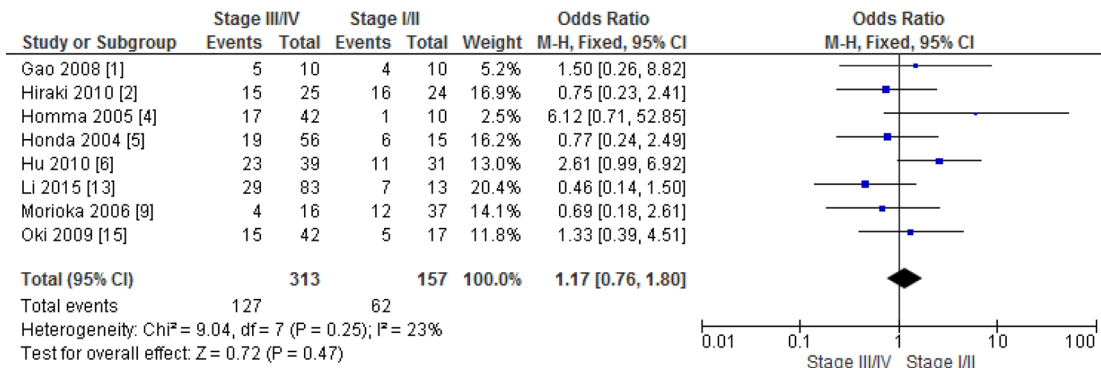
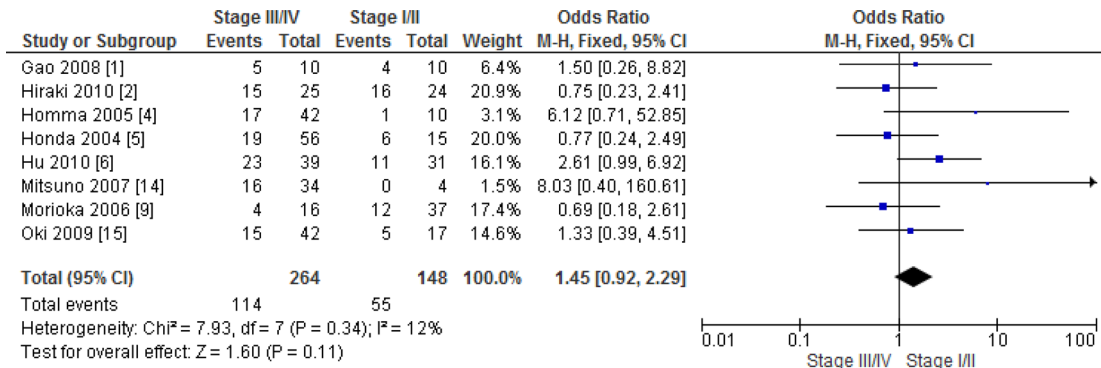
Supplementary Figure 2: Sensitivity analysis for *CHFR* promoter methylation in different grade of GC.



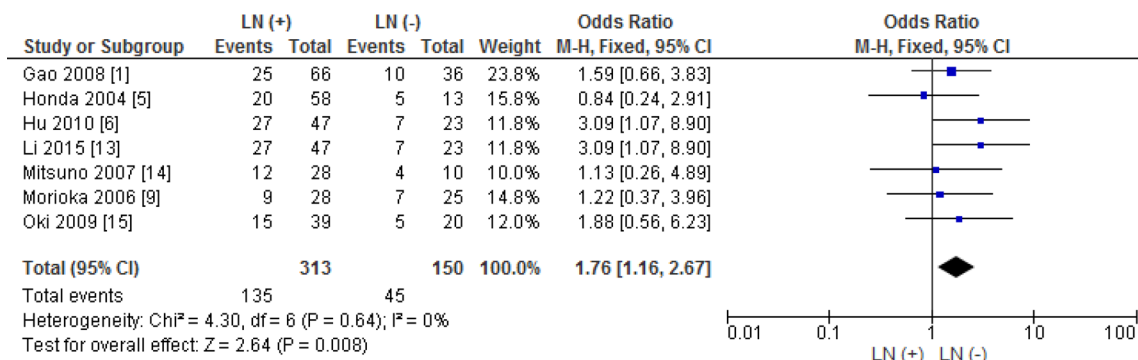
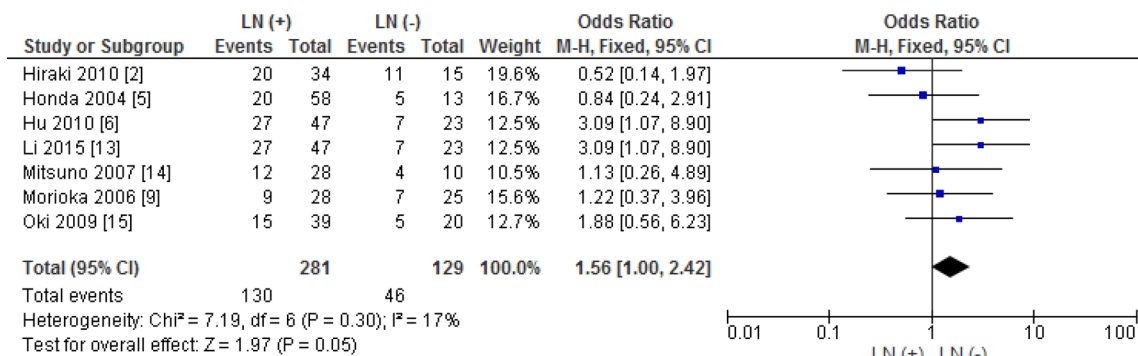
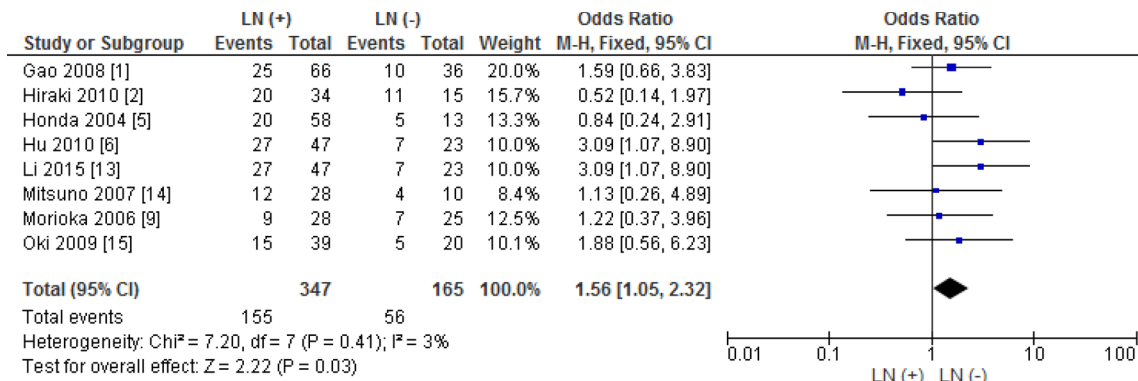
Supplementary Figure 3: Sensitivity analysis for *CHFR* promoter methylation in different invasion status of GC.

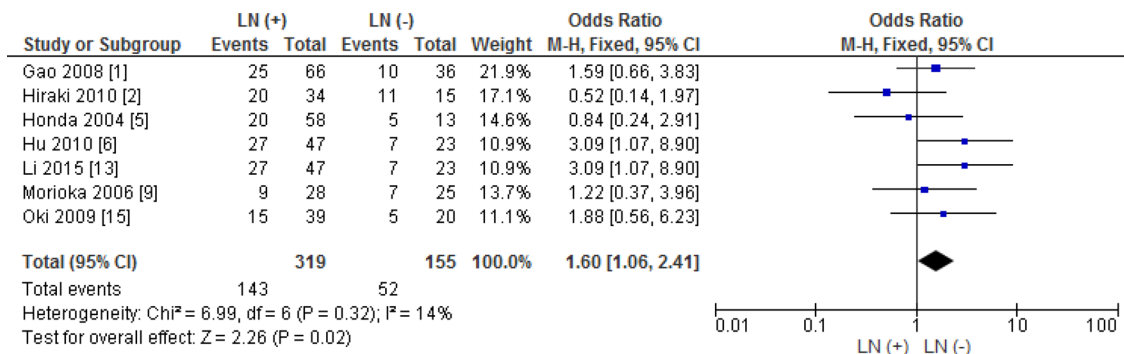
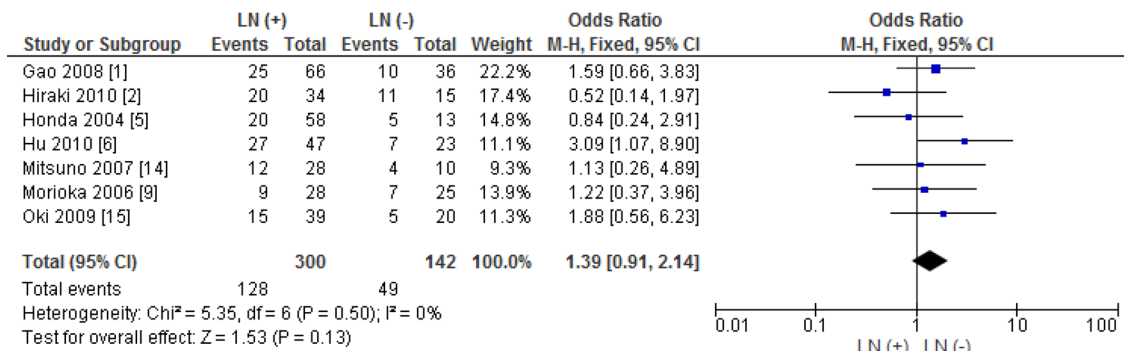
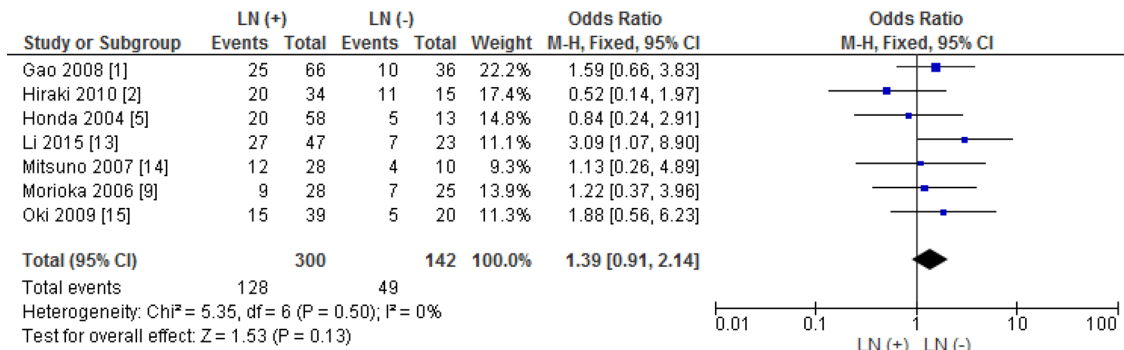
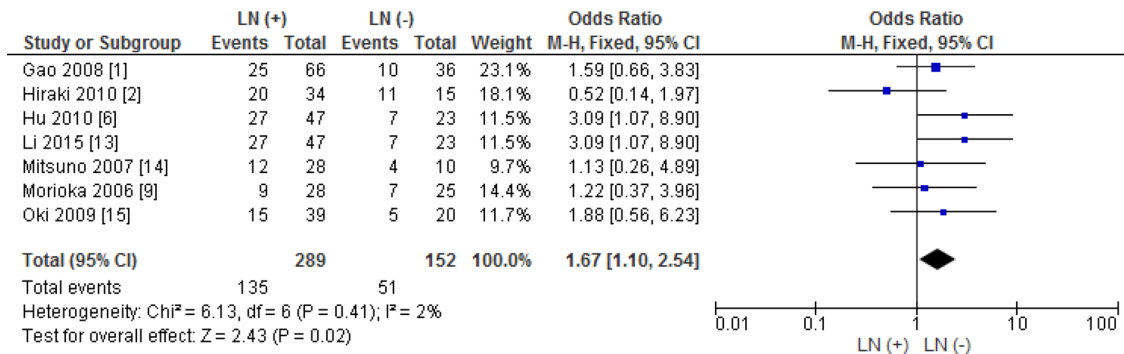


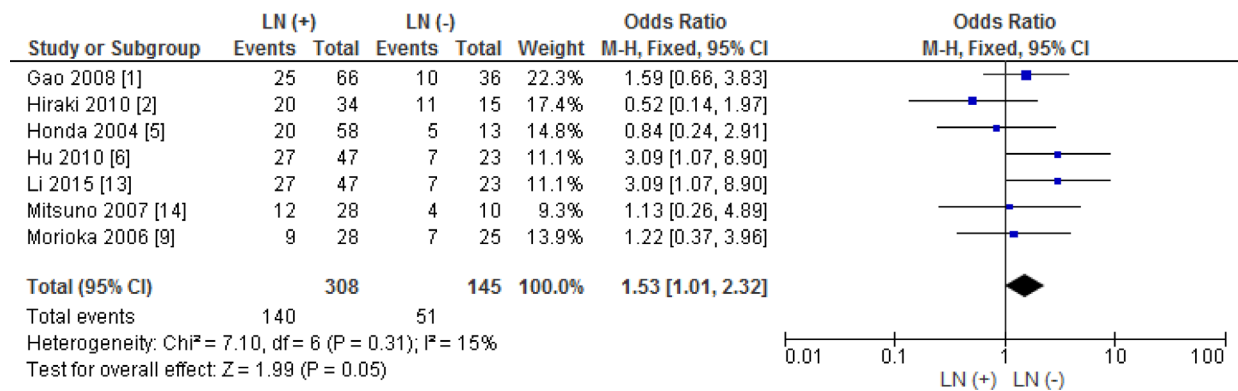
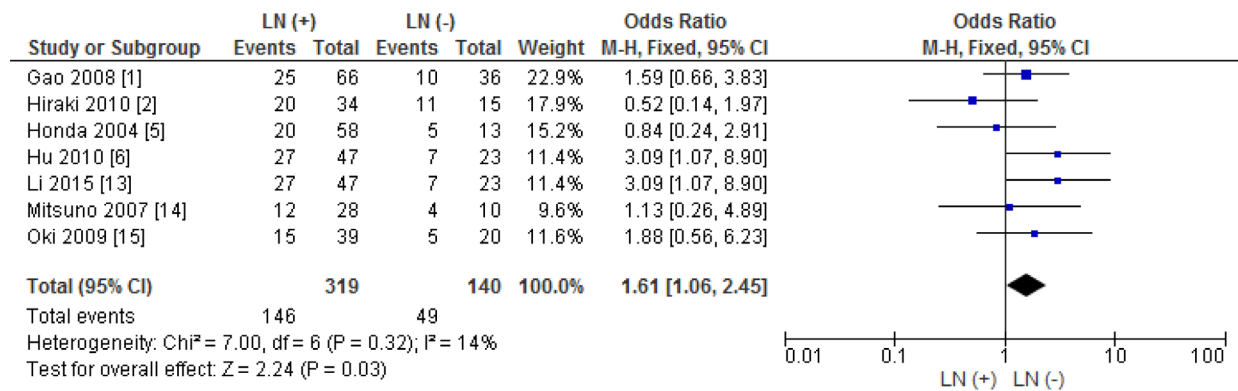




Supplementary Figure 4: Sensitivity analysis for *CHFR* promoter methylation in GC stage III/IV and stage I/II.







Supplementary Figure 5: Sensitivity analysis for *CHFR* promoter methylation in different status of lymph node metastasis.

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