

## Supplementary Online Content

Kim H-H, Han K-U, Kim M-C, et al; Korean Laparoendoscopic Gastrointestinal Surgery Study Group. Effect of laparoscopic distal gastrectomy vs open distal gastrectomy on long-term survival among patients with stage 1 gastric cancer: the KLASS-1 randomized clinical trial. *JAMA Oncol*. Published online February 7, 2019. doi:10.1001/jamaoncol.2018.6727

**eTable.** Comparison of causes of death and recurrence patterns for patients included in the per-protocol population

**eFigure 1.** Kaplan-Meier survival curves for patients included in the final analysis in the per-protocol population

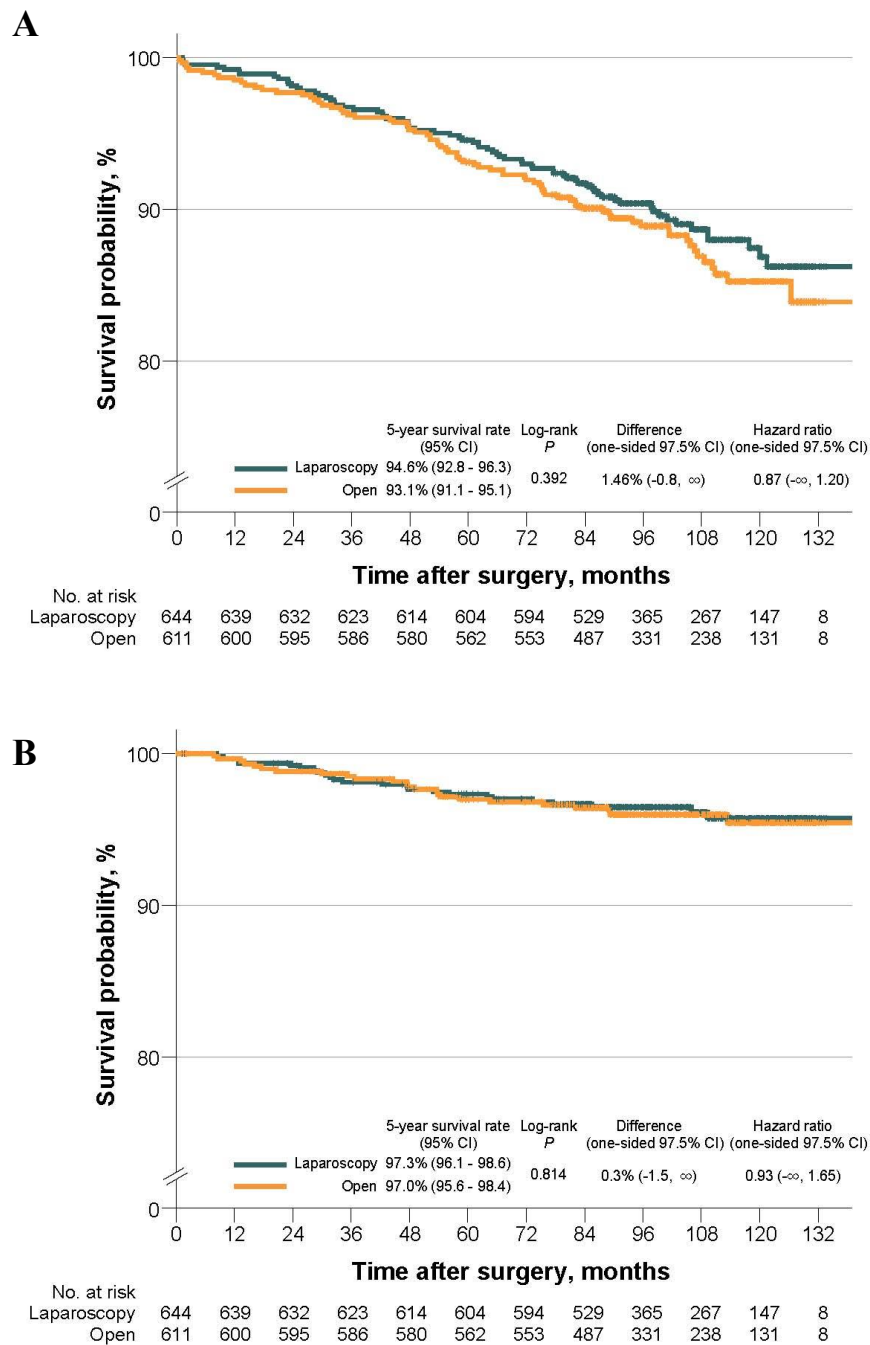
**eFigure 2.** Post hoc subgroup analysis for overall survival

This supplementary material has been provided by the authors to give readers additional information about their work.

**eTable.** Comparison of causes of death and recurrence patterns in the per-protocol population

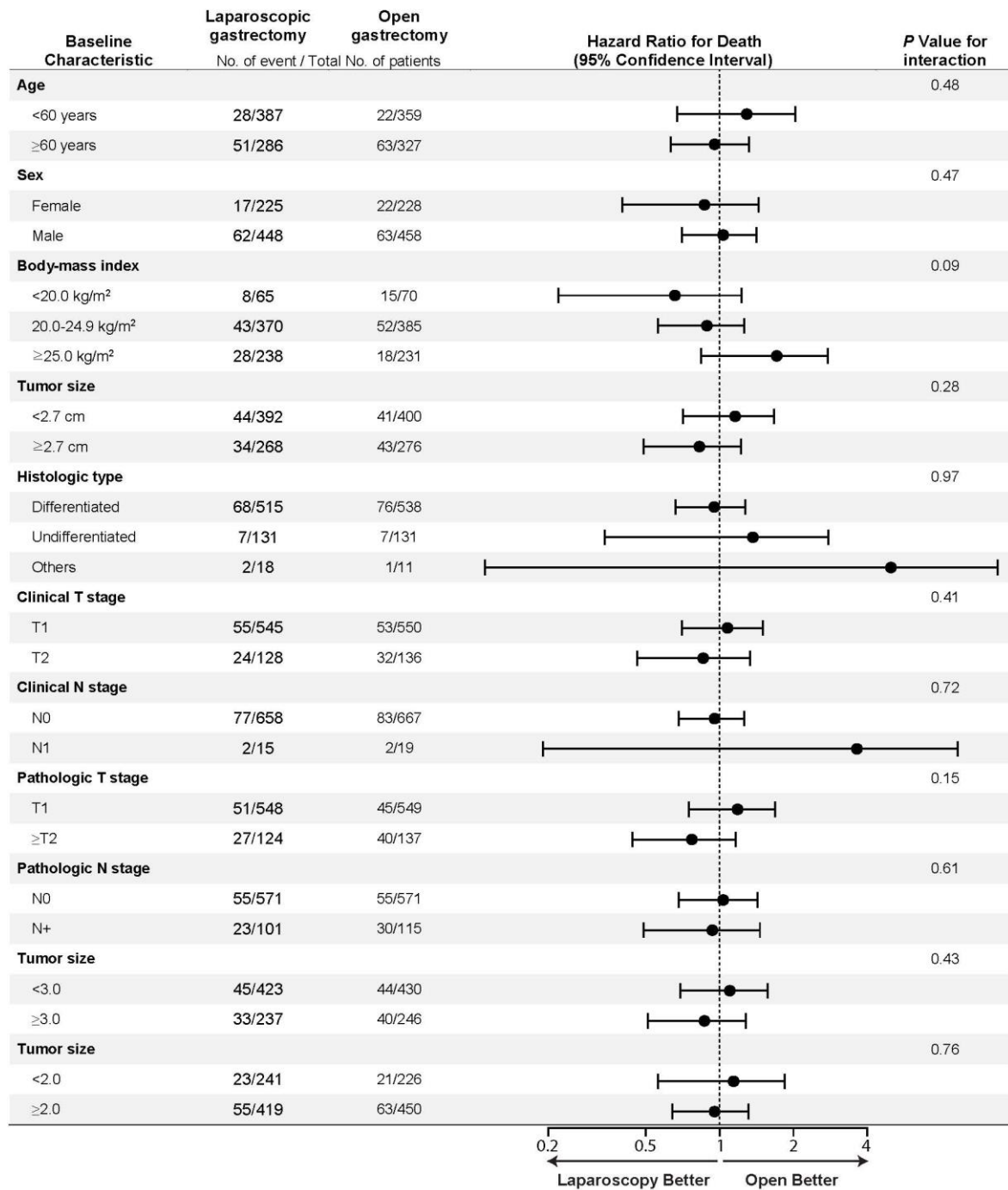
	LDG (n=644)	ODG (n=611)	<i>P</i>
Total deaths - no.			0.526
Gastric cancer-related	24	24	
Other malignancy-related	8	8	
Others	32	30	
Unknown	7	14	
Total recurrence - no.			0.518
Locoregional	9	5	
Hematogenous	11	11	
Peritoneal	8	5	
Distant lymph node	1	3	
Mixed	6	5	

**eFigure 1.** Kaplan–Meier survival curves for patients included in the final analysis in the per-protocol population.



A, Overall survival was similar between the laparoscopic group and the open group (log-rank  $P = 0.392$ ). B, Cancer-specific survival was also similar (log-rank  $P = 0.814$ ). The median follow-up of patients was 99.8 months in all groups.

eFigure 2. Post-hoc subgroup analysis for overall survival.



HR denotes hazard ratio and CI confidence interval. The figure shows *P* values for interactions and HRs for death in the laparoscopic group, with 95% CIs.

\* Data missing for 23 patients.

† Data missing for 15 patients who had unknown histologic type.

‡ Data missing for 1 patient who underwent laparoscopic biopsy for peritoneal seeding nodule biopsy.

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