

Appendix 1: Sorting strategy for the SEER database query

SEER*Stat software (version 8.3.6.1) was used to select the cases from the database with the methodology reported elsewhere (1). Cases with any of the histological subtypes of NSCLC including only patients with unspecified NSCLC, adenocarcinoma, squamous cell carcinoma, large cell carcinoma, or any of their variants were retrieved using the variable ICD-0-3 Hist/Behav, malignant. The search was then limited to cases with the lung and bronchus as primary sites, using the variable site and morphology, site recode, ICD-O-3/WHO 2008, stage IV patient at presentation, any T and any N, and was restricted to 1995-2016. Types of surgical treatments to the primary included lobectomy and pneumonectomy. Data about definitive radiotherapy to the primary could not be extracted from the database.

The SEER database classifies surgical treatments for metastatic disease into either surgical treatment on nonregional lymph nodes or other distant sites (including contralateral lung). The type of local therapy to the primary was recognized using “surgery of the primary site” as the variable, while the type of surgical treatment for the metastatic disease was identified using the variable “Rx Summary other Regional/distant disease”. Cause of designation as M1 disease was identified according to the variable “CS mets at DX”. Additional data about sites of distant organ involvement were available for cases diagnosed after 2010 (only for liver, brain, and bone metastases). No specific data were available about suprarenal deposits. Data about systemic therapies were not accessible in the SEER database. Patients’ stage information was based on the AJCC stage grouping as recorded in the SEER database.

References

1. Abdel-Rahman O. Outcomes of Surgery as Part of the Management of Metastatic Non-Small-Cell Lung Cancer: A Surveillance, Epidemiology and End Results Database Analysis. *Cancer Invest.* 2018;36:238–45.

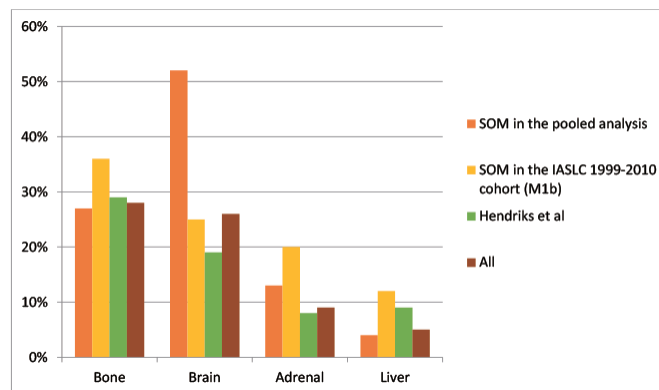


Figure S1 Metastatic organ distribution in oligometastatic patients included in the pooled analysis and in the IASLC 1999–2010 cohort (M1b group). Percentages are calculated taking into account only the organs explored in each study.