Table S1. Reporting recommendations for tumor marker prognostic studies (REMARK) checklist

INTRODUCTION	State the marker examined, the study objectives, and any pre-specified hypotheses.
MATERIALS AND METHODS	
2	Describe the characteristics (for example, disease stage or co-morbidities) of the study patients, including their source and inclusion and exclusion criteria.
3	Describe treatments received and how chosen (for example, randomized or rule-based).
Specimen characteristics	
4	Describe type of biological material used (including control samples) and methods of preservation and storage.
Assay methods	
5	Specify the assay method used and provide (or reference) a detailed protocol, including specific reagents or kits used, quality control procedures, reproducibility assessments, quantitation methods, and scoring and reporting protocols. Specify whether and how assays were performed blinded to the study endpoint.
Study design	
6	State the method of case selection, including whether prospective or retrospective and whether stratification or matching (for example, by stage of disease or age) was used. Specify the time period from which cases were taken, the end of the follow-up period, and the median follow-up time.
7	
8	Precisely define all clinical endpoints examined.
9	List all candidate variables initially examined or considered for inclusion in models.
Statistical analysis methods	Give rationale for sample size; if the study was designed to detect a specified effect size, give the target power and effect size.
10	
11	Specify all statistical methods, including details of any variable selection procedures and other model-building issues, how model assumptions were verified, and how missing data were handled.
RESULTS Data	Clarify how marker values were handled in the analyses; if relevant, describe methods used for cutpoint determination.
12	
13	Describe the flow of patients through the study, including the number of patients included in each stage of the analysis (a diagram may be helpful) and reasons for dropout. Specifically, both overall and for each subgroup extensively examined report the number of patients and the number of events.
Analysis and presentation	
14	Report distributions of basic demographic characteristics (at least age and sex), standard (disease-specific) prognostic variables, and tumor marker, including numbers of missing values.
15	Show the relation of the marker to standard prognostic variables.
16	Present univariable analyses showing the relation between the marker and outcome, with the estimated effect (for example, hazard ratio and survival probability). Preferably provide similar analyses for all other variables being analyzed. For the effect of a tumor marker on a time-to-event outcome, a Kaplan-Meier plot is recommended.
17	For key multivariable analyses, report estimated effects (for example, hazard ratio) with confidence intervals for the marker and, at least for the final model, all other variables in the model.
18	Among reported results, provide estimated effects with confidence intervals from an analysis in which the marker and standard prognostic variables are included, regardless of their statistical
DISCUSSION	

19 20	significance. If done, report results of further investigations, such as checking assumptions, sensitivity analyses, and internal validation. Interpret the results in the context of the pre-specified hypotheses and other relevant studies; include a discussion of limitations of the study. Discuss implications for future research and clinical value.

Table S2. Assessing the quality of included studies based on reporting recommendations for tumor marker prognostic studies (REMARK) guideline

study	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10	Q11	Q12	Q13	Q14	Q15	Q16	Q17	Q18	Q19	Q20	Total
Yue(2019)	✓	✓	✓	✓	✓	×	×	×	×	×	✓	✓	✓	✓	×	✓	✓	✓	✓	✓	70
Wang(2019)	✓	✓	✓	✓	✓	×	×	×	×	×	✓	✓	✓	×	✓	×	✓	✓	✓	✓	65
Li(2019)	✓	✓	✓	✓	✓	×	×	×	×	×	✓	✓	✓	×	✓	✓	✓	×	✓	✓	65
Han(2019)	✓	✓	✓	✓	✓	×	×	×	×	×	✓	✓	✓	×	×	×	✓	✓	✓	✓	65
Jin2019	✓	✓	✓	✓	✓	×	×	×	×	×	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	75
Wang(2020)	✓	✓	✓	✓	✓	×	×	×	×	×	✓	✓	✓	✓	×	✓	✓	×	✓	✓	65
Deng(2019)	✓	✓	✓	✓	✓	×	×	×	×	×	✓	✓	✓	×	✓	✓	✓	✓	✓	✓	70
Hua(2018)	✓	✓	✓	✓	✓	×	×	×	×	×	✓	✓	✓	✓	×	✓	✓	×	✓	✓	70
Liu(2019)	✓	✓	✓	✓	✓	×	×	×	×	×	✓	✓	✓	✓	×	×	✓	×	✓	✓	60

Figure S1. Begg's publication bias plots evaluating the relationship between METTL3 expression and (A) age, (B) gender, (C)differetiation, (D) TNM stage, (E) metastasis, and (F) tumor size.

Inclusion and exclusion criteria for patients for patients from TCGA.

GBM

Inclusion criteria: 1) GBM patients with confirmed pathology, 2) GBM patients were treated by certain drug therapy.

Exclusion criteria: 1) GBM patients with unconfirmed pathology, 2) GBM patients with radiation therapy. 2) Concomitant with other cancer history.

CRC

Inclusion criteria：1) CRC patients with confirmed pathology 2) GBM patients were treated by multimodality therapy.

Exclusion criteria: 1) patients with inflammatory bowel disease and polyposis syndromes. 2) Concomitant with other cancer history.

BLCA

Inclusion criteria：1) BLCA patients with confirmed pathology 2) BLCA patients were treated by multimodality therapy.

Exclusion criteria: 1) Concomitant with other cancer history.

BRCA

Inclusion criteria：1) BRCA patients with confirmed pathology of unifocal carcinoma 2) BRCA patients were treated by multimodality therapy. 3) Female

Exclusion criteria: 1) patients with bilateral breast cancer. 2) Concomitant with other cancer history. 3) Male.

CERTIFICATE OF ENGLISH EDITING

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Title

Prognostic roles of N6-methyladenosine METTL3 in different cancers: a systematic review and meta-analysis

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