

Figure S1. (A) Abdominal computed tomography imaging of a patient diagnosed with advanced gastric cardia cancer who underwent gastric transcatheter chemoembolization revealed an irregular mass in the cardia and the lesser curvature of the stomach (red arrow). (B) Pre-embolization angiogram of proper esophageal artery (red arrow) of a patient diagnosed with advanced gastric cardia cancer who underwent gastric transcatheter chemoembolization shows distinct tumor staining (black arrow). (C) Angiogram demonstrating that tumor staining disappeared completely after embolization (red arrow) in a patient diagnosed with advanced gastric cardia cancer who underwent gastric transcatheter chemoembolization. (D) Angiogram of the left inferior phrenic artery (black arrow) of a patient diagnosed with advanced gastric cardia cancer who underwent gastric transcatheter chemoembolization reveals distinct tumor staining, which was supplied by the gastric wall branch (red arrow) of the left inferior diaphragmatic artery. (E) Angiogram demonstrating that tumor staining disappeared completely after embolization (red arrow) in a patient diagnosed with advanced gastric cardia cancer who underwent gastric transcatheter chemoembolization. (F) Angiogram of the splenic artery of a patient diagnosed with advanced gastric cardia cancer who underwent gastric transcatheter chemoembolization reveals the short gastric arteries (red arrow). (G) Using microcatheters for angiography within the short gastric artery (red arrow) allows for the observation of obvious tumor staining (black arrow). (H) Angiogram revealing that tumor staining disappeared completely after embolization (red arrow) in a patient diagnosed with advanced gastric cardia cancer who underwent gastric transcatheter chemoembolization. (I) Using microcatheters for angiography within the gastroepiploic artery (red arrow) allows for the observation of obvious tumor staining (black arrow). (J) Angiogram revealing that tumor staining disappeared completely after embolization (red arrow) in a patient diagnosed with advanced gastric cardia cancer who underwent gastric transcatheter chemoembolization. (K) Using microcatheters for angiography within the left gastric artery (red arrow) allows for the observation of obvious tumor staining (black arrow). (L) Angiogram demonstrating that tumor staining disappeared completely after embolization (red arrow) in a patient diagnosed with advanced gastric cardia cancer who underwent gastric transcatheter chemoembolization. (M) A total of 4 weeks after first undergoing gastric transcatheter chemoembolization, computed tomography of a patient diagnosed with advanced gastric cardia cancer revealed a notable reduction in the size of the cardia tumor compared with before.

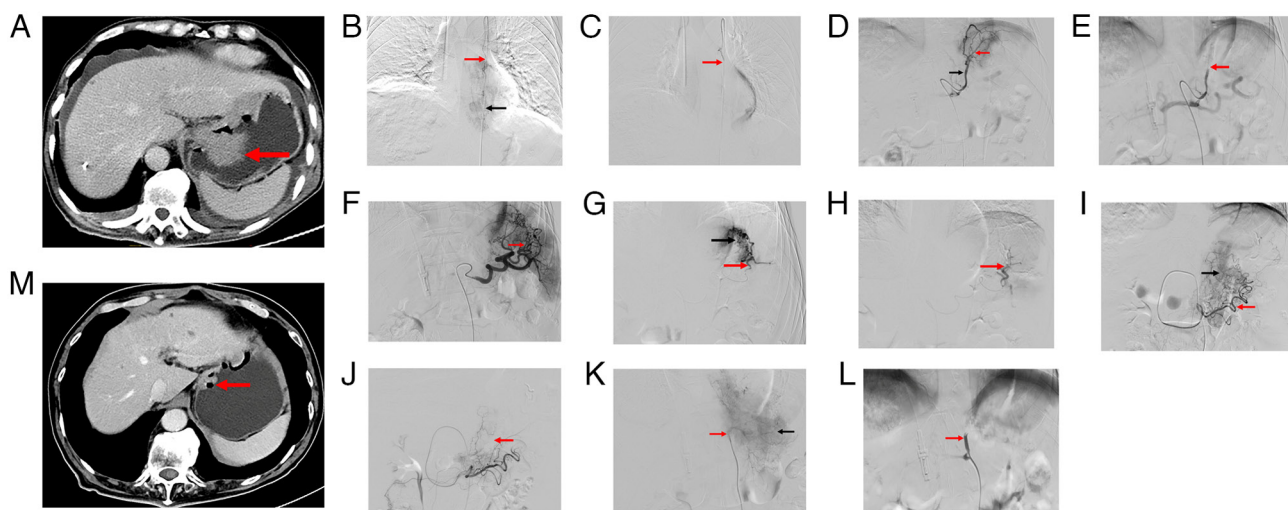


Figure S2. Standardized differences between surgical patients who received gastric transcatheter chemoembolization + SYS and those who received SYS alone. Each row corresponds to a specific covariate, whilst the columns display the mean or proportion values for each group, as well as the standardized mean differences before and after matching. The standardized differences of <10% show adequate matching. SYS, Systemic chemotherapy; ECOG, Eastern Cooperative Oncology Group; Cr, creatinine; XELOX, capecitabine + oxaliplatin; PG-SGA, Patient-Generated-Subjective Global Assessment; AST, aspartate aminotransferase; WBC, white blood cell; FACT-G7, Functional Assessment of Cancer Therapy-General 7; PLT, platelet count; CA 19-9, carbohydrate antigen 19-9; TNM, tumor-node-metastasis; CEA, carcinoembryonic antigen; HGB, hemoglobin.

