

**Supplementary Table S5: Review of Studies Examining Role of NACT Cycles on Survival**

Reference	Study Design	Findings
Altman et al. 2017	Compared $\geq 4$ to $\leq 3$ NACT cycles	Receiving $\geq 4$ NACT cycles associated with worse OS compared with 0-3 cycles (HR 1.49 95% CI 1.1-2.02, $p=0.011$ ) in multivariate models.
Bogani et al. 2017	Compared $\geq 4$ to $\leq 3$ NACT cycles	Receiving $\geq 4$ NACT cycles associated with worse OS compared to 3 cycles on univariate analysis (HR 1.64 95% CI 1.05-2.4, $p=0.02$ ) but not significant in multivariate models.
Xu et al. 2017	Compared $\geq 5$ to $\leq 4$ NACT cycles in patients who achieved CGR	Receiving $\geq 5$ NACT cycles associated with worse OS compared to $\leq 4$ NACT cycles (HR 1.42 95% CI 1.11-2.29) in multivariate models.
Colombo et al. 2014	Compared $\geq 5$ to $\leq 4$ NACT cycles	Receiving $\geq 5$ NACT cycles associated with worse OS compared to $\leq 4$ NACT cycles (HR 2.28 95% CI 1.41-3.70, $p=0.001$ ) in multivariate models.
Bristow and Chi, 2006	Looked at association of increasing NACT cycles with survival	Each incremental increase in NACT cycles was associated with decrease in median survival time of 4.1 months ( $p=0.046$ ).
Phillips et al.	Examined association of NACT cycles with OS, stratifying by surgical outcome.	In those who achieved a CGR, OS did not vary by NACT cycles. In those who did not achieve a CGR, OS decreased in those receiving $\geq 5$ compared with 3 or 4 NACT cycles.