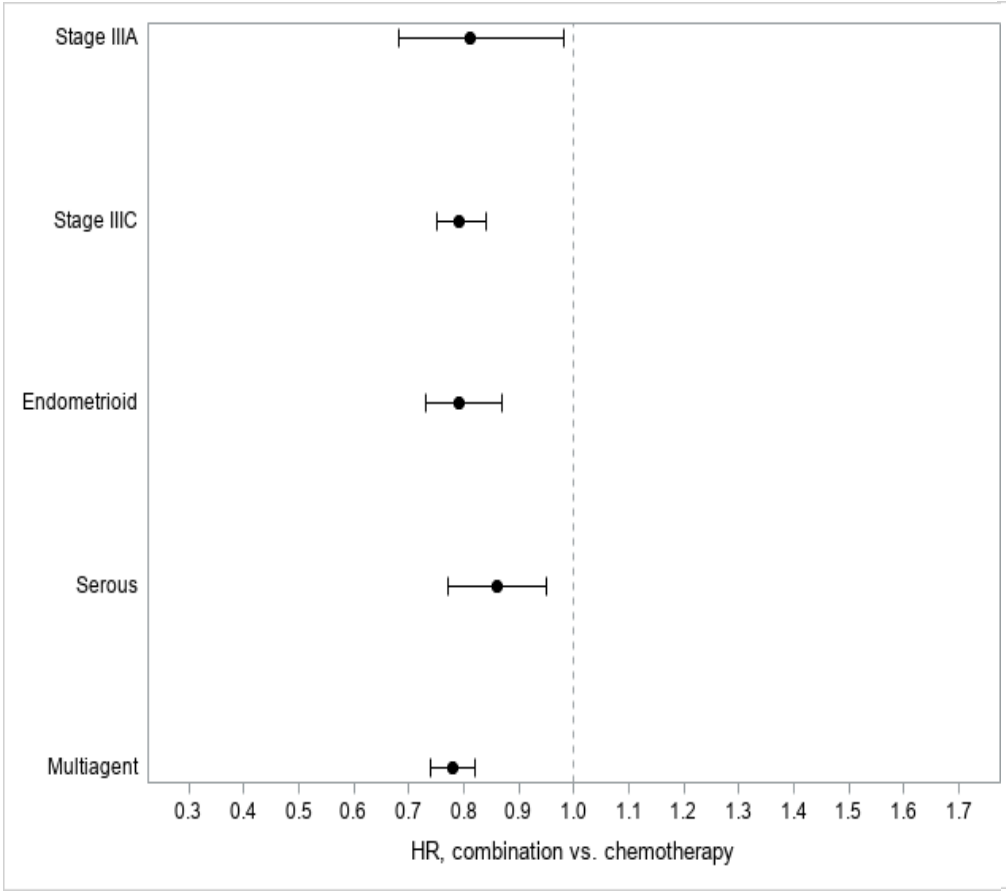
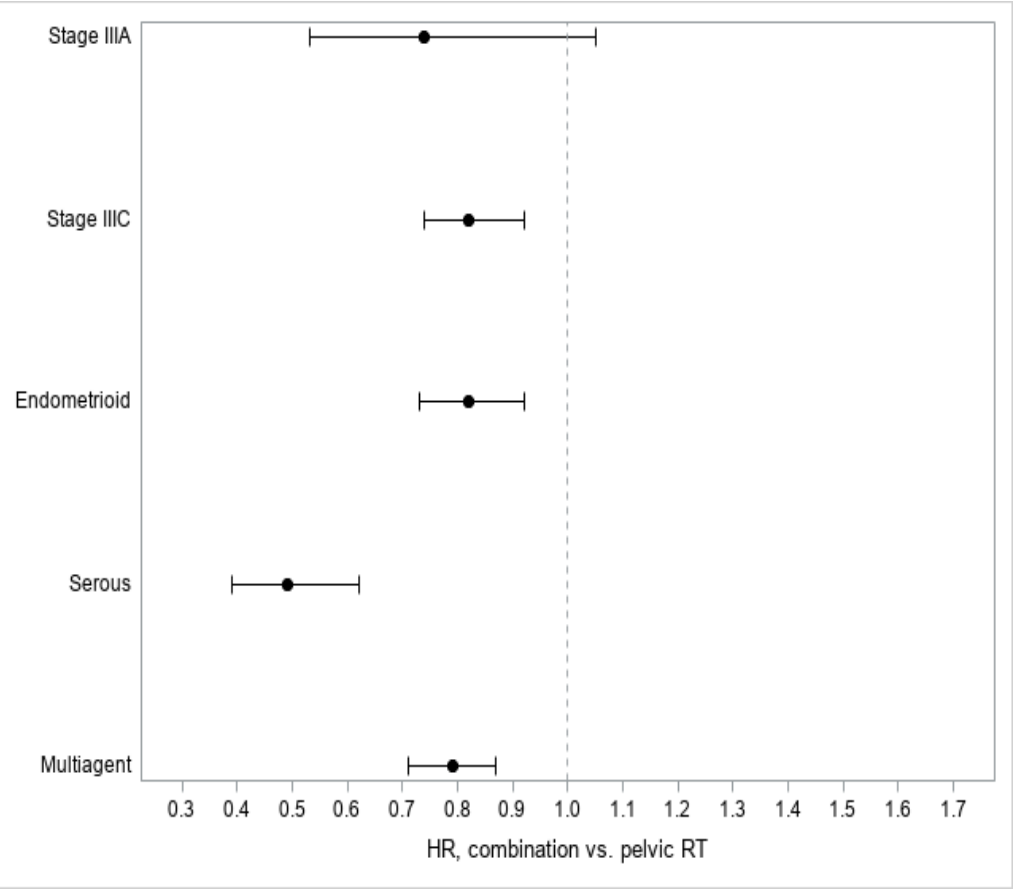
Appendix 1. Sensitivity analyses for stage IIIA and IIIC patients, endometrioid and serous patients, and limiting to patients who received multiagent chemotherapy. For each subgroup, log-Poisson model with robust error variance was fit for propensity of combination therapy. The model included age, race, year, insurance status, income, location, comorbidity, facility type and region, stage, histology, grade, and lymph nodes examined. The stratifying covariate was removed from the model. Hospital-level clustering was accounted for by including hospital identifiers as random intercepts if possible. The inverse probability of treatment weight was stabilized and trimmed at 0.1 and 10. Cox proportional hazard model weighted by inverse weight of treatment was used to estimate the hazard ratio of combination after adjusting for brachytherapy.





Syeda S, Chen L, Hou JY, Tergas AI, Khoury-Collado F, Melamed A, et al. Chemotherapy, radiation, or combination chemotherapy and radiation for stage III uterine cancer. Obstet Gynecol 2019;133.
The authors provided this information as a supplement to their article.