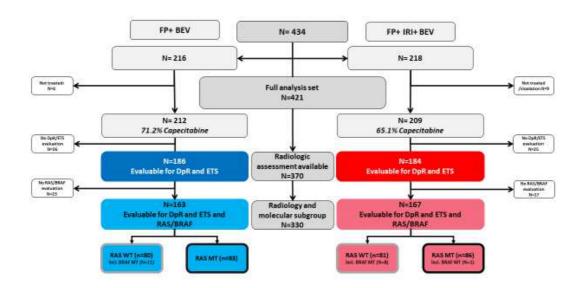
## Supplementary TABLE A.1: Treatments used in the XELAVIRI/ AIO KRK0110 trial.

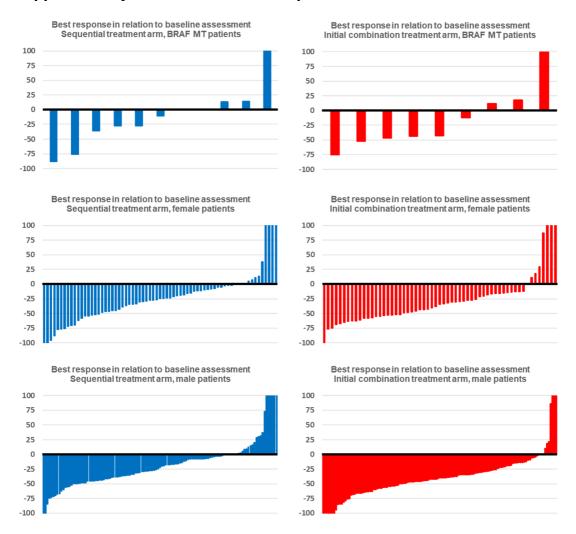
	Induction	Escalation
	oral capecitabine 1250 mg/m² twice daily, days 1-14 plus	capecitabine 800 mg/m² twice daily days 1-14, intravenous
	infusional bevacizumab 7.5 mg per kg of body weight on day	irinotecan 200 mg/m² on day 1 plus bevacizumab at a dose of 7.5
Sequential	1, repeated every 3 weeks	mg per kg body weight infused on day 1, repeated every 3 weeks
therapy arm	intravenous on day 1: racemic folinic acid with 400 mg/m², 5-	intravenous on day 1: irinotecan 180 mg/m², racemic folinic acid with
	FU bolus of 400 mg/m <sup>2</sup> , fluorouracil over 46 hours of 2400	400 mg/m², 5-FU bolus of 400 mg/m², fluorouracil over 46 hours of
	mg/m² bevacizumab 5 mg per kg body weight; repeated	2400 mg/m² bevacizumab 5 mg per kg body weight; repeated every
	every 2 weeks	2 weeks
	Induction	Intermittent de-escalation
		(in case of at least stable disease for more than six months)
	capecitabine 800 mg/m² twice daily days 1-14, intravenous	oral capecitabine 1250 mg/m² twice daily, days 1-14 plus infusional
	irinotecan 200 mg/m² on day 1 plus bevacizumab at a dose	bevacizumab 7.5 mg per kg of body weight on day 1, repeated every
Combination	of 7.5 mg per kg body weight infused on day 1, repeated	3 weeks
therapy arm	every 3 weeks	
	intravenous on day 1: irinotecan 180 mg/m², racemic folinic	intravenous on day 1: racemic folinic acid with 400 mg/m², 5-FU
	acid with 400 mg/m², 5-FU bolus of 400 mg/m², fluorouracil	bolus of 400 mg/m², fluorouracil over 46 hours of 2400 mg/m²
	over 46 hours of 2400 mg/m² bevacizumab 5 mg per kg body	bevacizumab 5 mg per kg body weight; repeated every 2 weeks
	weight; repeated every 2 weeks	

## Supplementary FIGURE A.1: Consort diagram of study population.



Legend: FP- fluoropyrimidine; BEV- bevacizumab; IRI- irinotecan; WT- wildtype; MT- mutant.

## Supplementary FIGURE A.2: Best response in the trial.



**Legend:** Blue images display response assessments of the sequential treatment arm (fluoropyrimidine plus bevacizumab), red images show response assessments of the initial combination treatment arm (fluoropyrimidine, bevacizumab, and irinotecan) in (from top to bottom) groups: BRAF mutant, female patients, male patients.