

**Table 1 Visit schedule and assessments – Flowchart**

Visit schedule and assessments	Screening/ Randomisation	pulmonary metasta- sectomy <sup>(1)</sup>	3 Mo ± 2 W	6 Mo ± 2 W	9 Mo ± 2 W	12 Mo ± 2 W	15 Mo ± 2 W	18 Mo ± 2 W	21 Mo ± 2 W	24 Mo ± 4 W	30 Mo ± 4 W	36 Mo ± 4 W	≥ 42 – 60 Mo Phone FU Visits every 3 Mo until EOS (defined as 36 Mo after Rando of the last pt) ± 4 W
Visit Number	1	1a (only in Arm A)	2	3	4	5	6	7	8	9	10	11	
Time frame	4 weeks		36 months										up to 2 years (24 Mo)
Informed consent, Registration, Demographic data	X												Overall survival and anti-tumour therapy
MH incl. prior treatment, height, weight	X												
Physical examination	X												
Inclusion/exclusion criteria	X												
Data on disease/ mutation status	X												
Randomisation (Rando)	Rando <sup>(2)</sup>												
Treatment Arm A (surgery)		X	surgery plus systemic treatment according to standard of care										
Treatment Arm B (control)			systemic treatment incl. SBRT as applicable according to standard of care										
ECOG Performance Status	X												
QoL questionnaires <sup>(3)</sup>	X		X	X		X				X		X	
Laboratory (Hematology & Clinical Chemistry) <sup>(4)</sup>	X	(X)	X	X <sup>(7)</sup>	X <sup>(7)</sup>	X <sup>(7)</sup>	X <sup>(7)</sup>	X <sup>(7)</sup>	X <sup>(7)</sup>	X <sup>(7)</sup>	X <sup>(7)</sup>	X <sup>(7)</sup>	
CT chest/abdomen or PET-CT or CT-chest/ MRI abdomen (must not exceed assessments as defined by local clinical routine) <sup>(5)</sup>	X <sup>(5)</sup>	(X) <sup>(5)</sup>	X	X <sup>(7)</sup>	X <sup>(7)</sup>	X <sup>(7)</sup>		X <sup>(7)</sup>		X <sup>(7)</sup>	X <sup>(7)</sup>	X <sup>(7)</sup>	
Lung function testing including DLCO	X			X <sup>(7)</sup>		X <sup>(7)</sup>				X <sup>(7)</sup>			
Adverse events (CTCAE)		X	X										
Documentation of nights in hospital <sup>(6)</sup>	X	X	X	X	X	X							

EOS = End of Study; FU = Follow-Up; MH = Medical history; Mo = month(s); pt(s) = patient(s); Rando= randomisation; SBRT= Stereotactic Radiation Therapy; W= week(s)

(1) Investigations during the treatment period are performed at the discretion of the treating physician and according to the respective treatment arm

(2) Randomisation has to be performed as close as possible to potential start of surgery

(3) Quality of life (QoL) will be assessed using the EORTC QLQ-C30, QLQ-CR29 and QLQ-LC29 questionnaires

(4) Laboratory includes LDH, CEA, CA19-9, CRP (see section 7.8.8 Blood tests)

(5) not older than 6 weeks at the time of randomisation

(6) Number of nights in hospital will be documented starting from the randomisation date and until the end of month 12

(7) might be assessed externally, if not possible at trial site due to Covid19 (see section 3.6)