2a	Report Time (s) R			Correllation	Term	Quote 1 Act. Quote 1 Act. Quote 2 Act. Quote 3			
	146.31	1249	Pan Q. et al.	Requotation		"the addition of bithe addition of BEV to standard chemotherapy showed significant survival benefits			
			Boland P. et al.	Requotation		"bevacizumab th While some disease stabilization was observed, the authors note this was achieved in "heavily pre-treated patients, not expected with bevacizumab alone." However, the modest survival outcomes a continuous			
			Khaled N. et al.	Requotation		"bleeding complik The authors note that earlier studies "showed a high risk for variceal bleeding and reported rates of variceal hemorrhage of up to 10% in phase II trials" with bevacizumab monotherapy. "bleed	ling complications v	were not statistically significantly differe	ent from th
			Ray-Coquard et al.			"The median OS "Median OS was 56.5 months in the olaparib plus bevacizumab group and 51.6 months in the placebo group."			
			Tewari et al.			"the combination" treatment with chemotherapy together with bevacizumab was associated with increased overall survival of patients (17.0 months) compared to treatment with chemotherapy alone (13.3 months)			
			Cheng et al.	Incorrrect Primary (	(Finn et al.), Correct	"a median overall In the pivotal IMbrave150 trial, according to Cheng et al., the combination of atezolizumab and bevacizumab showed "a median OS of 19.2 months (95% CI 17-23.7) in the atezolizumab/bevai	cizumab arm comp	ared to 13.4 months (95% CI 11.4-16.9	.9; stratifie
			Hoosemans L. et al.	Requotation		"overall survival & While some trials showed modest improvements in progression-free survival (PFS), the overall survival (OS) benefits remain limited.			
			Wang L. et al.	Requotation		"rare but signific The most significant adverse event signals based on Proportional Reporting Ratios (PRR) were: - "Limb decortication syndrome (PRR=2926)" - "Stomal varices (PRR=549)" - "Anastomotic (PR=549)" - "Anastomo	PRR=457)" - "Urete	ral fistula (PRR=406)" (Wang et al.)	
			Kawchak K.	Term	BEV, BVZ, Bmat	(also referred to {also abbreviated as BEV, BVZ, Bmab, BCZ, or BV			
			Egerer M. et al. 2024,	r Term	IMbrave150 trial	with the pivotal III The study protoc the IMbrave150 t in the pivotal IMbrave150 trial			
			He H. et al. 2024	Incorrect Primary, S	Song Y. et al. Requo	"destroys existing "The mechanism of bevacizumab involves the obstruction of circulating VEGF and VEGFR interaction, leading to the destruction of existing blood vessels, disruption of neovascularization, red	duction of intratumo	oral pressure, and ultimately, the inhibiti	tion of ang
			Pan Q. et al.	Exact Quote		"XELOX plus bev"XELOX plus bevacizumab regimens is one of the optional first-line treatments of mCRC"			
			Boland P. et al.	Requotation		"the median PFS "median PFS was 1.9 months (95% CI: 1.6-4.7)"			
			Seufferlein T. et al.	Requotation		80.8% accuracy i*80.8% accuracy, with *71.0% sensitivity and 87.4% specificity in predicting treatment resistance.			
			Naz T. et al.	Requotation		A meta-analysis i This systematic review and meta-analysis evaluated the impact of adding Bevacizumab (BEV) to standard chemotherapy regimens in patients with metastatic colorectal cancer (mCRC). The r	esearch demonstra	ated significant improvements in both p	progressio
			Childs A. et al.	Requotation		"a median OS im "a median OS of 19.2 months (95% CI 17-23.7) in the atezolizumab/bevacizumab arm compared to 13.4 months (95% CI 11.4-16.9; stratified HR 0.66, 95% CI 0.52-0.85, p <0.001) in the sora			
			Huang Y. et al.	Requotation		"epistaxis occurre epistaxis (20% vs 2.4%)			
			Zak K. et al.	Incorrect Primary n	not Chang C. et al.	"ICON7 and GOC The GOG-218 trial showed that "median progression-free survival (PFS) in patients taking bevacizumab was 14.1 months in the group receiving bevacizumab continuously compared with PFS	S of 11.2 months in	the group receiving bevacizumab at th	he beginni
			He H. et al.	Requotation		"the OS advanta, The OCEANS trial which "demonstrated that bevacizumab enhanced PFS and the ORR, albeit without a significant advantage to OS" according to He and Zhou.			
			Childs A et al	Requotation		"Atezolizumah bil The combination of atezolizumah bius bevacizumah has emerged as a first-line standard of care for advanced HCC			
			Homstein N. et al.	Incorrect Primary n	not Khaled N. et al	"Grade ≥3 bleedii "Grade 3 treatment-emergent adverse events (no grade 4/5) occurred in 6 (37.5%) patients"			
			Hoosemans L. et al.	Incorrect author, qu		Value 2 because 3 treatment references to the control of the contr			
			Rahman M et al	Term	Resistance ofter				
			Tewari et al.	Requotation		"The GOG 240 s In the GOG 240 study, "Tewari et al." found that "treatment with chemotherapy together with bevacizumab was associated with increased overall survival of patients (17.0 months) compared to	treatment with chi	emotherapy alone (13.3 months) "	
			Zheng Z. et al.	Approximation		"The incidence of According to the authors," \$4 (30.33%) developed bevarizumab-related hypertension"			
			Wang L. et al.	Requotation		The incoence craccording to the authors, 54 (30.33%) developed oevaccumant-leared hypertension ("Grade 3 or high" the incidence of proteinuria of any grade was 2.% and 4.6% in the bevaccumab and control groups, respectively, while the incidence of grade 3/4 proteinuria was 1.4% and 0.2%, respective	alv"		
			Jacobsen A et al	Requotation		Grade 3 or ingit the incolorate or proteinuria, heart of an 4-5% in the devaccuman and control groups, respectively, while the incolorate or grade 3/4 proteinuria, heart of 3/4 miles are incolorated or grade 3/4 proteinuria, heart of 3/4 miles are a 4-5% in the devaccuman and control groups, respectively, while the incolorate or grade 3/4 proteinuria, heart of 3/4 miles are a 4-5% in the devaccuman and control groups, respectively.  **Incidents of GIP "hypertension, proteinuria, heart of an 4-5% in the devaccuman and control groups, respectively.  **Incidents of GIP "hypertension, proteinuria, heart of an 4-5% in the devaccuman and control groups, respectively.  **Incidents of GIP "hypertension, proteinuria, heart of an 4-5% in the devaccuman and control groups, respectively.  **Incidents of GIP "hypertension, proteinuria, heart of an 4-5% in the devaccuman and control groups, respectively.  **Incidents of GIP "hypertension, proteinuria, heart of an 4-5% in the devaccuman and control groups, respectively.  **Incidents of GIP "hypertension, proteinuria, heart of an 4-5% in the devaccuman and control groups, respectively.  **Incidents of GIP "hypertension, proteinuria, heart of groups, respectively.  **Incidents of GIP "hypertension, proteinuria, heart of groups, respectively.  **Incidents of GIP "hypertension, proteinuria, heart of groups, respectively.  **Incidents of GIP "hypertension, proteinuria, heart of groups, respectively.  **Incidents of GIP "hypertension, proteinuria, heart of groups, respectively.  **Incidents of GIP "hypertension, proteinuria, heart of groups, respectively.  **Incidents of GIP "hypertension, proteinuria, heart of groups, respectively.  **Incidents of GIP "hypertension, proteinuria, heart of groups, respectively.  **Incidents of GIP "hypertension, proteinuria, heart of groups, respectively.  **Incidents of GIP "hypertension, proteinuria, heart of groups, respectively.  **Incidents of GIP "hypertension, proteinuria, heart of groups, respectively.  **Incidents of GIP "hypertension, prot	,		
			Wang L. et al.	Requotation		"Acient as or Gir Impertension, protein-time, removement, enter a second control of the control			
			Wang L. et al.	Requotation		A new cases of n - "Nasa's septial perforation ("Hxt=4".502") - "Necrotizing fascilis" ("Hxt=2".201") - "Typerentisins encephalopatiny ("Pxt=18".289") - "A city may be a septial perforation ("Hxt=4".502") - "Necrotizing fascilis" ("Hxt=2".201") - "Typerentisins encephalopatiny ("Pxt=18".289") - "A city may be a septial perforation ("Hxt=4".502") - "Necrotizing fascilis" ("Hxt=2".201") - "Typerentisins encephalopating ("Pxt=18".289") - "Necrotizing fascilis" ("Pxt=18") - "Necrotizing fascilis" ("Pxt=18")	a ite clinical uso"		
			Kokabu T. et al., Kim Y		fietula	rive years or sain we years or sainty profite or devacturinate, an analysis or real-world pharmacoviginance and randomized clinical thais. Scrive monitoring and timely adjustment of Devacizuman posology during	g no chincal use		
			Anthony et al., Kim 1		listula	preventing it from VEGF-A and bloc binding of VEGF-A to VEGF receptors (primarily VEGFR-1 and VEGFR-2)			
						preventing it from VEGF-A and bloc binding of VEGF-A to VEGF receptors (primarily VEGFR-1 and VEGFR-2)  **sionificantly unit The combination with bevezicumab sionificantly improved PSF (INF 0.17 9/85) conditionce interval: 0.58, 0.92; n = 0.008)			
			Boso D. et al.; Kim Y.		,	-5			
					eufferlein T. et al.; F	"Genetic and epit The authors note The findings suggest that DNA methylation biomarkers could help identify patients most likely to benefit from adding bevacizumab to chemotherapy treatment.			
			Mazard T. et al.	Exact Quote		"baseline tumor v "baseline tumor vasculature characteristics"			
			Rahman M. et al.	Requotation		*tumors can deve Alternative angiogenic pathways activate when VEGF is blocked			
						"Bevacizumab dii "No patients had. Side effects are "mostly modest and manageable" including "hypertension, proteinuria, hemorrhage, GI perforation, wound complications, and thromboembolic events"			
			Murata Y. et al., Nosal		HCC				
			Krupa K. et al., Childs	/ Term	TACE				
	Report Time (s) R			Correllation	Term	Quote 1 Act. Quote 1 Act. Quote 2 Act. Quote 3			
2b	141.77	1685	Boland P. et al.	Requotation		"the most commdAs described by Boland et al., bevacizumab was given at "5 mg/kg every 14 days"			
			Li S. et al.	Requotation		"Bevacizumab at Maintenance phase: Bevacizumab "7.5 mg/kg D1 for 21-day cycles"			
			Murata Y. et al.	Incorrect Primary n		"15 mg/kg bevaci "IMbrave 150 protocol schedule, with doses of 1200 mg of atezolizumab and 15 mg/kg of bevacizumab given every 3 weeks until either clinical benefits were lost, or the toxicity was intolerable	e."		
			Murata Y. et al. Wu S. et al., Valerio J.	Incorrect Primary n Exact Quote 1 Inco		"15 mg/kg bevaci "IMbrave 150 protocol schedule, with doses of 1200 mg of atezolizumab and 15 mg/kg of bevacizumab given every 3 weeks until either clinical benefits were lost, or the toxicity was intolerable lower-dose bevat lower-dose bevat lemporary bevat The research indicates BEV may provide symptomatic relief, particularly for brain edema	ə."		
			Murata Y. et al. Wu S. et al., Valerio J. Boland P. et al.	Incorrect Primary n Exact Quote 1 Inco Exact Quote		*15 mg/kg bevaci*Mbrave 150 protocol schedule, with doses of 1200 mg of atezoitzumab and 15 mg/kg of bevacizumab given every 3 weeks until either clinical benefits were lost, or the toxicity was intolerable lower-dose bevari temporary bevar The research indicates BEV may provide symptomatic relief, particularly for brain edema *the bevacizumat* the bevacizumab dose used (5 mg/kg) was lower than doses used in some other studies*	Đ."		
			Murata Y. et al. Wu S. et al., Valerio J. Boland P. et al. Boland P. et al.	Incorrect Primary n Exact Quote 1 Inco Exact Quote Exact Quote		"15 mg/kg bevaci "Mbrave 150 protocol schedule, with doses of 1200 mg of atezolizumab and 15 mg/kg of bevacizumab given every 3 weeks until either clinical benefits were lost, or the toxicity was intolerable lower-dose bevar lower-dose bevar l'temporary bevar The research indicates EEV may provide symptomatic relief, particularly for brain edema "the bevacizumab dose used (5 mg/kg) was lower than doses used in some other studies" "It is conceivable "it is conceivable that a higher bevacizumab dose may have achieved greater synergy with ME-344 leading to a higher response rate"	»."		
			Murata Y. et al. Wu S. et al., Valerio J. Boland P. et al. Boland P. et al. Boland P. et al.	Incorrect Primary n Exact Quote 1 Inco Exact Quote Exact Quote Exact Quote Requotation	orrect Primary Author	"15 mg/kg bevaci "Mbrave 150 protocol schedule, with doses of 1200 mg of atezolizumab and 15 mg/kg of bevacizumab given every 3 weeks until either clinical benefits were lost, or the toxicity was intolerable (lower-dose beval tower-dose beval "temporary bevar The research indicates BEV may provide symptomatic relief, particularly for brain edema  "the bevacizumal" the bevacizumab dose used (5 mg/kg) was lower than doses used in some other studies" "it is conceivable" it is conceivable that a higher bevacizumab dose may have achieved greater synergy with ME-344 leading to a higher response rate" "the 10 mg/kg do "the same as administered with the FOLFOX and FOLFIRI regimens, but lower than 10 mg/kg dose that was evaluated in the phase 3 Study E3200"			
			Murata Y. et al. Wu S. et al., Valerio J. Boland P. et al. Boland P. et al. Boland P. et al. Li S. et al., Zhang P. e	Incorrect Primary n Exact Quote 1 Inco Exact Quote Exact Quote Exact Quote Requotation t Requotation, incorr	orrect Primary Author	"15 mg/kg bevaci "Mbrave 150 protocol schedule, with doses of 1200 mg of atezcilizumab and 15 mg/kg of bevacizumab given every 3 weeks until either clinical benefits were lost, or the toxicity was intolerable (lower-dose bevai vower-dose bevai "temporary bevar for research indicates BEV may provide symptomatic relief, particularly for brain edema "the bevacizumab dose used (6 mg/kg) was lower than doses used in some other studies".  "It is conceivable "it is conceivable that a higher bevacizumab dose may have achieved greater synergy with ME-344 leading to a higher response rate" "the 10 mg/kg do "the same as administered with the FOLFOX and FOLFIRI regimens, but lower han 10 mg/kg dose that was evaluated in the phase 3 Study £3200"  "Bevacizumab at This phase 2 trial investigated the efficacy and safety of alternating modified CAPOX/CAPIRI chemotherapy combined with bevacizumab for treating untreated unresectable metastatic colorec		. Maintenance phase: Bevacizumab "7	7.5 mg/kg
			Murata Y. et al. Wu S. et al., Valerio J. Boland P. et al. Boland P. et al. Boland P. et al. Li S. et al., Zhang P. e Chen X. et al.	Incorrect Primary n Exact Quote 1 Inco Exact Quote Exact Quote Requotation t Requotation, incorr Requotation, incorr	orrect Primary Author	"15 mg/kg bevaci "Mbrave 150 protocol schedule, with doses of 1200 mg of atezolizumab and 15 mg/kg of bevacizumab given every 3 weeks until either clinical benefits were lost, or the toxicity was intolerable (lower-dose bevar lower-dose bevar l'emporary bevar The research indicates BEV may provide symptomatic relief, particularly for brain edema  "the bevacizumab dose used (6 mg/kg) was lower than doses used in some other studies"  "It is conceivable "it is conceivable that a higher bevacizumab dose may have achieved greater synergy with ME-344 leading to a higher response rate"  "the 10 mg/kg do "the same as administered with the FOLFOX and FOLFIRI regimens, but lower than 10 mg/kg dose that was evaluated in the phase 3 Study E3200"  [Bevacizumab at   This phase 2 trial investigated the efficacy and safety of alternating modified CAPOX/CAPIRI chemotherapy combined with bevacizumab for treating untreated unresectable metastatic colored "Bevacizumab at "better disease o "better disease control (46.70% vs 30.00%)"	stal cancer (mCRC)		
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## Bevacizumab VPII Supplementary

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		Janes P. et al.	Term	targeted agents	5, 562, 61 57													
		Boland P. et al.	Requotation	targeted agento	"the bevacizumal The authors note	that the heugeizums	ah daea uead (5 ma/ka) was li	ower than doese used	in come other et	idiae Ae Boland	at all etata "it ie i	conceivable that a	higher heuscizu	mah doea may ha	e achieved great	er evnerov with Mi	E 344 leading to a h	ninhar raenon
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		Li S. et al.			"superior survival "patients with ne					viieri combined v	nun inminune chec	KPOIIII IIIIIIDIIOIS						
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					"FOLFIRI + beva "FOLFIRI combined with Bevacizumab regimen" - Objective Response Rate (ORR): "26.70%" vs "10.00%" (Chen et al., 2024) - Disease Control Rate (DCR): "46.70%" vs "30.00%" (Chen et al., 2024)													
		Guo G. et al.	Requotation		Short-term beva 'twere given bevacizumab (5 mg/kg IV) combined with TMZ (150 mg/m2/d orally for 5 days, repeated every 21 days for 6 cycles)													
		Childs A. et al.			In the EMERALL The EMERALD-1 trial investigated durvalumab plus TACE with or without bevacizumab. Sargroy et al. reported 'a significant PFS benefit for TACE plus durvalumab and bevacizumab vs. the TACE control (median PFS 15.0 vs. 8.2 months; HR 0.77, 95% C													
		Childs A. et al.			bevacizumab co "demonstrated an improved RFS with atezolizumabibevacizumab therapy, with a hazard ratio of 0.72 (adjusted 95% CI 0.53-0.98, p = 0.012) at the first pre-determined interim analysis, amounting to an absolute risk reduction of 12.5% (95% CI 5.6-19.5) a													-19.5) at 12
		-	Requotation, Addit	itional Romero I. et al	o I. et al "Bevacizumab-ini The study identifi The authors advise that "In the event of urine proteinuria being greater than 2 g/24 hours, bevacizumab should be interrupted until recovery to <2 g/24 hours"													
		Zhang P. et al.			"rare hepatic dys The authors high	•			-	s when combine	with more than	one ICI [immune	checkpoint inhibit	tor]."				
		Hwang S. et al.,	Khaled N. et al., Zhao S.	. et a bleeding risk	Some studies inc though careful m	initoring was needed	d for gastrointestinal bleeding	risk in high-risk patier	its.									
		Zhang J. et al.,	3uo G. Term		Some investigators use 10 mg/kg			А										
		Boland P. et al.	Term	ME-344	(like ME-344, PAIME-344 for treati	ng metastatic colorec	ctal cancer (mCRC).											
		Jacobsen A. et a	I., Kim Term	GI perforation	such as GI perforation or severe h	morrhage, are vital t	to maintaining a favorable the	erapeutic index.										
Prompt F	Report Time (s) Report V	ords Author	Correllation	Term	Quote 1 Act. Quote 1	Act. Quote 2 A	Act. Quote 3											
2d	79.78 1118	Han Gr. et al.	Term	biomarker-driver	In particular, bion The evidence pro	sented supports BE\	V's continued importance in o	ovarian cancer treatme	nt while highlighti	ng the need for b	iomarker-driven	patient selection a	and rational comb	ination strategies	to maximize thera	peutic benefit.		
		Zhang P. et al.,	Li Q. et al., Romero I. et al	al. monitoring proto	In particular, biomarker-driven pati	ent selection, structur	red monitoring protocols, pro-	active side-effect man	gement									
		Corrias G. et al.			"the CC genotype"The CC genotype				-	eatment failure								
		lida Y. et al.			"HRD profiling co "the combination						sensitizes cano	ers without overt I	HRD to PARPi "					
			et al. Requotation		"Radiomics mode"Radiomics mod				•									
		Okawa M. et al.	Requotation		"serum VEGF-A1"the VEGF-A121							0.00, 100p001110	.,,.					
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			Term		MRI, perfusion C "Radiomics mod			prediction performed	by expert radiolog	gists (AUCS of U.	09-0.79 and 0.67	-0.83, respective	iy).					
		Zheng Z. et al.	Requotation		54 (30.33%) of p; "54 (30.33%) de	aloped bevacizumab	o-related hypertension"											
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			Exact Quote		"patients who ext "patients who ex													
		Abraham S. et a	I. Requotation, Cont		Early detection h "Current guidelin	es recommend suspe	ending bevacizumab administ	tration if 24-hour urine		-				oteinuria (>3.5g)."				
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