

Supplemental table 1. The main characteristics and quality scores of the included studies

First Author	Publication Year	Country	Cancer Type	Clinical Stage	Sample Source	Location of Staining	Test Method	Cut-off Value	Case (High/Low)	Follow-up (months)	Survival Method	Statistic	HR	LL	UL	Outcome* NOS	
Wang LK	2014	China	NSCLC /	tissue	membrane	PCR	/	68	44	/	OS	Multivariate analysis	0.455	0.233	0.888	Better	6
Lan D	2015	China	NSCLC I- IV	tissue	membrane, cytoplasm	PCR	median level	30	27	60	OS	Survival curve	0.835	0.444	1.569	NS	7
Wang Y	2016	China	NSCLC I- IV	tissue	/	PCR	/	43	61	3-82	OS	Multivariate analysis	0.479	0.287	0.859	Better	7
Petriella D	2016	Italy	NSCLC II-IV	tissue	/	PCR	median level	11	30	/	OS	Multivariate analysis	0.537	0.049	5.846	NS	7

Abbreviations: NSCLC, non-small cell lung cancer; /, not report; OS, overall survival; HR, hazard ratio; LL, lower limit; UL, upper limit; *: outcome was for high miR-133a expression; NOS, the scores of Newcastle-Ottawa quality assessment scale.

Supplemental table 2. The clinical parameters data and quality scores of the included studies

First Author	Publication Year	Country	Cancer Type	Distant Metastasis				Lymph Node Metastasis				T Stage				Clinical Stage				NOS	
				High Expression		Low Expression		High Expression		Low Expression		High Expression		Low Expression		High Expression		Low Expression			
				Positive	Negative	Positive	Negative	Positive	Negative	Positive	Negative	T3-	T1-	T3-	T1-	III-IV	I-II	III-IV	I-II		
												T4	T2	T4	T2						
Wang YZ	2015	China	NSCLC	0	8	5	37	1	7	26	16	2	6	15	27	1	7	25	17	6	
Wang Y	2016	China	NSCLC	2	41	4	57	6	37	35	26	15	28	27	34	13	30	34	27	7	

Abbreviation: NOS, the scores of Newcastle-Ottawa quality assessment scale.

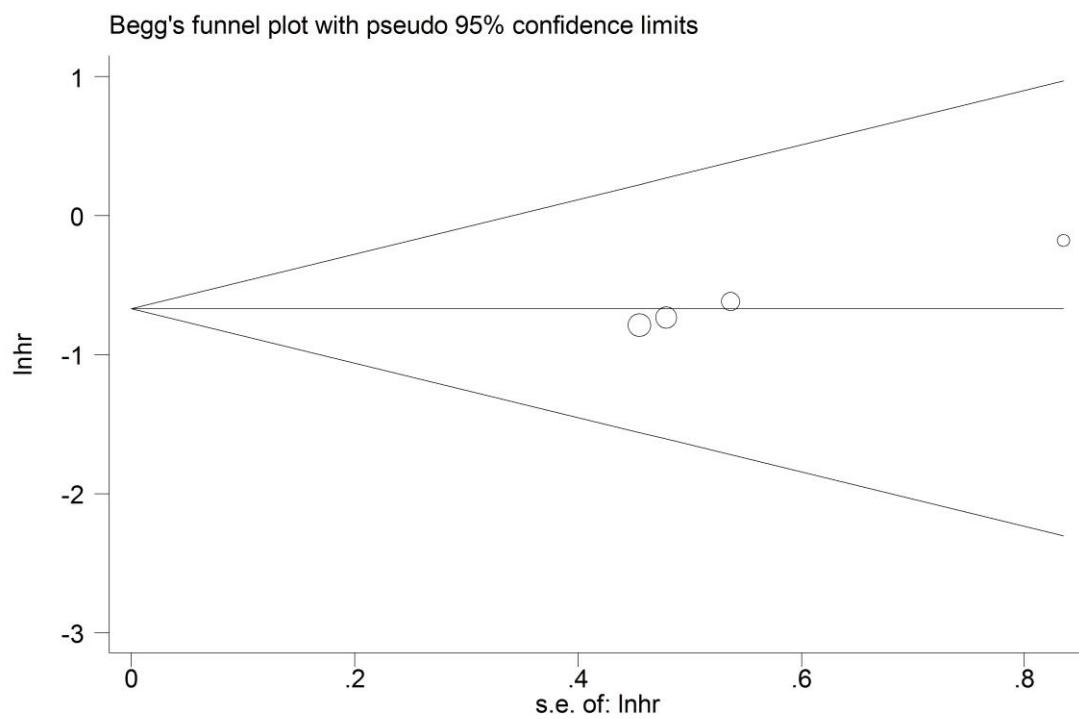
Supplemental table 3. All datasets with references and reasons for excluding publications

Studies	Reasons for excluding publications
24 studies: Mataki H[1], Zaidi AH[2], Lakhkar A[3], Li S[4], Liao H[5], Duplicated publications Francis SM[6], Du L[7], Sakai H[8], Emanueli C[9], Wang K [10], Su L[11], Ma Y[12], Xiao J[13], Moriya Y[14], Uchida Y [15], Missiaglia E[16], Rao PK[17], Li C[18], Tahara H[19], Fujiwara T[20], Zhang W[21], Zhao W[22], Yang CL[23], Li C[24].	
21 studies: Sakai H[8], Emanueli C[9], Lakhkar A[3], Li S[4], Liao H[5], Yuan Y[25], Mataki H[1], Zaidi AH[2], Wu G[26], Savarimuthu Francis SM[6], Du L[7], Wang H[27], Xu M[28], Zhou Y[29], Hsu CM[30], Moriya Y[14], Uchida Y [15], Missiaglia E[16], Rao PK[17], Li C[18], Yang QS[31].	Not reporting the expression of miR-133a and survival time or clinicopathological parameters of NSCLC patients
7 studies: Wang K [10], Su L[11], Ma Y[12], Xiao J[13], Zeljic K[32], Yang Y[33], Yu N[34]	Not original experimental research
5 studies: Tahara H[19], Fujiwara T[20], Zhang W[21], Zhao W[22], Yang CL[23].	Not involve humans
3 studies: Li C[24], Xia H[35], Zheng C[36].	No usable data

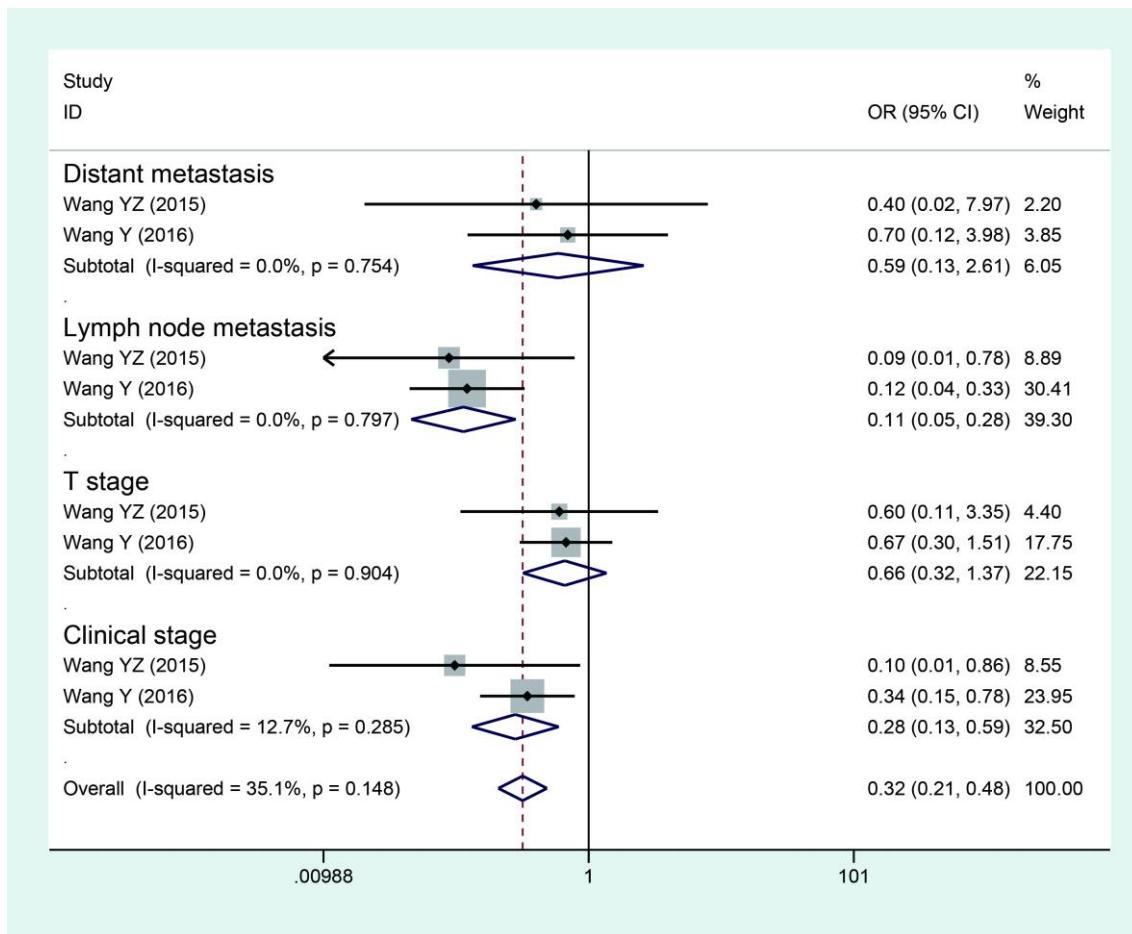
References suppl. table 3

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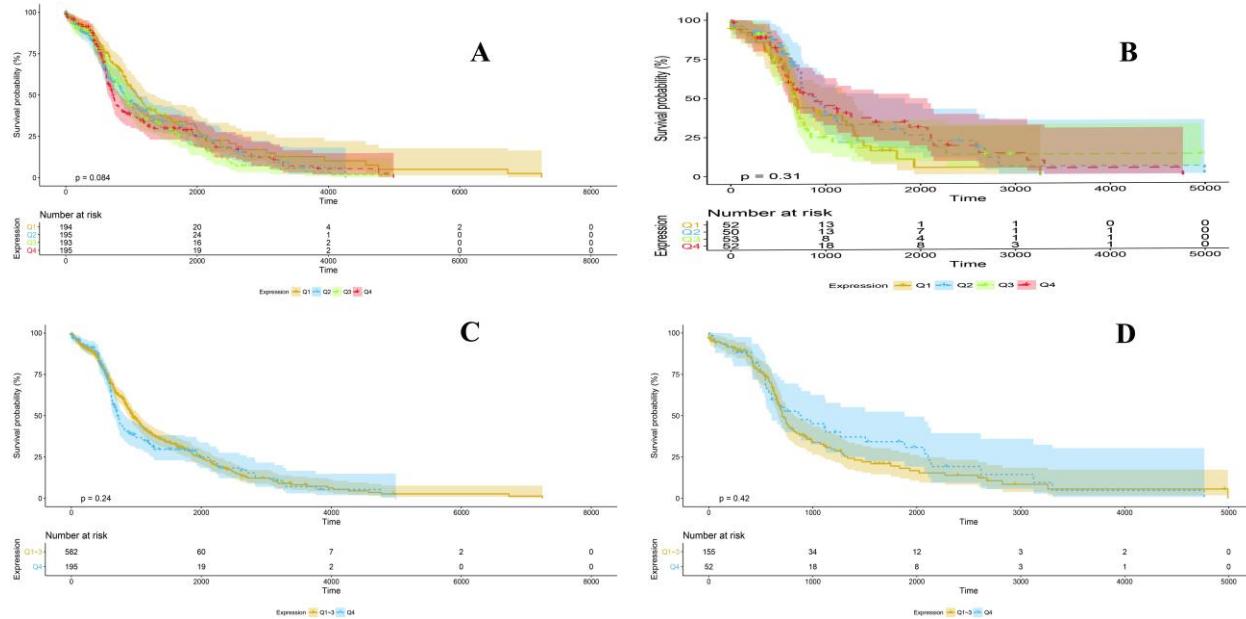
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Supplemental fig. 1. Begg's funnel plot for publication bias.



Supplemental fig. 2. The forest plot for the association between miR-133a expression and clinicopathological parameters of NSCLC patients. Abbreviations: CI, confidence interval; OR, odds ratio.



Supplemental fig. 3. The OS curves of miR-133a-3p (A, B) and miR-133a-5p (C, D) for NSCLC. Abbreviations: Q1~Q4, Based on the expression level of miR-133a, patients were divided into four groups (Q1: <25%; Q2: 25%-49%; Q3: 50%-74%; Q4: ≥75%).