Supplement Table 1. Symptoms of NSCLC patients who presented with miliary intrapulmonary carcinomatosis at initial diagnosis

	Patients	(%)
Respiratory symptoms		
Cough	56	(66)
Dyspnea	36	(42)
Sputum	25	(29)
Chest pain or discomfort	23	(27)
Hemoptysis	12	(14)
Hoarseness	2	(2)
Non-respiratory symptoms		
Weight loss	38	(45)
Malaise	17	(20)
Low back pain	4	(5)
Extremity weakness	4	(5)
Altered consciousness	3	(4)
Night sweats	1	(1)

Supplement Table 2. The different *EGFR* **mutation types**

EGFR mutations	Patients	(%)
Wild type	18	(30)
Del-19	21	(35)
L858R	12	(20)
Del-19 + A871V	1	(2)
E709A + L858R	1	(2)
G719A + S720F	1	(2)
G719A + S768I	1	(2)
A767_V769dupASV	1	(2)
N771_P772insN	1	(2)
H850D + L858R	1	(2)
V851I	1	(2)
L858P	1	(2)
Total	60	(100)

Supplemental Table 3. The treatment sequence and the EGFR mutation status

			Treatment	ent sequence ^{&}			
EGFR analysis	Best supportive care	TKI only ^δ	Chemotherapy only ^ŏ	TKI then Chemotherapy	Chemotherapy then TKI	Chemotherapy then Chemotherapy	Total
Mutation	4	7	0	16	7	8	42
Wild	0	6	0	6	3	3	18
Unknown	1	5	5	3	5	6	25
Total	5	18	5	25	15	17	85

 $^{^\&}amp;$ The sequence of patient treatment courses were classified according to the first-line and second-line medications. $^\delta TKI$ only and chemotherapy only patients received only first-line systemic treatment

without second-line treatment.

Supplemental Figure 1 Kaplan-Meier survival curve of progression-free survival after EGFR TKIs in the patients presented with miliary intra-pulmonary carcinomatosis at initial diagnosis. The patients with *EGFR* mutation (solid line, N=38) had a longer progression-free survival than those with wild type of *EGFR* (dashed, N=17) (median, 9.2 months vs. 2.7 months; p < 0.001, by the log-rank test)

