

Supplementary material #1

Article title: A machine learning tool to improve prediction of mediastinal lymph node metastases in non-small cell lung cancer using routinely obtainable [^{18}F]FDG-PET/CT parameters

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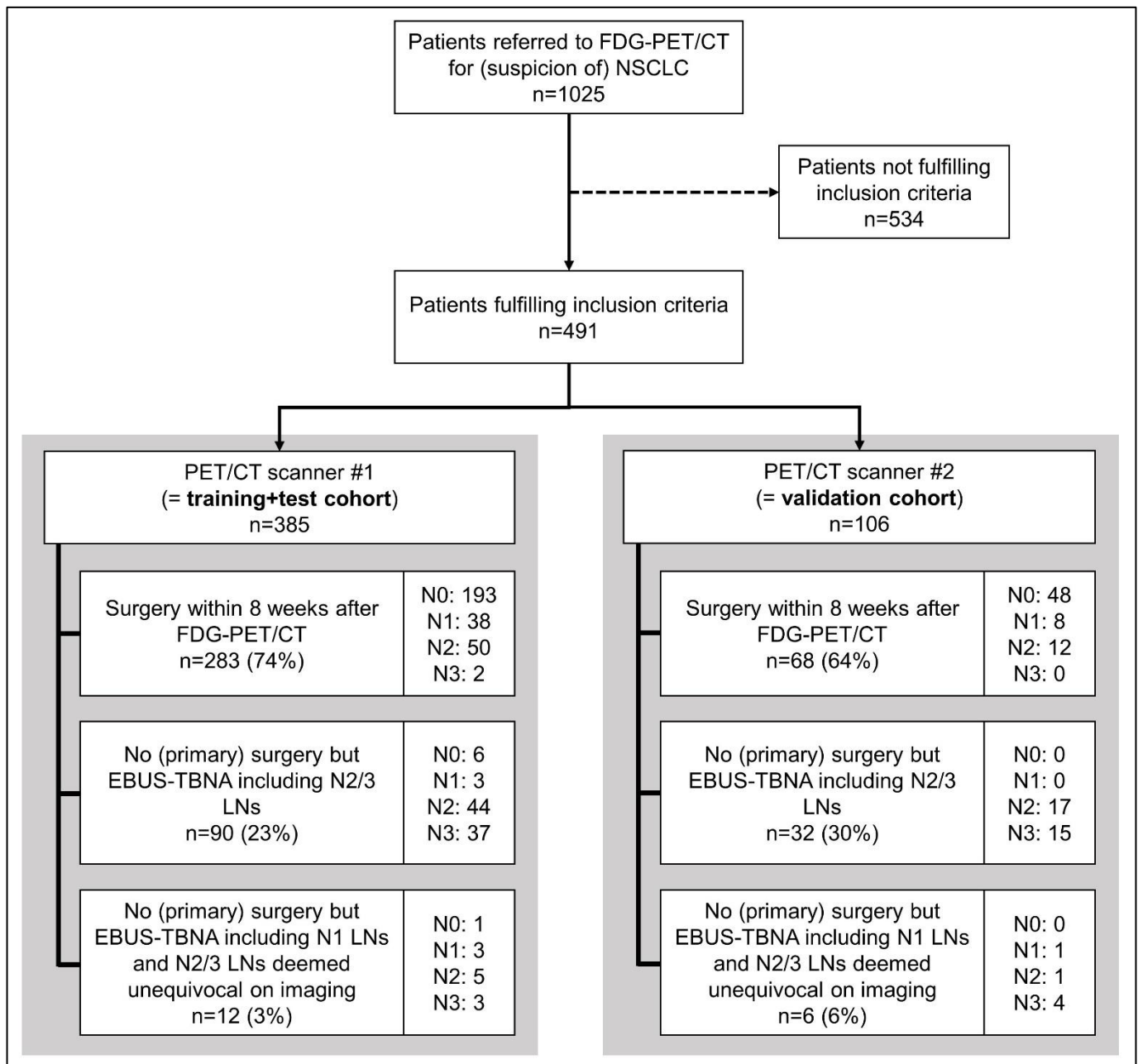


Figure S1.1. Flow diagram of patients in this analysis

LNs, lymph nodes.

STARD 2015 checklist

Section & Topic	No	Item	Reported on page #
TITLE OR ABSTRACT			
	1	Identification as a study of diagnostic accuracy using at least one measure of accuracy (such as sensitivity, specificity, predictive values, or AUC)	9/10
ABSTRACT			
	2	Structured summary of study design, methods, results, and conclusions (for specific guidance, see STARD for Abstracts)	2
INTRODUCTION			
	3	Scientific and clinical background, including the intended use and clinical role of the index test	3/4
	4	Study objectives and hypotheses	3/4
METHODS			
<i>Study design</i>	5	Whether data collection was planned before the index test and reference standard were performed (prospective study) or after (retrospective study)	5
<i>Participants</i>	6	Eligibility criteria	5
	7	On what basis potentially eligible participants were identified (such as symptoms, results from previous tests, inclusion in registry)	5
	8	Where and when potentially eligible participants were identified (setting, location and dates)	5
	9	Whether participants formed a consecutive, random or convenience series	5
<i>Test methods</i>	10a	Index test, in sufficient detail to allow replication	6 + multiple pages
	10b	Reference standard, in sufficient detail to allow replication	7
	11	Rationale for choosing the reference standard (if alternatives exist)	7/8
	12a	Definition of and rationale for test positivity cut-offs or result categories of the index test, distinguishing pre-specified from exploratory	Multiple pages
	12b	Definition of and rationale for test positivity cut-offs or result categories of the reference standard, distinguishing pre-specified from exploratory	7
	13a	Whether clinical information and reference standard results were available to the performers/readers of the index test	6
	13b	Whether clinical information and index test results were available to the assessors of the reference standard	They were not available
<i>Analysis</i>	14	Methods for estimating or comparing measures of diagnostic accuracy	9/10
	15	How indeterminate index test or reference standard results were handled	n/a
	16	How missing data on the index test and reference standard were handled	5 (eligibility criteria)
	17	Any analyses of variability in diagnostic accuracy, distinguishing pre-specified from exploratory	9/10 + tables
	18	Intended sample size and how it was determined	n/a
RESULTS			
<i>Participants</i>	19	Flow of participants, using a diagram	Above this table
	20	Baseline demographic and clinical characteristics of participants	Table 1
	21a	Distribution of severity of disease in those with the target condition	n/a
	21b	Distribution of alternative diagnoses in those without the target condition	n/a
	22	Time interval and any clinical interventions between index test and reference standard	n/a (retrospective)
<i>Test results</i>	23	Cross tabulation of the index test results (or their distribution) by the results of the reference standard	Table 2+3
	24	Estimates of diagnostic accuracy and their precision (such as 95% confidence intervals)	Results section
	25	Any adverse events from performing the index test or the reference standard	n/a
DISCUSSION			
	26	Study limitations, including sources of potential bias, statistical uncertainty, and generalisability	19
	27	Implications for practice, including the intended use and clinical role of the index test	17
OTHER INFORMATION			
	28	Registration number and name of registry	n/a
	29	Where the full study protocol can be accessed	n/a
	30	Sources of funding and other support; role of funders	none