

RaFiST: a radiomics model for non-invasive stratification of tumor fibrosis and prognostic prediction in non-small cell lung cancer

Electronic Supplementary Materials

Clinical and follow-up data

Clinicopathological data (e.g., age, sex, smoking history, maximum tumor diameter, tumor location (lung lobe), histological grade, TNM stage, and histological subtypes) and postoperative treatment modalities (e.g., chemotherapy, radiotherapy, and targeted therapy) were systematically recorded. All pathological TNM stages were manually verified to guarantee consistency with the 8th edition of the TNM classification system (International Association for the Study of Lung Cancer [IASLC]). Under the National Comprehensive Cancer Network (NCCN) guidelines, postoperative patients are followed up every 3 to 6 months during the first two years, after which follow-up intervals are extended to 6 to 12 months. DFS was defined as the period from the date of surgery to the date of first recurrence or death from any cause, with the maximum follow-up period being 10 years. OS was defined as the time from the date of surgery until death from any cause.

Tumor fibrosis staining and assessment

Formalin-fixed paraffin-embedded (FFPE) blocks were obtained from the participating hospitals. Two pathologists, each with 5–10 years of experience in lung cancer pathology, were blinded to the clinicopathological data and independently selected a

representative tumor area for core extraction and subsequent fibrosis staining. The tumor core regions were sectioned at a thickness of 4 μm from FFPE blocks. Following deparaffinization and rehydration, PSR staining was performed via a commercial kit (PHYGENE, Cat# PH1098) according to the manufacturer's protocols. Under bright-field microscopy, PSR-stained collagen fibers exhibited distinct red coloration against a yellow background. Whole-slide digital images were acquired via an Olympus whole-slide scanner (VS200, Olympus Corporation) at 20 $\times$ magnification. Adjacent sections were subjected to hematoxylin and eosin (H&E) staining to guide the histological identification of the fibrotic region. Three representative tumor areas per case were quantitatively assessed by board-certified pathologists via ImageJ software (version 1.54; National Institutes of Health). Collagen-positive areas were quantified as the ratio of PSR-stained area to the total area of the selected region of interest (ROI). To avoid sampling bias, the final fibrosis score was calculated as the mean of the triplicate measurements. To ensure the accuracy and reliability of the assessment, PSR staining quality was verified prior to evaluation. At least two board-certified pathologists independently performed the evaluations, and any discrepancies were resolved by consensus.

Supplementary Figures

Fig. S1: Clinicopathological correlates of fibrosis score.

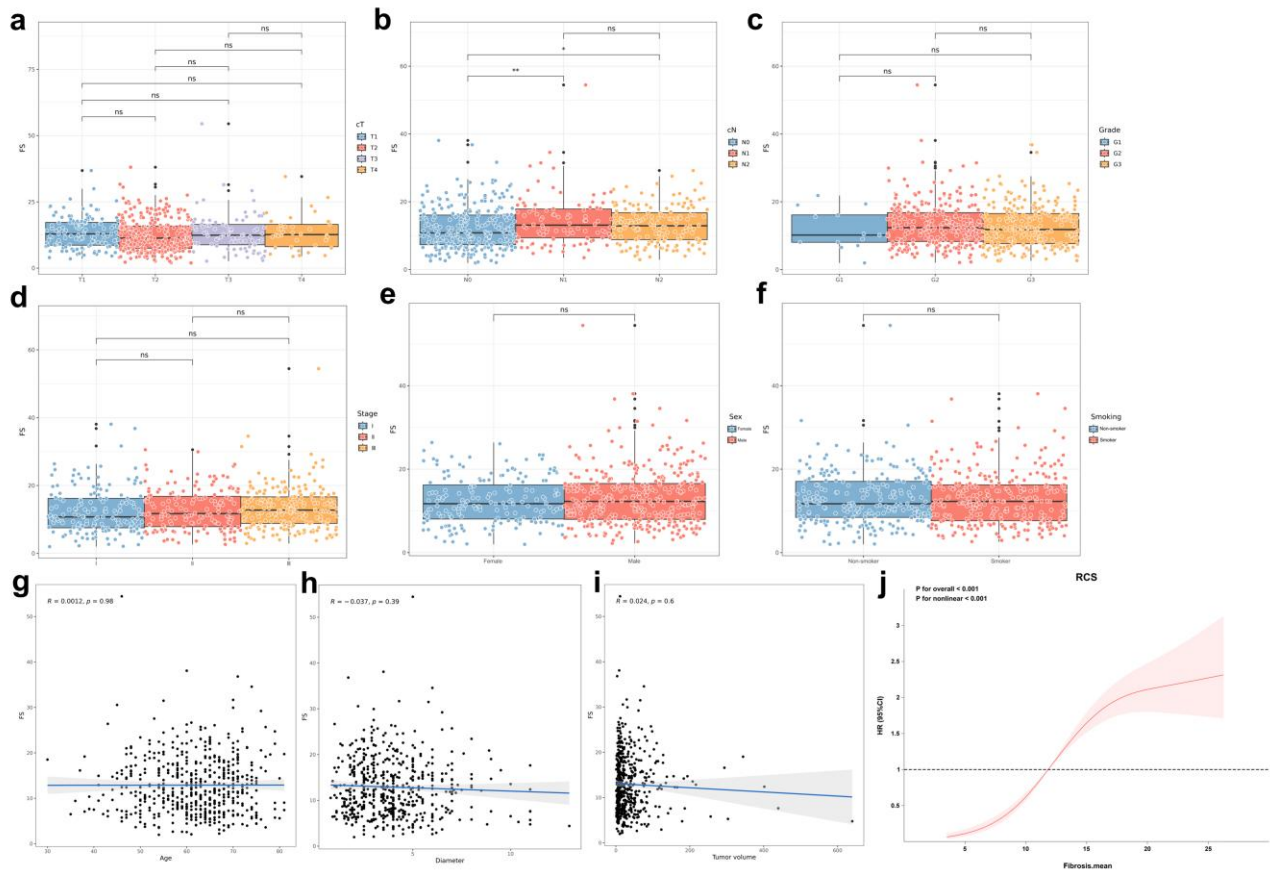


Fig. S1: Clinicopathological correlates of fibrosis score. Boxplots show fibrosis score distribution in (a) cT, clinical tumor stage; (b) cN, clinical nodal stage; (c) Histopathological grade; (d) TNM stage; (e) Sex; (f) Smoking status. Scatter plots showing correlations of fibrosis score with (g) age, (h) tumor diameter and (i) tumor volume. (j) Non-linear relationship between fibrosis score and disease-free survival (DFS) using restricted cubic spline regression.

Fig. S2: Feature selection process using the LASSO algorithm.

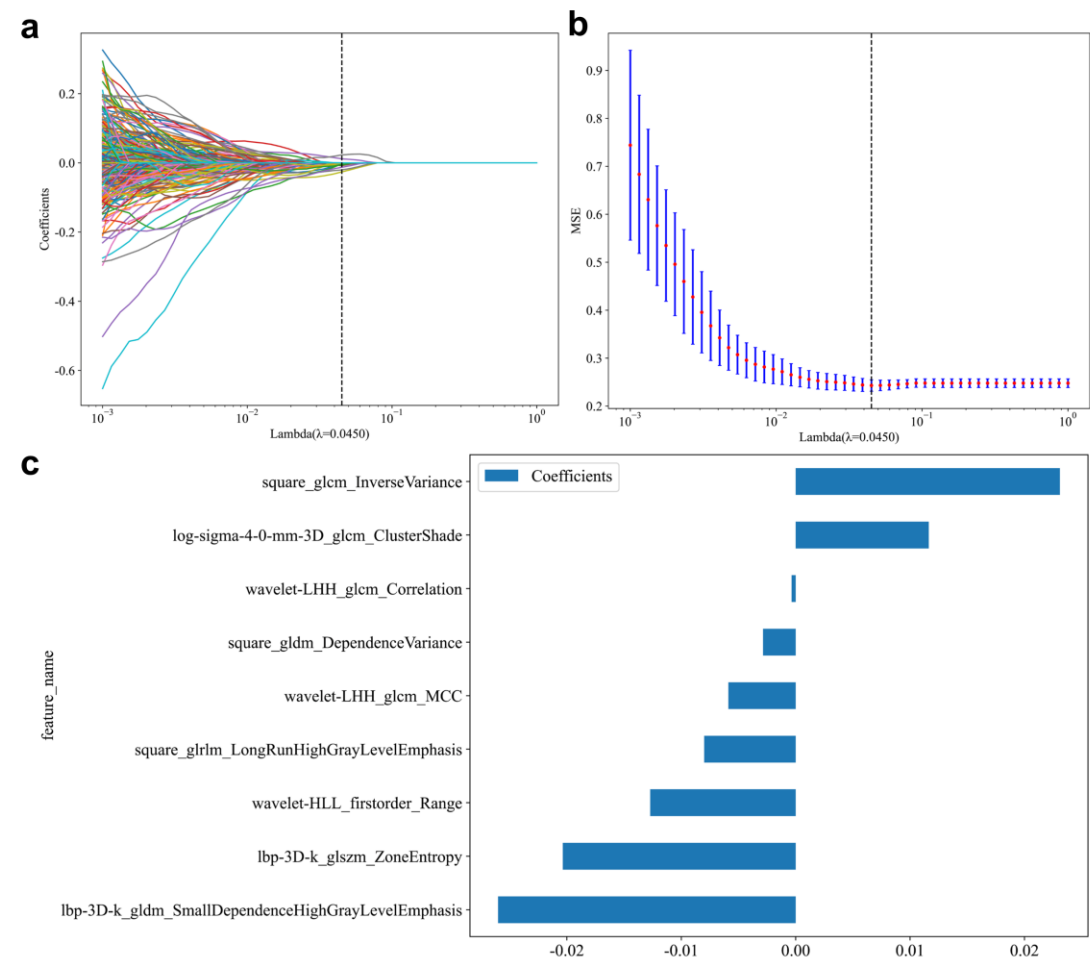


Fig. S2: Feature selection process using the LASSO algorithm. (a) Coefficient path plot showing the penalization and shrinkage of radiomic features. (b) Ten-fold cross-validation plot for selecting the optimal tuning parameter (λ). (c) Coefficient weights of the final selected robust features.

Fig. S3: Kaplan-Meier analyses of disease-free survival (DFS) and overall survival (OS) according to the RaFiST in patients with NSCLC.

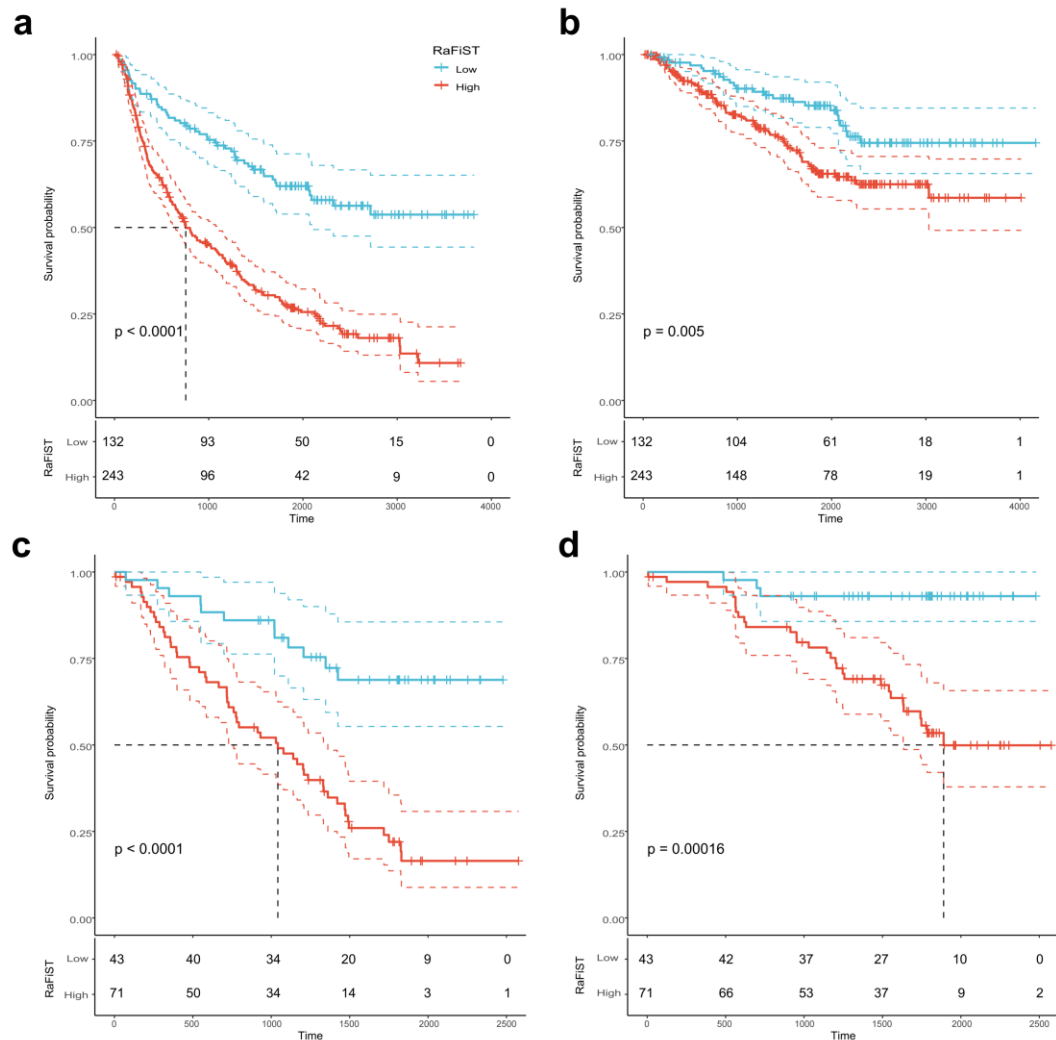


Fig. S3: Kaplan-Meier analyses of disease-free survival (DFS) and overall survival (OS) according to the RaFiST in patients with NSCLC. (a, b): Training cohort (n = 375); (c, d): Test cohort (n = 114). Abbreviations: RaFiST, Radiomics Fibrosis Stratification Tool.

Fig. S4: Forest plot of subgroup analysis of DFS.

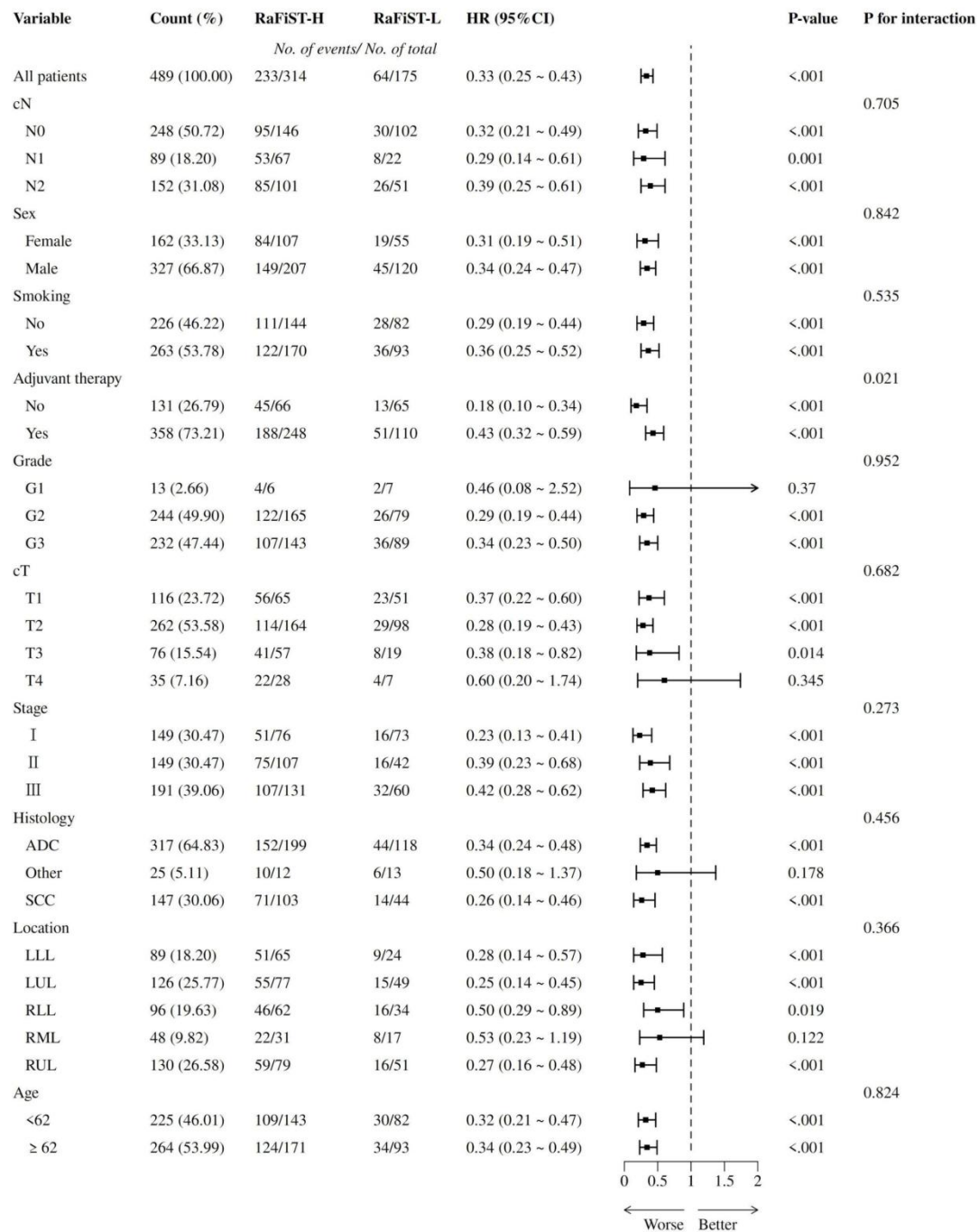


Fig. S4: Forest plot of subgroup analysis of DFS. Abbreviations: HR, hazard ratio; CI, confidence interval; DFS, disease-free survival; ADC, adenocarcinoma; SCC, squamous cell carcinoma; LLL, left lower lobe; LUL, left upper lobe; RLL, right lower lobe; RML, right middle lobe; RUL, right upper lobe.

Fig. S5: Forest plot of subgroup analysis of OS.

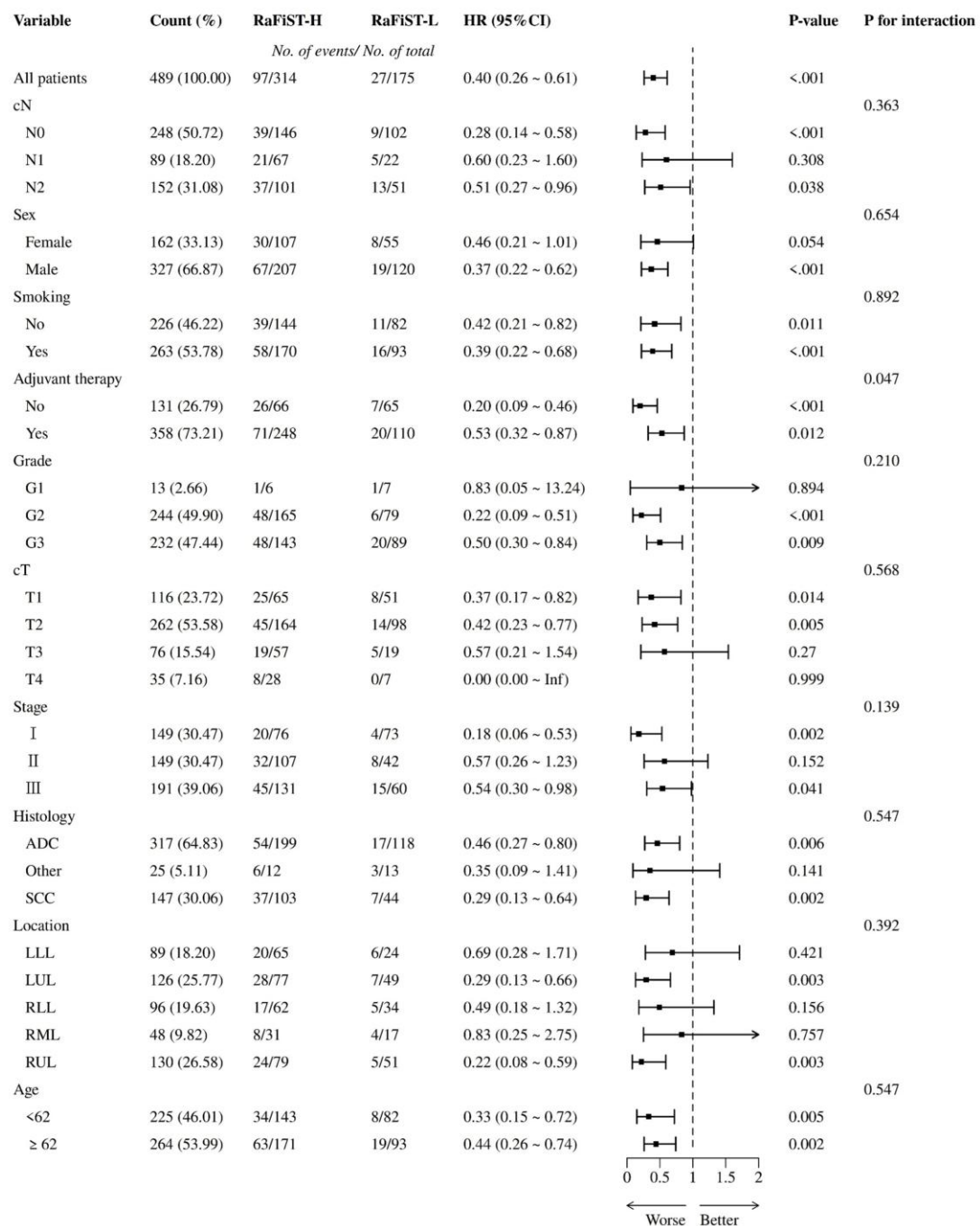


Fig. S5: Forest plot of subgroup analysis of OS. Abbreviations: HR, hazard ratio; CI, confidence interval; OS, overall survival; ADC, adenocarcinoma; SCC, squamous cell carcinoma; LLL: left lower lobe; LUL: left upper lobe; RLL: right lower lobe; RML: right middle lobe; RUL, right upper lobe.

Fig. S6: 5-year DFS predictive performance and clinical utility of the five models.

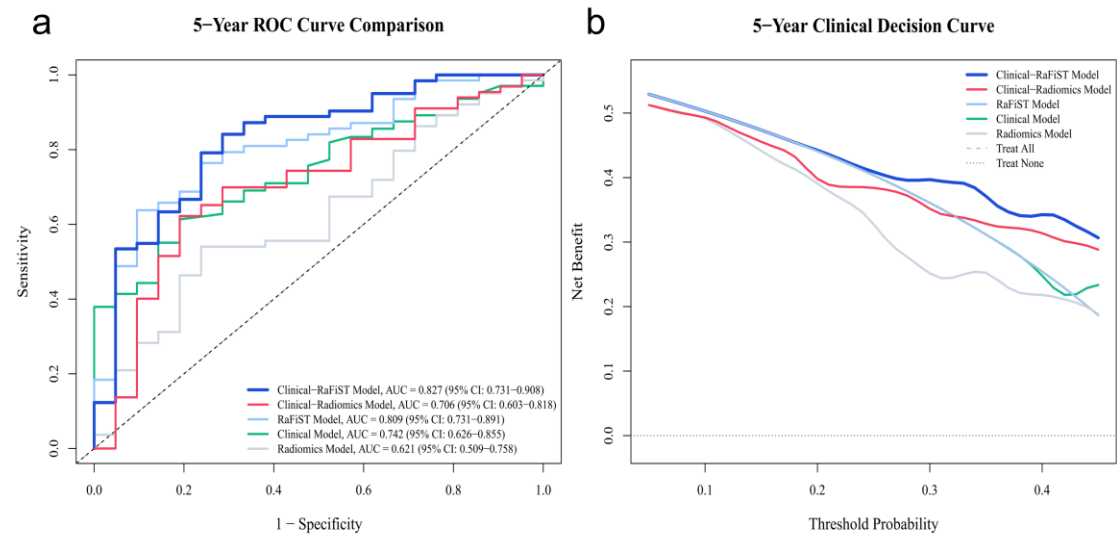


Fig. S6: 5-year DFS predictive performance and clinical utility of the five models. (a) Time-dependent ROC curves with AUC values and 95% CIs in the test cohort. (b) Decision curve analysis (DCA) demonstrating the clinical net benefit at the 5-year time point. Abbreviations: AUC, area under the curve; CI, confidence interval; DFS, disease-free survival; ROC, receiver operating characteristic; RaFiST, Radiomics Fibrosis Stratification Tool.

Supplementary Tables

Table S1: Comparison of clinicopathological characteristics between high- and low-fibrosis groups in both cohorts.

	Training cohort (n = 399)		p-value	Test cohort (n = 133)		p-value
	High-FS (n = 221)	Low-FS (n = 178)		High-FS (n = 79)	Low-FS (n = 54)	
Age, Mean $\pm$ SD	61.91 $\pm$ 8.98	60.40 $\pm$ 9.59	0.107	61.59 $\pm$ 9.51	63.44 $\pm$ 7.86	0.240
Diameter, Median (Q ₁ , Q ₃)	3.90 (2.90, 5.30)	4.00 (2.82, 5.07)	0.738	2.50 (1.80, 4.00)	2.35 (1.60, 4.00)	0.430
Sex, n(%)			0.546			0.639
Female	67 (30.32)	59 (33.15)		29 (36.71)	22 (40.74)	
Male	154 (69.68)	119 (66.85)		50 (63.29)	32 (59.26)	
Smoking, n(%)			0.506			0.934
No	92 (41.63)	80 (44.94)		43 (54.43)	29 (53.70)	
Yes	129 (58.37)	98 (55.06)		36 (45.57)	25 (46.30)	
Adjuvant therapy, n(%)			0.002*			<.001*
No	38 (17.19)	54 (30.34)		24 (30.38)	32 (59.26)	
Yes	183 (82.81)	124 (69.66)		55 (69.62)	22 (40.74)	
Grade, n(%)			0.096			0.820
G1	3 (1.36)	7 (3.93)		2 (2.53)	1 (1.85)	
G2	114 (51.58)	77 (43.26)		45 (56.96)	34 (62.96)	
G3	104 (47.06)	94 (52.81)		32 (40.51)	19 (35.19)	
cT, n(%)			0.473			0.512
T1	38 (17.19)	29 (16.29)		40 (50.63)	21 (38.89)	
T2	125 (56.56)	112 (62.92)		24 (30.38)	23 (42.59)	
T3	38 (17.19)	27 (15.17)		10 (12.66)	7 (12.96)	
T4	20 (9.05)	10 (5.62)		5 (6.33)	3 (5.56)	
cN, n(%)			0.053			0.008*
N0	95 (42.99)	98 (55.06)		39 (49.37)	41 (75.93)	
N1	47 (21.27)	28 (15.73)		15 (18.99)	4 (7.41)	
N2	79 (35.75)	52 (29.21)		25 (31.65)	9 (16.67)	
Stage, n(%)			0.090			0.030*
I	52 (23.53)	56 (31.46)		27 (34.18)	31 (57.41)	
II	66 (29.86)	57 (32.02)		25 (31.65)	11 (20.37)	
III	103 (46.61)	65 (36.52)		27 (34.18)	12 (22.22)	
Histology, n(%)			0.676			0.838
ADC	144 (65.16)	109 (61.24)		54 (68.35)	36 (66.67)	
Other	14 (6.33)	11 (6.18)		-	-	
SCC	63 (28.51)	58 (32.58)		25 (31.65)	18 (33.33)	
Location, n(%)			0.534			0.609
LLL	44 (19.91)	28 (15.73)		15 (18.99)	9 (16.67)	
LUL	49 (22.17)	51 (28.65)		25 (31.65)	13 (24.07)	
RLL	49 (22.17)	41 (23.03)		9 (11.39)	4 (7.41)	
RML	19 (8.60)	16 (8.99)		7 (8.86)	7 (12.96)	
RUL	60 (27.15)	42 (23.60)		23 (29.11)	21 (38.89)	

NOTE: P-values were calculated using the Student's t-test or Mann-Whitney U-test for continuous variables and the chi-square test or Fisher's exact test for categorical variables, as appropriate. * p-value < 0.05. Abbreviations: SD, standard deviation; Q₁, 1st Quartile; Q₃, 3rd Quartile; ADC, adenocarcinoma;

SCC, squamous cell carcinoma; LLL: left lower lobe; LUL: left upper lobe; RLL: right lower lobe; RML: right middle lobe; RUL, right upper lobe; FS, fibrosis score.

Table S2: DeLong test pairwise comparison in training cohort (LightGBM vs. others).

	DeLong test		
	AUC	95% CI	p-value
LightGBM	0.879	0.846-0.912	Ref.
Gradient Boosting	0.791	0.745-0.836	< 0.01
SVM	0.786	0.740-0.833	< 0.01

NOTE: P-values were calculated using the DeLong test. Abbreviations: AUC, area under the curve; CI, confidence interval; SVM, support vector machines; LightGBM, Light Gradient Boosting Machine; Ref., reference.

Table S3: Comparison of prognostic performance across the five models.

	C-index (95% CI)		5-Year DFS AUC (95% CI)	
	Training cohort	Test cohort	Training cohort	Test cohort
Clinical Model	0.613 (0.577-0.649)	0.643 (0.572-0.713)	0.667 (0.612-0.721)	0.742 (0.626-0.855)
Radiomics Model	0.653 (0.615-0.690)	0.624 (0.554-0.694)	0.705 (0.646-0.765)	0.621 (0.509-0.758)
RaFiST Model	0.623 (0.587-0.659)	0.675 (0.606-0.744)	0.703 (0.632-0.774)	0.809 (0.731-0.891)
Clinical-Radiomics Model	0.683 (0.647-0.719)	0.654 (0.584-0.724)	0.759 (0.702-0.800)	0.706 (0.603-0.818)
Clinical-RaFiST Model	0.663 (0.627-0.699)	0.686 (0.618-0.753)	0.745 (0.684-0.799)	0.827 (0.731-0.908)

Abbreviations: AUC, area under the curve; CI, confidence interval; DFS, disease-free survival; RaFiST, Radiomics Fibrosis Stratification Tool.