

## Supplemental Online Content

Ye T, Wu H, Wang S, et al. Radiologic identification of pathologic tumor invasion in patients with lung adenocarcinoma. *JAMA Netw Open*. 2023;6(10):e2337889. doi:10.1001/jamanetworkopen.2023.37889

**eFigure 1.** Representative Images of Ground Glass Opacity Nodule Shown on Routine High Resolution Computed Tomography

**eFigure 2.** Representative Images of Radiologic Features

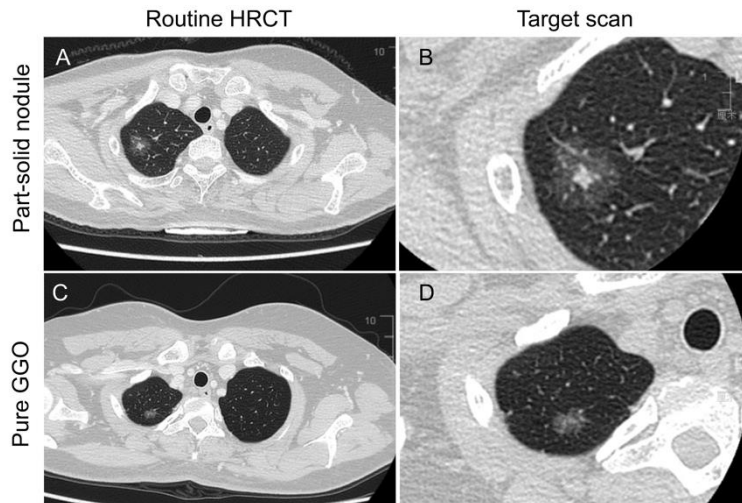
**eFigure 3.** The Sensitivity and Specificity for the Solid Component Sizes in Identifying Pathologic Invasive Adenocarcinoma for Part-Solid Nodules

**eFigure 4.** The Pathologic Characteristics of the Pathologic Invasive Adenocarcinomas in This Study

**eTable.** Cut-Off Values of Solid Component Size for Identifying Invasive Adenocarcinoma in Part-Solid Nodules

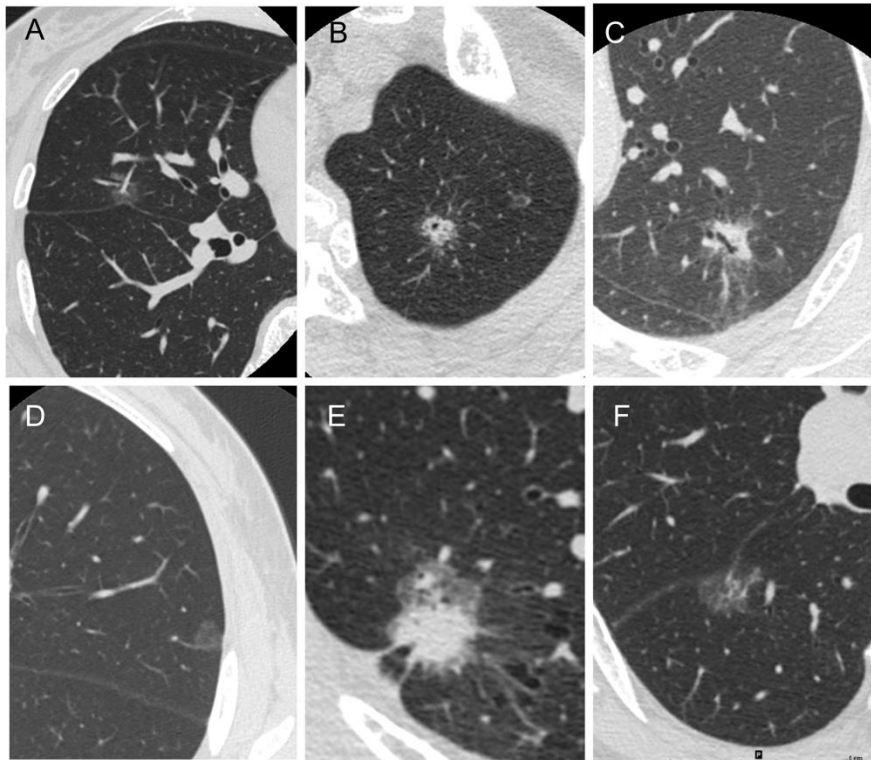
This supplemental material has been provided by the authors to give readers additional information about their work.

**eFigure 1. Representative Images of Ground Glass Opacity Nodule Shown on Routine High Resolution Computed Tomography**



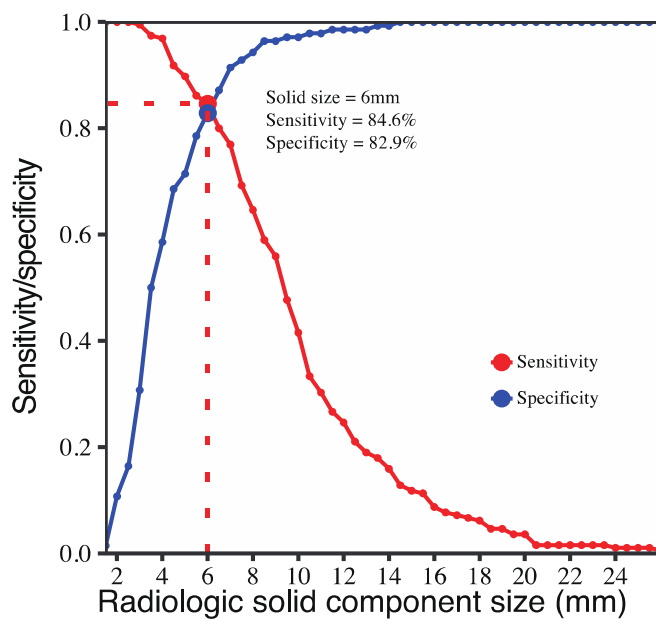
**eFigure 1.** Representative images of part-solid nodule and pure ground glass opacity (GGO) nodule shown on routine high resolution computed tomography (HRCT) scan and target scan.

## eFigure 2. Representative Images of Radiologic Features



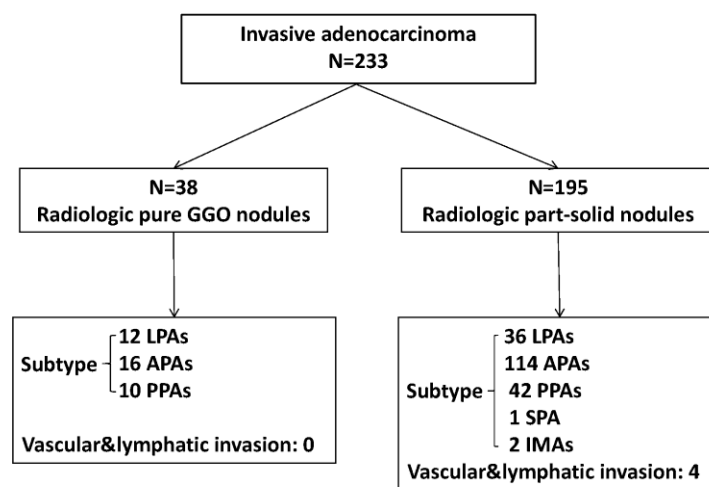
**eFigure 2.** Representative images of radiologic features. (A) A pure GGO nodule featured as presence of air bronchogram and pleural indentation. (B) A part-solid nodule featured as unclear tumor-lung interface, presence of bubble lucency and air bronchogram. (C) A part-solid nodule featured as unclear tumor-lung interface and presence of air bronchogram. (D) A pure GGO nodule featured as clear tumor-lung interface. (E) A part-solid nodule featured as lobulated and spiculated margin, presence of pleural indentation and air bronchogram. (F) A pure GGO nodule featured as lobulated margin, clear tumor-lung interface and presence of pleural indentation.

**eFigure 3. The Sensitivity and Specificity for the Solid Component Sizes in Identifying Pathologic Invasive Adenocarcinoma for Part-Solid Nodules**



**eFigure 3.** The sensitivity and specificity for the solid component sizes in identifying pathologic invasive adenocarcinoma for part-solid nodules. A solid component size of 6mm was identified as the optimal cut-off value, with the sensitivity of 84.6% and the specificity of 82.9%.

**eFigure 4. The Pathologic Characteristics of the Pathologic Invasive Adenocarcinomas in This Study**



**eFigure 4.** The pathologic characteristics of the pathologic invasive adenocarcinomas in this study.

**eTable . Cut-off values of solid component size for identifying invasive adenocarcinoma in part-solid nodules.**

Solid component size (mm)	All tumors		Tumor size ≤10mm		10mm < Tumor size ≤ 20mm		Tumor size > 20mm	
	Sensitivity	Specificity	Sensitivity	Specificity	Sensitivity	Specificity	Sensitivity	Specificity
5	89.7%	71.4%	100.0%	93.2%	87.7%	55.3%	91.8%	60.0%
5.5	86.2%	78.6%	87.5%	100.0%	84.2%	63.2%	89.0%	60.0%
<b>6</b>	<b>84.6%</b>	<b>82.9%</b>	<b>87.5%</b>	<b>100.0%</b>	<b>82.5%</b>	<b>69.7%</b>	<b>87.7%</b>	<b>80.0%</b>
6.5	80.0%	87.1%	62.5%	100.0%	76.3%	77.6%	87.7%	80.0%
7	76.9%	91.4%	50.0%	100.0%	72.8%	85.5%	86.3%	80.0%