

| | | N | %kras mut | AUC | Sensitivity | Specificity |
|-----------------------|---------------|-----|-----------|------|-------------|-------------|
| CRC | KFSYSCC | 290 | | | | |
| | TCGA CRC | 206 | 42% | 0.8 | 0.63 | 0.81 |
| | Khambata-Ford | 68 | 39% | 0.78 | 0.93 | 0.66 |
| | Gaedcke | 65 | 46% | 0.9 | 0.97 | 0.8 |
| Lung adeno | TCGA LUAD | 162 | 28.4 | 0.61 | | |
| | Battle | 124 | 19.3 | 0.53 | | |
| | Wilkerson | 116 | 17.2 | 0.63 | | |
| | Chemores | 110 | 18.2 | 0.68 | | |
| Endometrial carcinoma | TCGA UCEC | 241 | 21.1 | 0.63 | | |

Supplemental Table 4: Data sets used for evaluation of the colorectal RAS model, and reported AUC in classification of KRAS mutant from wild-type samples. Performance degrades significantly in the non-colorectal cohorts, indicating that the RAS model is optimized for colorectal and not highly generalizable to other disease types.