SUPPLEMENTAL TABLE LEGEND

Supplemental Table1: Demographic and pathologic data of human NSCLC samples analyzed for Smad4 immunostaining, expression, copy loss, and promoter methylation.
Unless otherwise noted data are expressed as raw numbers with percentages shown in parenthesis; percentages may not total 100 due to rounding. As expected with resected lung cancer samples there is a preponderance of early stage disease. Because banking protocols included patients from the Veterans Administration, there is a preponderance of both male subjects and squamous cell carcinoma histology. NOTES: (1) Age was unavailable on 22 samples; (2) Gender was unavailable on 1 sample; (3) Never smokers were defined as having smoked fewer than 10 pack-years in their lifetime; (4) Includes 2 large cell carcinomas, 2 adenosquamous carcinomas, 2 pleomorphic carcinomas, and 1 mucoepitheliod carcinoma; (5) Two samples clinically treated as synchronous primaries were scored as the T stage of the highest tumor; (6) Twenty two resected cancers were assumed to be M0 although this could not be independently confirmed in the medical record; (7) Clinical stage was determined according to the 2009 consensus guidelines (Detterbeck FC, Boffa DJ, Tanoue LT. The new lung cancer staging system. Chest 2009;136: 260-71); (8) Since survival was determined using the social security death index (SSDI), this could only be assessed in subjects with available social security numbers; if a death record could not be located in the SSDI after searching by social security number and name/date of birth, subjects were assumed to be alive.