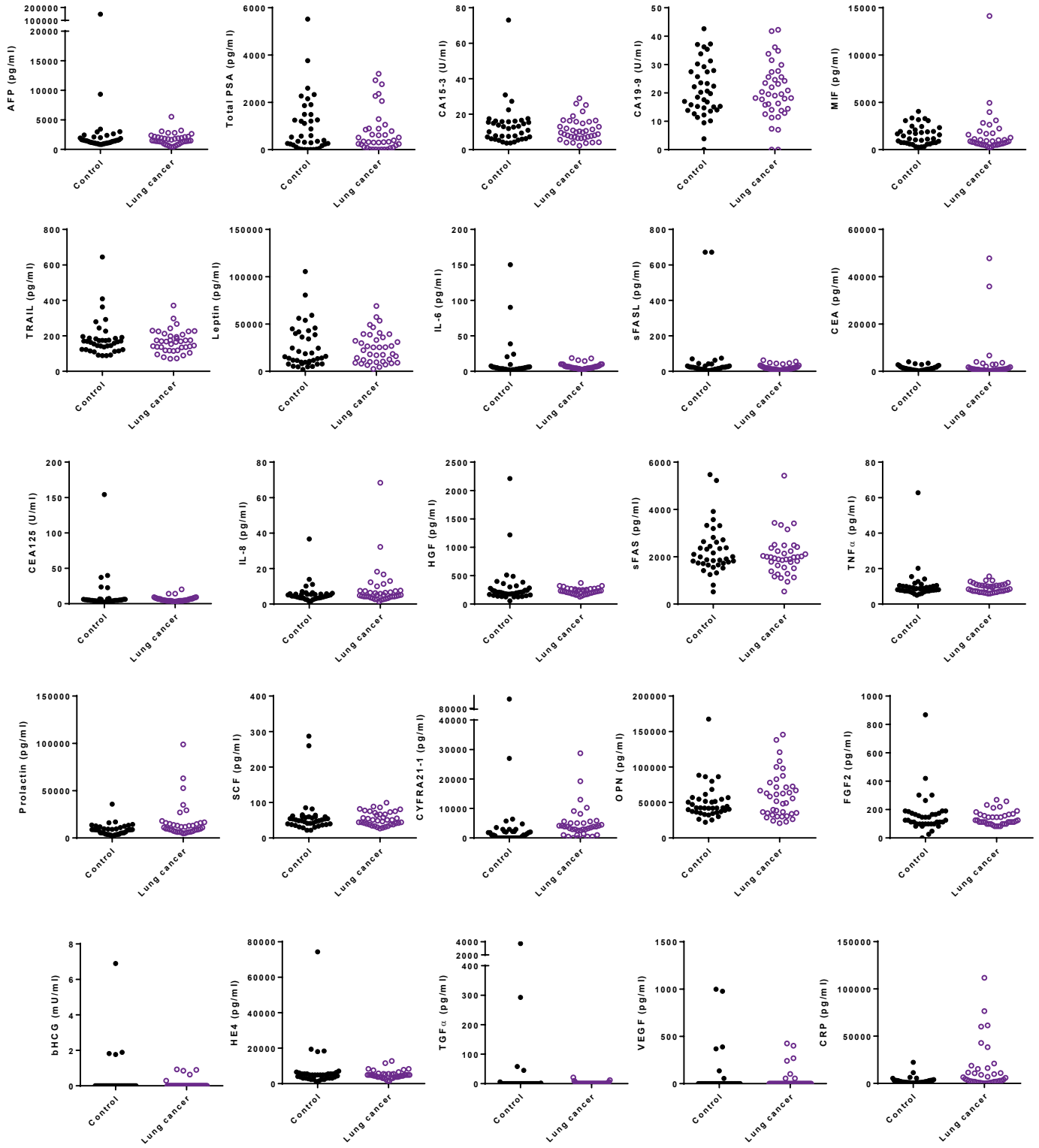


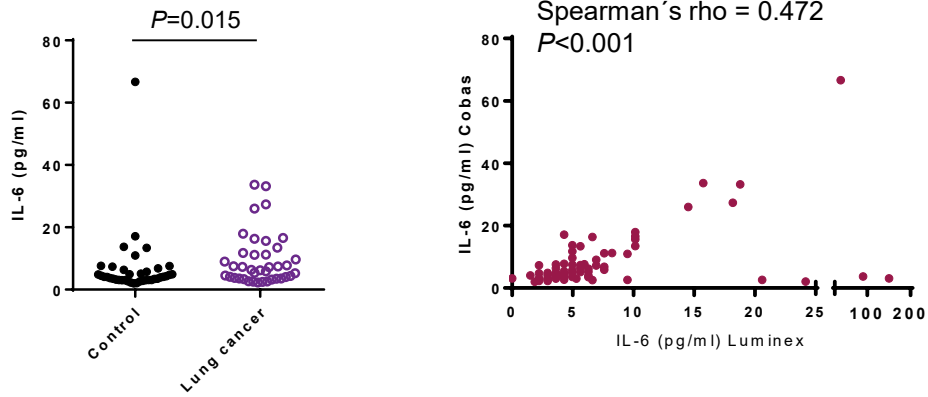
# Ajona et al. Supplementary Figure 1



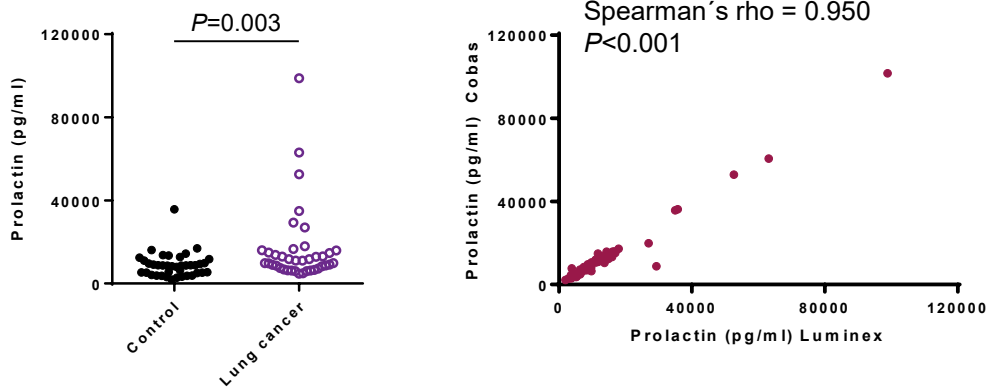
**Supplementary Figure 1.** Quantification of cancer-related markers in plasma samples from early-stage lung cancer patients (n=39) and control individuals (n=39).

# Ajona et al. Supplementary Figure 2

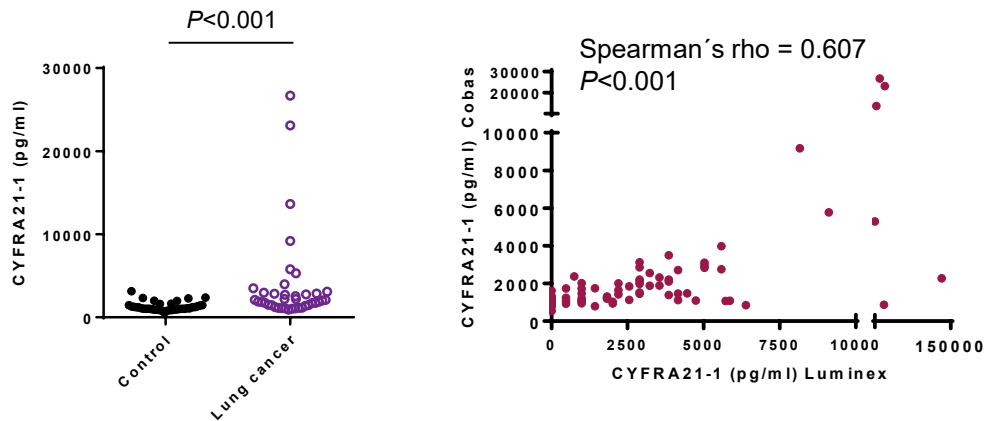
**A**



**B**

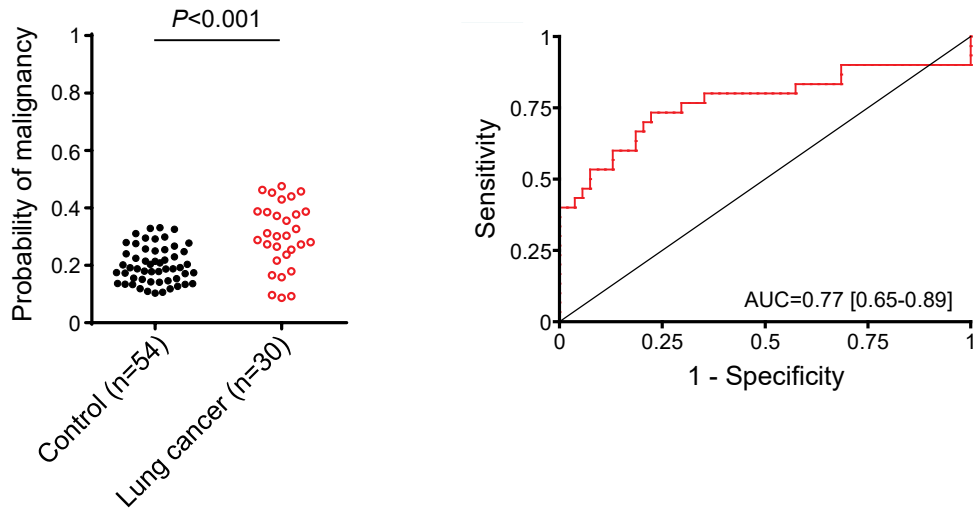


**C**



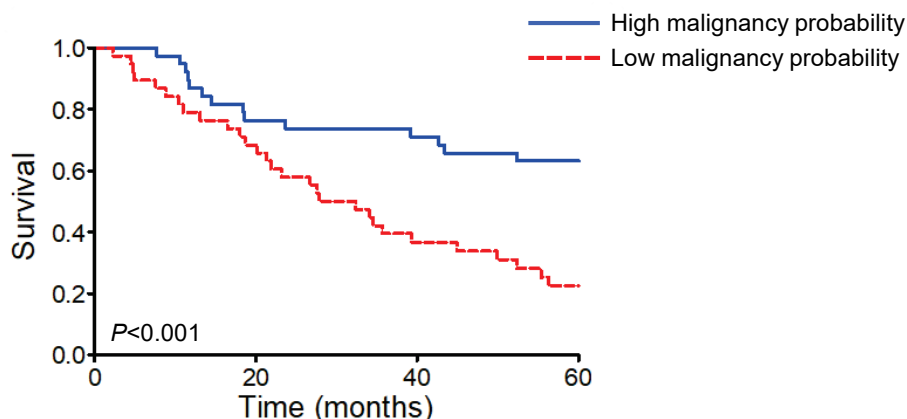
**Supplementary Figure 2.** Quantification of IL-6 (A), prolactin (B), and CYFRA 21.1 (C) in plasma samples from early stage lung cancer patients (n=39) and control individuals (n=39) using Cobas technology; and correlation of the levels of IL6 (A), prolactin (B) and CYFRA 21-1 (C) as measured by Luminex and Cobas technologies. Of note, in one control sample, CYFRA 21.1 could not be determined. Statistical differences and correlations were analyzed with the two-sided Mann-Whitney U test and the Spearman's rank correlation coefficient, respectively.

# Ajona et al. Supplementary Figure 3



**Supplementary Figure 3.** Performance of the diagnostic model in the assessment of lung cancer risk in asymptomatic individuals with lung nodules. Probabilities of malignancy were calculated using the regression model generated from the quantification of C4c, CYFRA 21-1 and CRP in plasma samples from asymptomatic individuals with pulmonary nodules who were or were not diagnosed with lung cancer in the context of a CT-screening program (n=30 and n=54, respectively). The ROC curve and the AUC obtained from these probabilities are also shown. The *P* value was calculated using the two-sided Mann-Whitney U test.

## Ajona et al. Supplementary Figure 4



**Supplementary Figure 4.** Kaplan-Meier curves for the evaluation of the prognostic capacity of the protein model. Probabilities of malignancy were calculated using the regression model generated from the quantification of C4c, CYFRA 21-1 and CRP in plasma samples from patients with malignant pulmonary nodules in the Vanderbilt cohort (n=62). Patients were stratified into two groups according to the median of the malignancy probability score (0.82). Overall survival observations were censored at the end of year 5. Differences between groups were evaluated using the two-sided log-rank test.