

## Supplemental Online Content

Lee HI, Lee J, Lee JH, et al. Evaluation of optimal assessment schedules for surveillance after definitive locoregional treatment of locally advanced head and neck cancer: a retrospective cohort study with parametric modeling of event-free survival. *JAMA Otolaryngol Head Neck Surg*. Published online September 29, 2022. doi:10.1001/jamaoto.2022.2561

**eTable 1.** Recommendations for assessment schedule in head and neck cancer.

**eTable 2.** The overall incidence of event, progression, and primary malignancies in five subgroups.

**eFigure 1.** Parametric modeling of total events in (A) nasopharynx cancer, (B) HPV-positive oropharynx cancer, (C) HPV-negative oropharynx cancer, (D) Hypopharynx cancer, and (E) Larynx cancer

**eFigure 2.** Parametric modeling of local events in (A) nasopharynx cancer, (B) HPV-positive oropharynx cancer, (C) HPV-negative oropharynx cancer, (D) hypopharynx cancer, and (E) larynx cancer.

**eFigure 3.** Parametric modeling of distant events in (A) nasopharynx cancer, (B) HPV-positive oropharynx cancer, (C) HPV-negative oropharynx cancer, (D) hypopharynx cancer, and (E) larynx cancer.

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

**eTable 1. Recommendations for assessment schedule in head and neck cancer**

<b>Year</b>	<b>NCCN</b>	<b>AHNS</b>	<b>ESMO</b>	<b>AIRO</b>	<b>BAHNO</b>	<b>SNUH</b>
1	1–3 months	1–3 months	2–3 months	1–2 months	1–2 months	2–3 months
2	2–6 months	2–4 months	2–3 months	2–3 months	1–2 months	3–5 months
3	4–8 months	3–6 months	6 months	4–6 months	3–6 months	3–5 months
4	4–8 months	3–6 months	6 months	4–6 months	3–6 months	6 months
5	4–8 months	3–6 months	6 months	4–6 months	3–6 months	6 months
>5	12 months	12 months	12 months	6–12 months	12 months	–

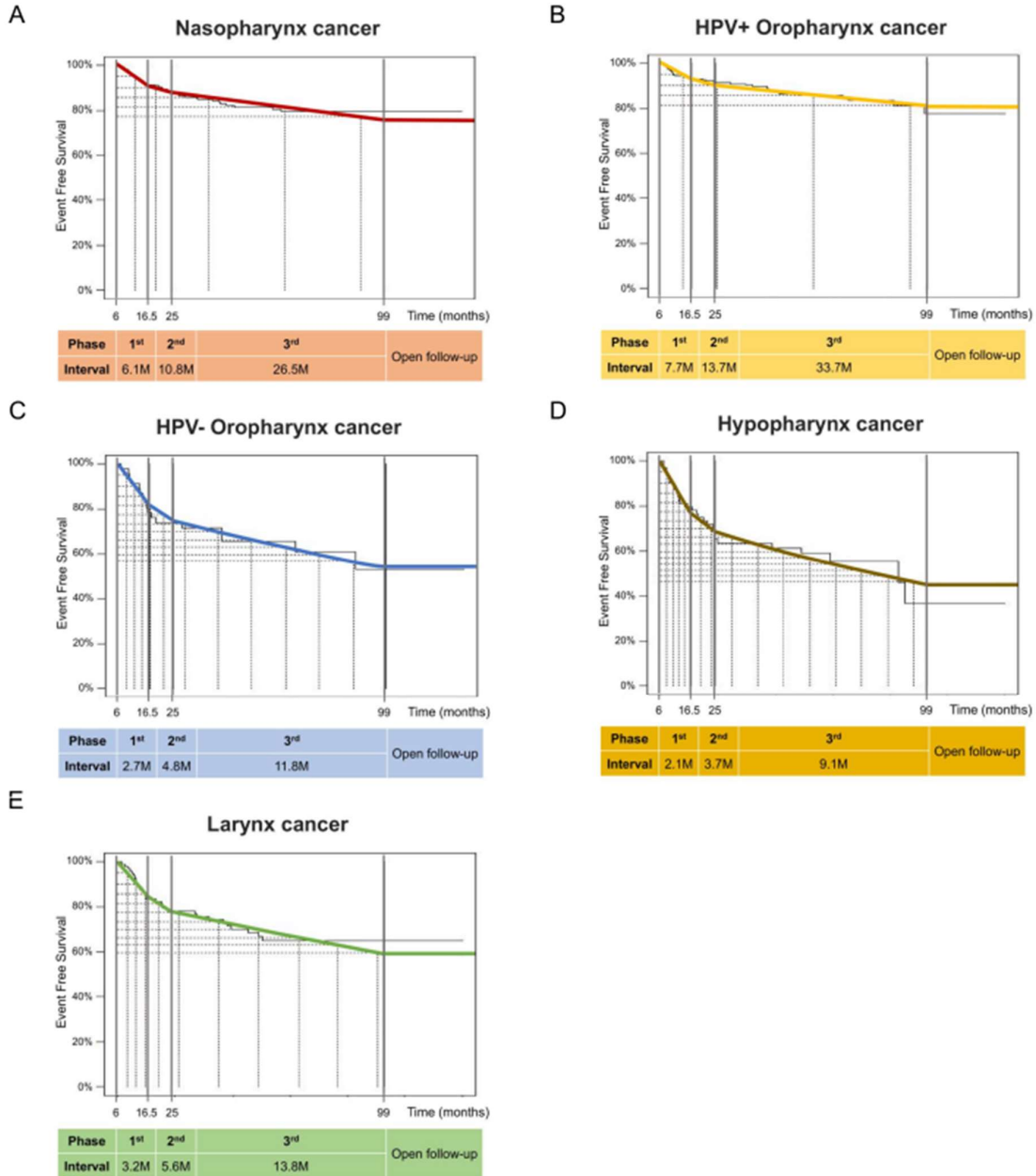
Abbreviations: NCCN, National Comprehensive Cancer Network; AHNS, American Head and Neck Society; ESMO, European Society for Medical Oncology; AIRO, Associazione Italiana Radioterapia Oncologica; BAHNO, British Association of Head and Neck Oncologists; SNUH, Seoul National University Hospital; mo, months.

**eTable 2. The overall incidence of event, progression, and 2<sup>nd</sup> primary malignancies in five subgroups.**

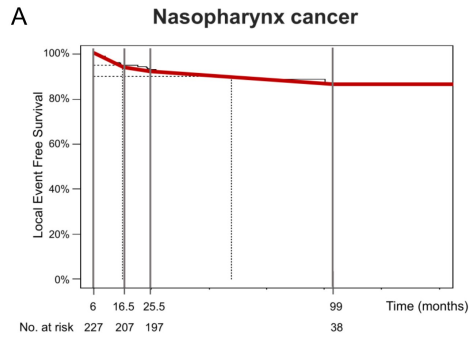
	<b>Nasopharynx (n=227)</b>	<b>HPV-positive oropharynx (n=237)</b>	<b>HPV-negative oropharynx (n=47)</b>	<b>Hypopharynx (n=65)</b>	<b>Larynx (n=97)</b>
Total events	43 (18.9%)	35 (14.8%)	17 (36.2%)	29 (44.6%)	30 (30.9%)
Local events	24 (10.6%)	22 (9.3%)	11 (23.4%)	20 (30.8%)	19 (19.6%)
Distant events	29 (12.8%)	20 (8.4%)	10 (21.3%)	16 (24.6%)	18 (18.6%)
Total progression	39 (17.2%)	30 (12.7%)	15 (31.9%)	29 (44.6%)	21 (21.7%)
Local progression	23 (10.1%)	21 (8.9%)	11 (23.4%)	20 (30.8%)	19 (19.6%)
Distant progression	26 (11.5%)	14 (5.9%)	8 (17.0%)	16 (24.6%)	9 (9.3%)
2 <sup>nd</sup> primary malignancies	5 (2.2%)	7 (3.0%)	2 (4.3%)	1 (1.5%)	9 (9.3%)

**eFigure 1. Parametric modeling of total events in (A) Nasopharynx Cancer, (B) HPV-Positive Oropharynx Cancer, (C) HPV-Negative Oropharynx Cancer, (D) Hypopharynx Cancer, and (E) Larynx Cancer**

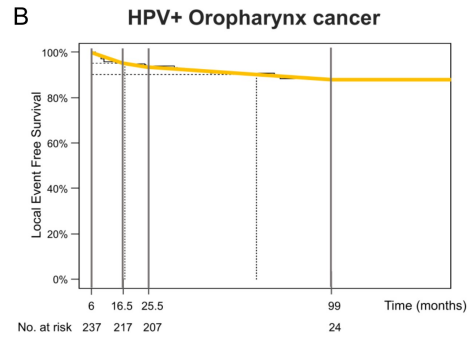
The total event-free survival curves were converted to standardized curves and divided into three phases for regular follow-up (1st phase, 6.0–16.5 months; 2nd phase, 16.5–25.0 months; 3rd phase 25.0–99.0 months). Recommended follow-up intervals of each phase are presented in the table below.



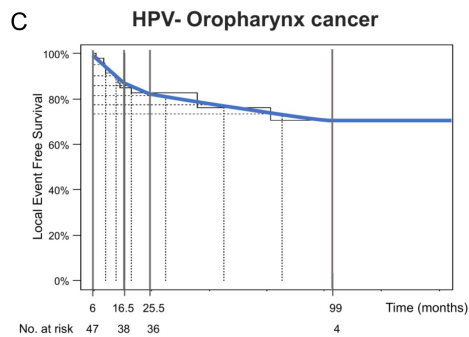
**Figure 2. Parametric modeling of local events in (A) nasopharynx cancer, (B) HPV+ oropharynx cancer, (C) HPV- oropharynx cancer, (D) hypopharynx cancer, and (E) larynx cancer.** The local event-free survival curves were divided into three phases (1<sup>st</sup> phase, 6.0–16.5 months; 2<sup>nd</sup> phase, 16.5–25.5 months; 3<sup>rd</sup> phase 25.5–99.0 months). Recommended follow-up intervals of each phase are presented in the table below.



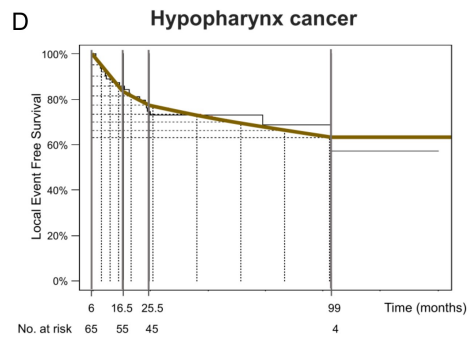
Phase	1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>	Open follow-up
Interval	9.9M	22.7M	51.8M	



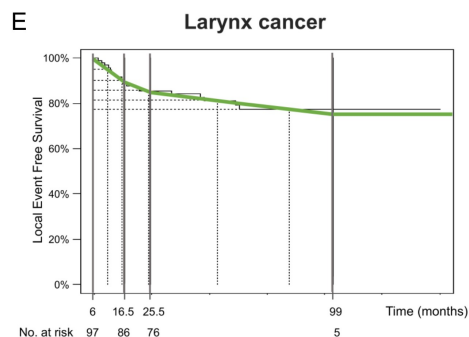
Phase	1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>	Open follow-up
Interval	10.8M	24.7M	56.4M	



Phase	1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>	Open follow-up
Interval	3.9M	8.8M	20.2M	



Phase	1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>	Open follow-up
Interval	2.9M	6.7M	15.3M	



Phase	1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>	Open follow-up
Interval	4.7M	10.8M	24.7M	

**eFigure 3. Parametric modeling of distant events in (A) nasopharynx cancer, (B) HPV+ oropharynx cancer, (C) HPV- oropharynx cancer, (D) hypopharynx cancer, and (E) larynx cancer.** The distant event-free survival curves were divided into two phases (1st phase, 6.0–27.5 months; 2nd phase, 27.5–99.0 months). Recommended follow-up intervals of each phase are presented in the table below.

