Tuble by Totential enhibition compared tomography features, and aboratory factors of partents with particulary infections	Table S1 Potential clinical characteristics,	, computed tomography feat	ires, and laboratory factors of	of patients with pulmonary infections
---	--	----------------------------	---------------------------------	---------------------------------------

	Laboratory findings	
Basic information		
Age	Blood leukocyte count, median (IQR), ×10 <sup>9</sup> /L	
Sex	Neutrophil count, median (IQR), ×10 <sup>9</sup> /L lasting >10 days (within 60 days)	
Time of onset of illness, days	Neutrophil percentage, median (IQR), %	
IFI history	Lymphocyte count, median (IQR), ×10 <sup>9</sup> /L	
Comorbidities	Lymphocyte percentage, median (IQR), %	
AML/non-AML	Monocyte count, median (IQR), ×10 <sup>9</sup> /L	
Chemotherapy	Monocyte percentage, median (IQR), %	
Immunosuppressant	C-reaction protein mg/dL	
HSCT		
GVHD		
Relapse or Remission		
Symptoms		
Fever, No. (%)		
Maximum body temperature, °C		
Cough, No. (%)		
Sputum		
Chest pain		
Dyspnea		
Hemoptysis		
Chill		
Headache or dizziness		

IFI, invasive fungal infection; AML, acute myelogenous leukemia; HSCT, hematopoietic stem cell transplant; GVHD, graft-versus-host disease; IQR, interquartile range.

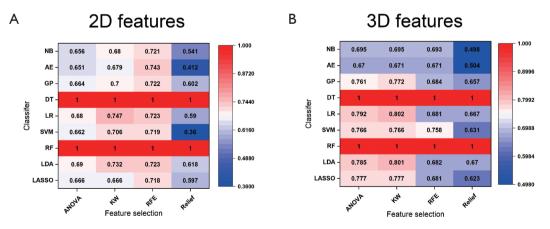


Figure S1 Heatmaps of area under the receiver operator characteristic curves from different combinations of feature selection methods (columns) and classification algorithms (rows) for 2D and 3D radiomics features in the training dataset. ANOVA, analysis of variance; RFE, recursive feature elimination; KW, Kruskal-Wallis rank-sum test; LR, logistic regression; LASSO, least absolute shrinkage and selection operator; SVM, support vector machine; LDA, linear discriminant analysis; DT, decision tree; RF, random forest; GP, Gaussian process; NB, naïve Bayes.

© Annals of Translational Medicine. All rights reserved.