

Figure S1 Example of a patient excluded from the study with multiple pulmonary nodules.

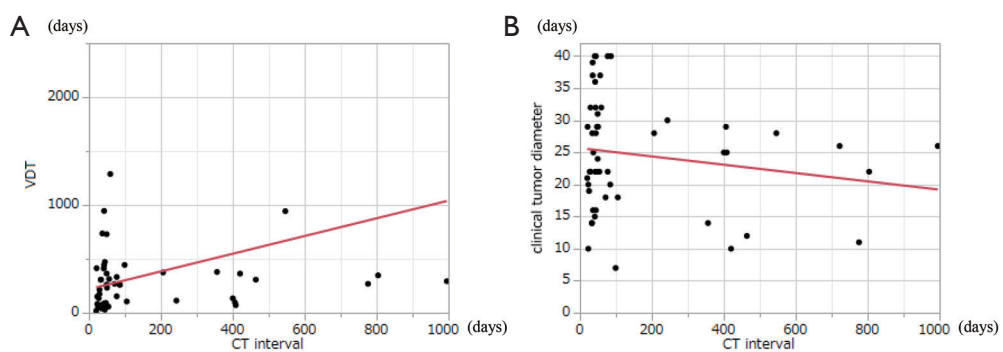


Figure S2 A plot of the relationship (A) between tumor volume doubling time values and computed tomography interval; (B) between clinical tumor diameter and computed tomography interval. VDT, tumor volume doubling time, CT, computed tomography.

Table S1 Relationship between clinicopathological factors of patients and tumor volume doubling time

Variables	n (%)	VDT [days, median (IQR)]	P
Age (years)			
<75	26 (51)	270 (136–413)	0.292
≥75	25 (49)	151 (63–356)	
Sex			
Male	49 (96)	260 (88–365)	0.227
Female	2 (4)	851 (415–1,288)	
CEA (ng/mL)			
<5.0	42 (82)	270 (103–413)	0.250
≥5.0	9 (18)	97 (44–289)	
CYFRA (ng/mL)			
<3.5	47 (92)	265 (97–380)	0.408
≥3.5	4 (8)	56 (26–291)	
SCC (ng/mL)			
<2.5	41 (82)	263 (94–394)	0.557
≥2.5	9 (18)	315 (83–372)	
SUV _{max}			
<9	21 (41)	270 (121–396)	0.463
≥9	30 (59)	247 (81–368)	
Clinical stage			
IA	36 (71)	270 (99–379)	0.695
IB	15 (29)	216 (67–365)	
Pathological stage			
<IB	29 (57)	270 (125–396)	0.421
≥IB	22 (43)	145 (65–368)	
Lymphatic invasion			
Positive	2 (4)	245 (114–375)	0.782
Negative	49 (96)	263 (88–372)	
Vascular invasion			
Positive	11 (22)	263 (74–348)	0.877
Negative	40 (78)	263 (91–379)	
Pleural invasion			
Positive	11 (22)	97 (59–365)	0.532
Negative	40 (78)	267 (108–379)	

VDT, tumor volume doubling time; IQR, interquartile range; CEA, carcinoembryonic antigen; CYFRA, cytokeratin 19 fragment; SCC, squamous cell carcinoma antigen; SUV_{max}, maximum standardized uptake value.