

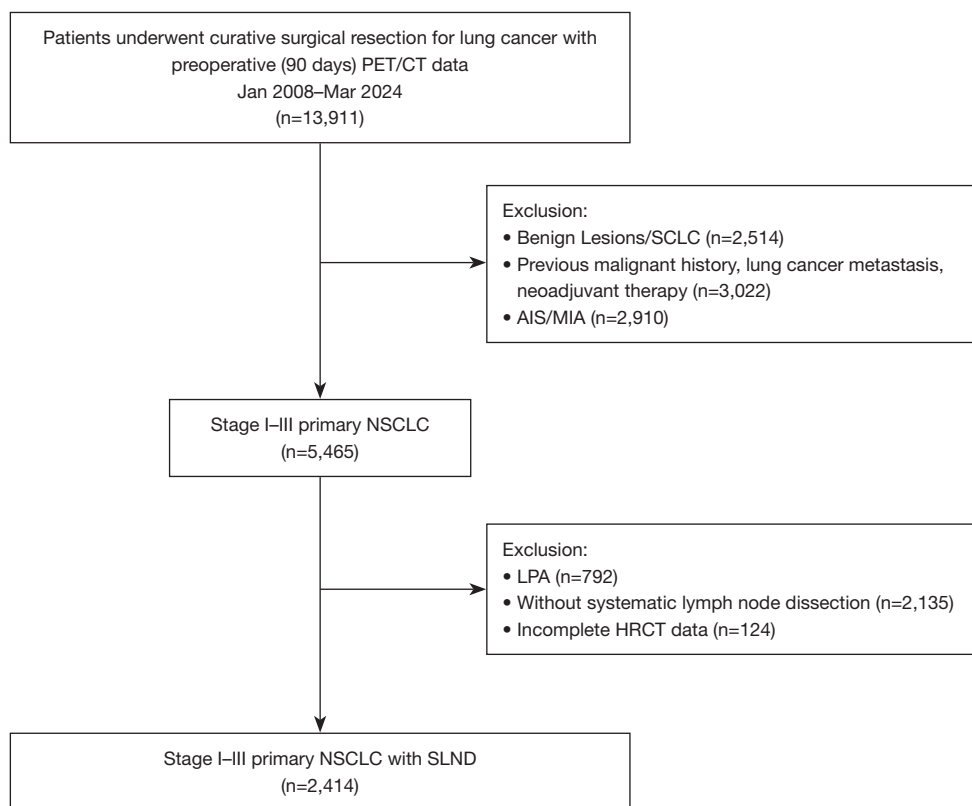


Figure S1 The flowchart of patients enrolled. AIS, adenocarcinoma in situ; CT, computed tomography; HRCT, high-resolution computed tomography; LPA, lepidic predominant adenocarcinoma; MIA, minimally invasive adenocarcinoma; NSCLC, non-small cell lung cancer; PET, positron emission tomography; SCLC, small cell lung cancer; SLND, systemic lymph node dissection.

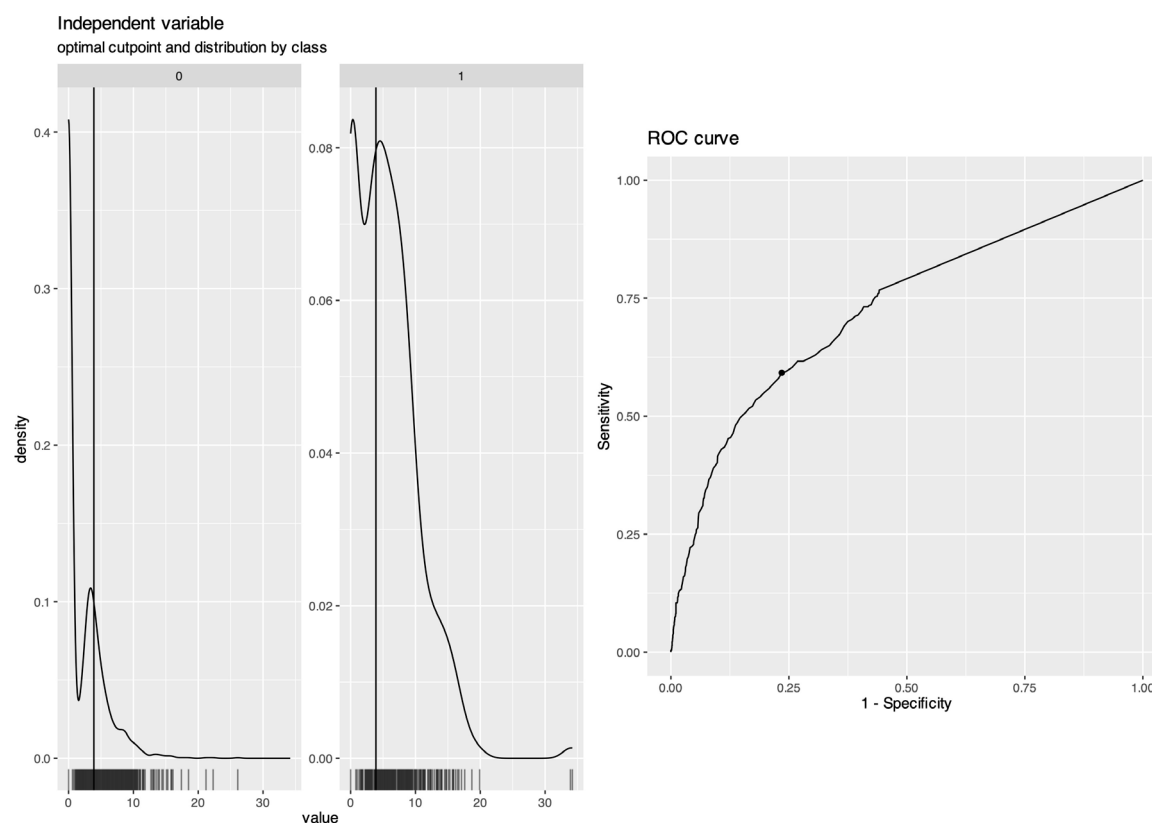


Figure S2 Optimal cut point of univariate MLN SUVmax in predicting pathological N2 status. MLN, mediastinal lymph node; ROC, receiver-operating characteristic curve; SUVmax, maximum standard uptake value.

Table S1 VIFs of multivariable logistic regression model

Radiological features	VIF	1/VIF
CT N1 enlargement	1.63	0.61
CT N2 enlargement	1.4	0.71
CTR group	1.37	0.73
Tumor size	1.28	0.78
Tumor SUVmax	1.2	0.84
Lymph SUVmax	1.12	0.89

CT, computed tomography; CTR, consolidation-to-tumor ratio; N, node; SUVmax, maximum standard uptake value; VIFs, variance inflation factors.

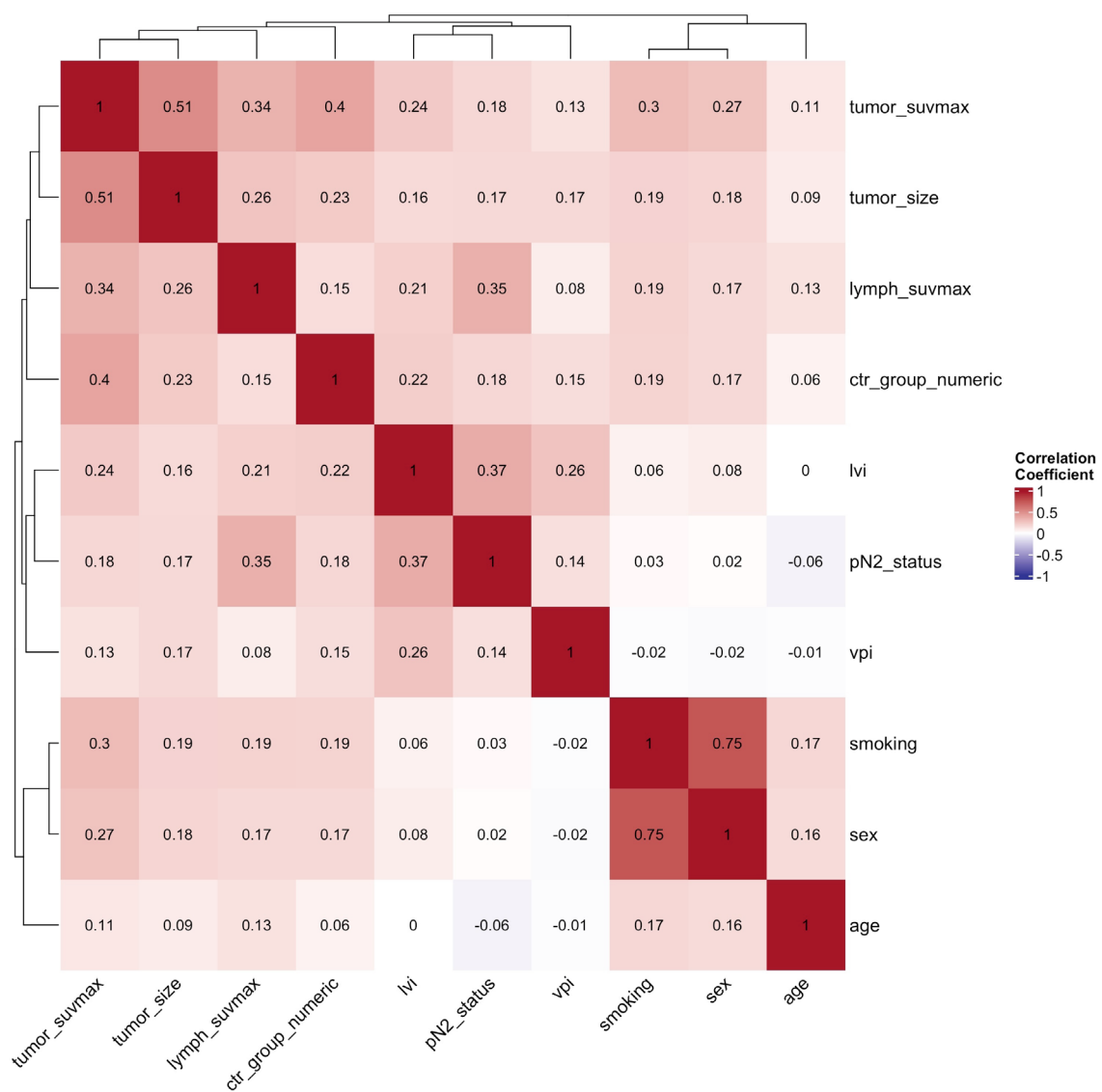


Figure S3 Correlation analysis between clinical, radiological and pathological features in predicting pathological N2 status.

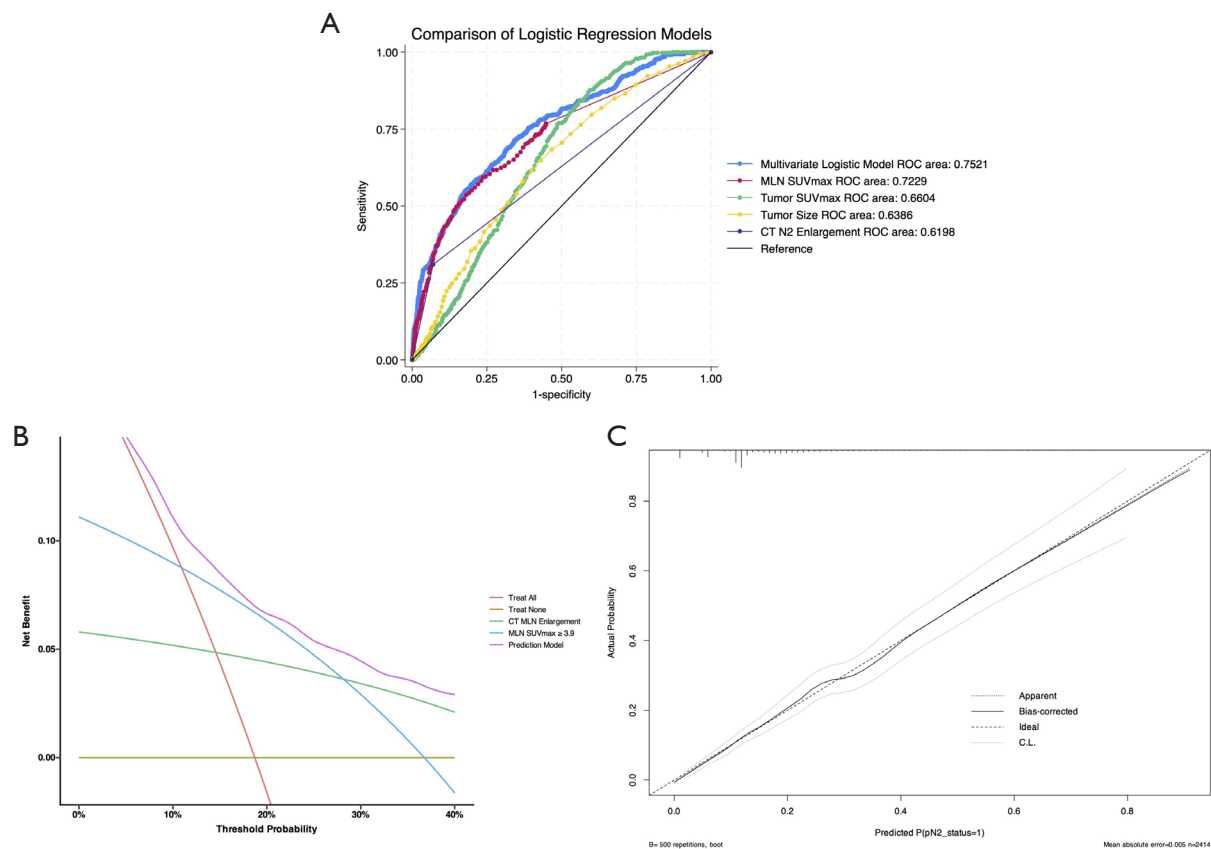


Figure S4 Assessment of multivariate logistic model, comparing between univariate metrics (A), DCA curve analysis (B) and calibration plot analysis (C). CT, computed tomography; DCA, decision curve analysis; MLN, mediastinal lymph node; ROC, receiver-operating characteristic curve; SUVmax, maximum standard uptake value.