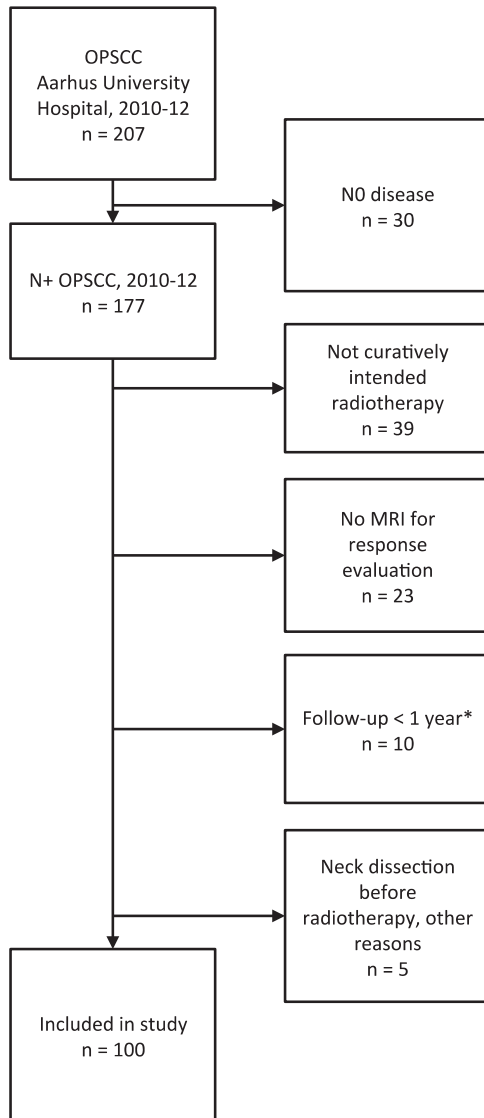


Supplementary material for Lilja-Fischer JK, et al. Response evaluation of the neck in oropharyngeal cancer: Value of MRI and influence of p16 in selecting patients for post-radiotherapy neck dissection, *Acta Oncol*, 2015; 54: 1599–1606.

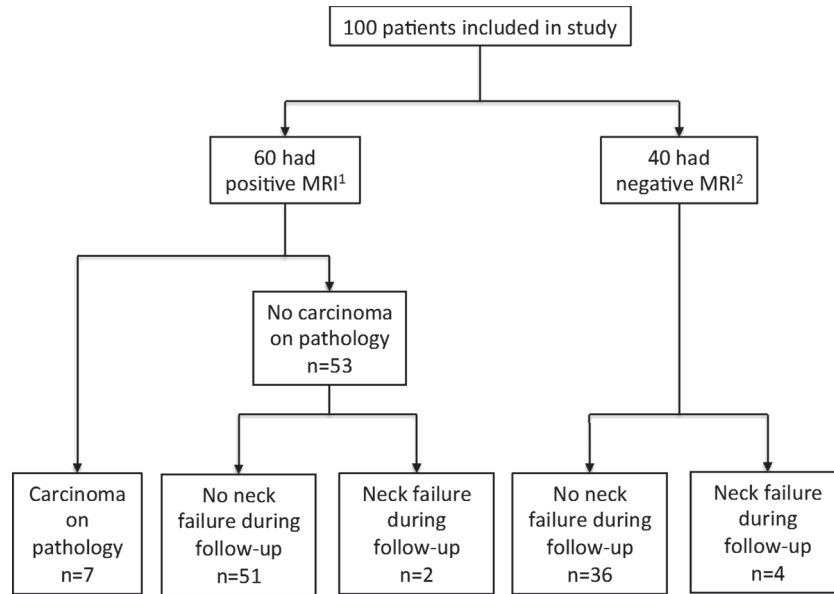


Supplementary Figure 1. Patient exclusion. *1 emigrated, 4 died from unrelated or unknown causes, and 5 died from OPSCC (no primary N-site failures).

Supplementary Table I. Diagnostic accuracy of short axis ≥ 10 mm.

	All patients n = 100	p16 positive n = 75	p16 negative n = 25
True positive, n	9	5	4
False negative, n	4	2	2
True negative, n	53	36	17
False positive, n	34	32	2
Sensitivity	69 % (39–91)	71 % (29–96)	67 % (22–96)
Specificity	61 % (50–71)	53 % (40–65)*	90 % (67–99)*
Positive predictive value	21 % (10–36)	14 % (4.5–29)	67 % (22–96)
Negative predictive value	93 % (83–98)	95 % (82–99)	90 % (67–99)
Accuracy	62 % (52–72)	55 % (43–66)	84 % (64–95)

$p = 0.011$ (χ^2 -test for distribution between p16 positive vs. p16 negative patients). *Indicates non-overlapping confidence intervals. Numbers in parentheses are 95% confidence intervals.



Supplementary Figure 2. Patient management and outcome. 1) 59 patients had surgery, 1 was observed. 2) 39 patients were observed, 1 had surgery. Surgery was lymph node excision with intraoperative histology only (n = 38) or neck dissection (n = 22).