

Appendix S1

The study includes 113 of 114 patients who have been described in the previous publication: Estimating lung cancer risk from chest X-ray and symptoms: a prospective cohort study, British Journal of General Practice 2021; 71 (705): e280-e286. DOI: <https://doi.org/10.3399/bjgp20X713993>. The reason that the present study does not include all 114 patients is that one patient was diagnosed with cancer outside of the study period.

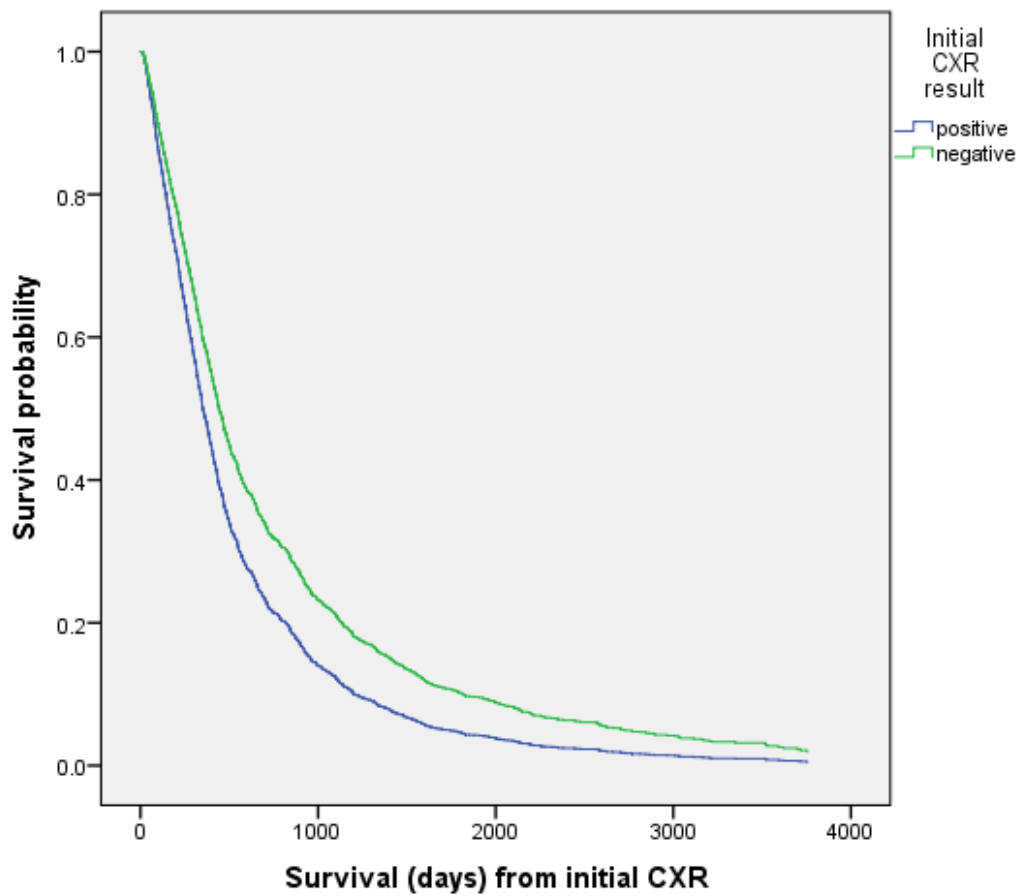


Figure S1: Cox regression survival analysis of chest x-ray result and duration of survival following initial chest x-ray adjusted for age, stage at diagnosis, deprivation, sex and performance status. The blue line indicates positive chest x-ray result, the green line indicates negative chest x-ray result

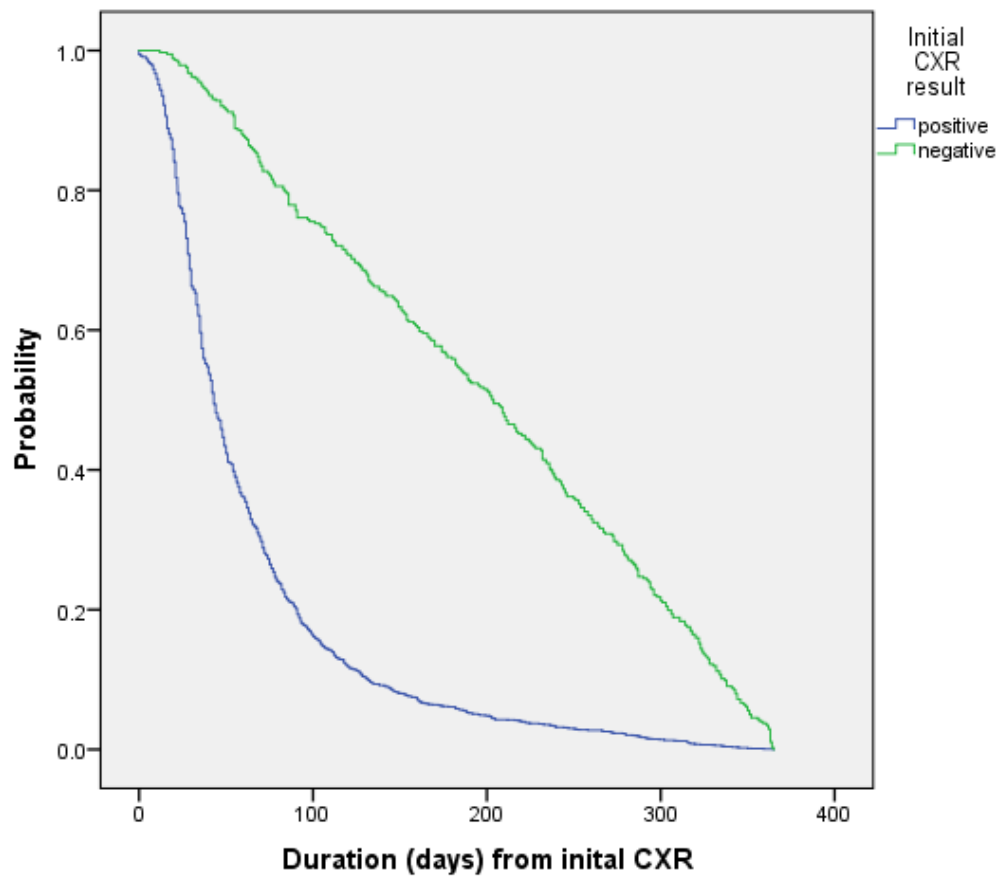


Figure S2: Kaplan Meier survival analysis for chest x-ray result with respect to duration to diagnosis from initial chest x-ray (days). Log rank test $p < 0.000$

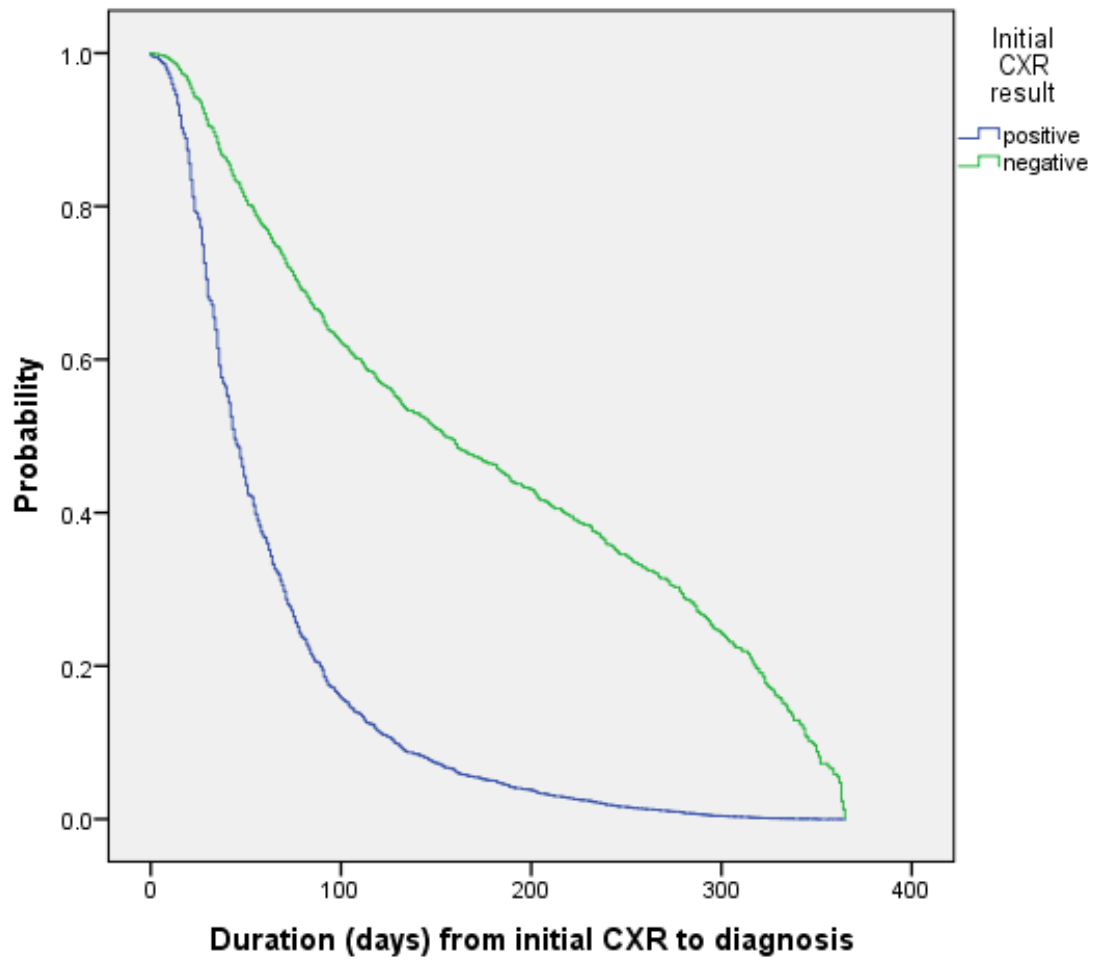


Figure S3: Cox regression survival analysis of chest x-ray result and duration to diagnosis in days from index chest x-ray with adjustment for stage, performance status, deprivation, sex and age. Hazard ratio 3.88 (95% confidence intervals 3.43 to 4.39, $p < 0.000$)

	Diagnosed <i>within</i> six weeks of initial CXR (%)	Diagnosed <i>after</i> six weeks of initial CXR
Non small-cell/Other/Unknown	729 (82.4)	1136 (91.2)
Small-cell	155 (17.5)	109 (8.8)
Total (% of study population)	884 (41.5)	1245 (58.5)

Table S1: Lung cancer histology with respect to diagnosis with lung cancer within, or after six weeks (42 days) following initial chest x-ray. Pearson's chi squared demonstrated a statistically significant association between small-cell histology and diagnosis within six weeks, χ^2 (1, N=2129) 36.68, $P < 0.001$