SUPPLEMENTARY MATERIAL

METHODS

The SNB was first developed to assess the potential population-level impact of incorporating a risk prediction instrument into clinical practice. The assumption is that some patients will experience the outcome (i.e. cases), and some patients will not (i.e. controls). The SNB is defined in terms of true and false positive rates, outcome prevalence, and risk threshold. Thus, the interpretation of the SNB value depends on the risk threshold considered - 6-month mortality, in the present study. The SNB is closely related to a Cost/Benefit (C/B) ratio in the treatment of patients. Here, we assume that treating a control has a cost (C) (e.g., side effects of treatment), whilst there is some expected benefit (B) in treating a case (e.g., life extended, morbidity reduced). As we identified four increasing risk categories for early death (i.e., 2%, 14%, 32%, and 61%), we analyzed the SNB (95% CI), and C/B at these thresholds. We then compared the decision curves with ECOG-PS, one of the most widely used measures for therapeutic decisions in oncology.