

Supplemental Table S5. Lymph Node Characteristics in Papillary Thyroid Microcarcinoma Patients with LLNM

Characteristic	N1b		
	CHA	BMC	TCGA
Number	56	17	6
Number of metastatic LNs	3 (2–6)	7 (4–10)	4 (2–10)
CLNM	2 (0–3)	2 (1–4)	1 (0–2) ^a
LLNM	2 (1–3)	3 (2–6)	2 (2–2) ^a
Size of metastatic LNs, mm	4.0 (2.5–8.0)	7.0 (4.0–14.0)	6.0 ^a
Extranodal extension	14 (25.0)	10/16 (62.5)	1/2 (50.0) ^a
Timing of diagnosis of LLNM			
Suspected/Confirmed before surgery ^b	53 (94.6)	15 (88.2)	-
Discovered after surgery	3 (5.4)	2 (11.8) ^c	-

Values are expressed as median (interquartile range) or number (%).

LLNM, lateral neck lymph node metastasis; CHA, CHA Bundang Medical Center; BMC, Seoul Metropolitan Government Seoul National University Boramae Medical Center; TCGA, The Cancer Genome Atlas; LN, lymph node; CLNM, central neck lymph node metastasis.

^aAmong the six patients with N1b in the TCGA dataset, the number of patients with information on the number of CLNMs and LLNMs, maximal size of metastatic lymph nodes, and extranodal extension was 5, 1, and 2, respectively; ^bThe definition of confirmed LLNM is that it was pathologically diagnosed by fine needle aspiration cytology or core needle biopsy, and the definition of suspected LLNM is that it was detected in preoperative ultrasonography and/or computed tomography but not pathologically diagnosed; ^cIn the BMC dataset, one patient initially underwent thyroid lobectomy for papillary thyroid microcarcinoma, and LLNM developed 6 years later.