Supplementary Table on Generalizability of Study Population(s)

EXAMPLES FOR AUTHORS:

Condition	**Description**
Disease, problem, or condition under investigation	Early-stage non-small cell lung cancer (NSCLC)
Relevant considerations of disease, problem, or condition in relation to:	*Note any relevant considerations in boxes below:* Data below are based on NCI SEER (1975-2018)
Sex and gender	The incidence and mortality rates of lung and bronchus cancers in the U.S. are 12.2% and 14.9% higher, respectively, in males compared to females.
Age	The median age at diagnosis of lung and bronchus cancers in the U.S. is ~71 years.
Race or ethnic group	Both incidence and mortality rates of lung and bronchus cancers in the U.S. are approximately the same for Blacks and Whites.
Geography	For lung cancer, country-specific Human Development Index (HDI) has shown to be strongly correlated with age-standardized incidence and mortality, and to a lesser extent GDP. Among men, 22 and 30 (out of 38 and 36) countries showed declining incidence and mortality trends, respectively; while among women, 19 and 16 countries showed increasing incidence and mortality trends, respectively. Among men, the average annual percent changes (AAPCs) ranged from −2.8 to −0.6 (incidence) and −3.6 to −1.1 (mortality) in countries with a declining trend, whereas among women the AAPC range was 0.4 to 8.9 (incidence) and 1 to 4.4 (mortality) in countries with an increasing trend. Among women, Brazil, Spain, and Cyprus had the greatest incidence increase, and all countries in Western, Southern and Eastern Europe reported increasing mortality. (Wong MCS, Lao XQ, Ho KF, et al. Incidence and mortality of lung cancer: global trends and association with socioeconomic status. Sci Rep 2017;7:14300)
Other considerations	
Study	**Description**
Overall assessment of generalizability of the study population	In this small patient cohort, the median age was 67.7 years, and 85% of patients were male. Data on race was not readily available. All patients were from the United States. The imaging techniques and experimental findings of this study may not be translatable or achieved in all populations, due to the low proportion of women and unknown racial/ethnic composition. Application of these techniques could also be affected by environmental influences and tobacco/smoking exposure, which may produce variations in histologic and disease presentations across U.S. and global regions.

Supplementary Table on Generalizability of Study Population(s)

Condition	**Description**
Disease, problem, or condition under investigation	Pancreatic ductal adenocarcinoma (PDCA)
Relevant considerations of disease, problem, or condition in relation to:	*Note any relevant considerations in boxes below:* Data below are based on NCI SEER (2014-2018) and WHO (2020)
Sex and gender	The incidence rate of PDCA in the U.S. is 15-60% higher in males compared to females.
Age	The median age at diagnosis of PDCA in the U.S. is ~70 years. Diagnosis before the age of 40 years is rare.
Race or ethnic group	Both incidence and mortality rates of PDCA in the U.S. are at least 10-20% higher in African Americans compared to other racial groups.
Geography	Pancreatic cancer is the seventh leading cause of cancer death globally, although incidence rates are rising worldwide. Lower reported incidence rates in African countries may be related to limited access to monitoring and oncology care.
Other considerations	
Study	**Description**
Overall assessment of generalizability of the study population	This study was performed in 4 human pancreatic cancer cell lines, examined in cell culture and as tumor xenograft in a mouse model. Two cell lines (MIA PaCa-2 and Panc-1) were derived from a Caucasian male and two cell lines (KP-4 and SUIT-2) from an Asian male. Therefore, this study was not designed to provide information on cell lines from other demographic groups, such as females, and the potential influence of their genetic factors on radiation-induced biological outcomes in PDCA.

Supplementary Table on Generalizability of Study Population(s)

Condition	**Description**
Disease, problem, or condition under investigation	HPV-associated oropharyngeal squamous cell carcinoma
Relevant considerations of disease, problem, or condition in relation to:	*Note any relevant considerations in boxes below:* From CDC statistics in the U.S., 2013-2017 except as noted
Sex and gender	Whereas 16,200 (82%) cases are diagnosed in men each year, 3,500 (18%) are diagnosed in women. The male-female ratio is similar across White, Black, American Indian and Alaska Native, Asian and Pacific Islander demographic groups, and among Hispanic versus non-Hispanic demographic groups.
Age	The median age at diagnosis is 63 years among women and 61 among men.
Race or ethnic group	The numbers of cases (rates per 100,000 persons) in the U.S. are: White 17,635 (5.5%), Black 1,608 (3.6%), American Indian and Alaska Native 119 (3.0%), Asian and Pacific Islander 259 (1.3%); and Hispanic 1000 (2.5%) versus non-Hispanic 18,775 (5.4%).
Geography	The relative proportions of cases as classified by the 2012 Human Development Index (HDI) are: low- and medium-HDI countries 28% versus high- and very high-HDI countries 72% (de Martel C, Plummer M, Vignat J, et al. Worldwide burden of cancer attributable to HPV by site, country and HPV type. Int J Cancer. 2017;141:664-670)
Other considerations	Among oropharyngeal cancers, approximately 50-60% of White patients are p16+ or HPV+ whereas 20-25% are p16+ or HPV+ in Black and Asian patients. While Black oropharyngeal cancer patients have lower survival rates than similarly staged White patients, the difference is not present after adjustment for p16/HPV and smoking. (Ragin C, Liu JC, Jones G, et al. Prevalence of HPV Infection in Racial-Ethnic Subgroups of Head and Neck Cancer Patients. Carcinogenesis. 2017;38:218-229)
Study	**Description**
Overall assessment of generalizability of the study population	In this study, the median age was 59 years, and 81% of patients were male and 91% were White similar to the U.S. population. It is not certain if the clinical outcomes achieved in this study would be the same in all populations, due to the low proportions of women and racial and ethnic populations other than White. There could be differences in environmental influences, HPV strains, or tobacco/smoking exposure across U.S. populations or across countries in different regions of the world.