

Supplementary Appendix

The Eurolung1 model(Brunelli et al. 2017):

$\text{logit (morbidity)} = -2.465 + 0.497 \cdot \text{sex male (coded 1 for male and 0 for female)} + 0.026 \cdot \text{age} + 0.231 \cdot \text{CAD (coded 1 for presence of CAD)} + 0.371 \cdot \text{CVD (coded 1 for presence of CVD)} + 0.152 \cdot \text{CKD (coded 1 for presence of CKD)} - 0.015 \cdot \text{ppoFEV1} + 0.514 \cdot \text{extended resections\# (coded 1 for presence of extended resection)} + 0.497 \cdot \text{thoracotomy (coded 1 for thoracotomy and 0 for VATS)}$

The parsimonious Eurolung1 model(Brunelli et al. 2020):

$\text{logit (morbidity)} = -2.852 + 0.021 \cdot \text{age} + 0.472 \cdot \text{male} - 0.015 \cdot \text{ppoFEV1} + 0.662 \cdot \text{thoracotomy} + 0.324 \cdot \text{extended resection\#}$

The aggregate Eurolung1 model(Brunelli et al. 2017):

1 point: CKD

2 points: CAD and CVD

3 points: age > 65, sex male, thoracotomy, extended resections# and ppoFEV1 < 70%

The points were summed for each patient to generate an aggregate score.

#extended resection: associated with chest wall, Pancoast tumours, resection of the atrium or superior vena cava, diaphragm resection, vertebral resection, pleuropneumectomy, sleeve pneumonectomies, intrapericardial pneumonectomy

The Brunelli model(Brunelli et al. 2006):

$\text{Predicted morbidity: } \ln [R/(1-R)] = -2.1 + 0.035 \cdot \text{age} - 0.02 \cdot \text{FVC} + 0.6 \cdot \text{extended resection} + 0.7 \cdot \text{cardiac co-morbidity}$

FVC: the percentages of predicted forced vital capacity

cardiac co-morbidity: previous cardiac surgery, previous myocardial infarction, history of coronary artery disease, current treatment for arrhythmia, cardiac failure or hypertension.

The Age-adjusted Charlson comorbidity index(Yang et al. 2018):

1 point: Myocardial infarction, congestive heart failure, peripheral vascular disease, cerebral vascular disease, dementia, chronic obstructive pulmonary disease, connective tissue disease, ulcer disease, mild liver disease, diabetes

2 points: Hemiplegia, moderate/severe renal disease, diabetes with end-organ damage, any tumor, leukemia, lymphoma

3 points: Moderate/severe liver disease

6 points: Metastatic solid tumor, AIDS

Additional: 1 point for each decade over age 40 years

Reference

- Brunelli A, Cicconi S, Decaluwe H, Szanto Z, and Falcoz PE. 2020. Parsimonious Eurolung risk models to predict cardiopulmonary morbidity and mortality following anatomic lung resections: an updated analysis from the European Society of Thoracic Surgeons database. *Eur J Cardiothorac Surg* 57:455–461. 10.1093/ejcts/ezz272
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- Yang CC, Fong Y, Lin LC, Que J, Ting WC, Chang CL, Wu HM, Ho CH, Wang JJ, and Huang CI. 2018. The age-adjusted Charlson comorbidity index is a better predictor of survival in operated lung cancer patients than the Charlson and Elixhauser comorbidity indices. *Eur J Cardiothorac Surg* 53:235–240. 10.1093/ejcts/ezx215