

Supplementary Table S1 Suggested Clinical Treatment Algorithm of Nasopharyngeal Cancer

Clinical Staging	Treatment	Follow-up clinical assessment	Follow-up Imaging	Follow-up Management
T1,N0,M0	Definite RT to nasopharynx and elective RT to neck	assessment at 4-8 weeks	If there is residual primary or progressive disease, CECT/CEMRI or FDG PET/CT is suggested	If lesion is resectable, tumor resection with/without neck dissection is suggested followed by individualized treatment If lesion is unresectable, individualized treatment (re-irradiation/chemotherapy/palliation)
T2,N0,M0	Definitive RT with/without concurrent systemic chemotherapy (high risk features)			
T0(EBV +)-2, N1,M0 OR T3,N0,M0	Concurrent RT/systemic therapy Induction/Adjuvant chemotherapy (high risk features)		If there is treatment response, CECT/CEMRI or FDG PET/CT is suggested at 8-12 weeks	If imaging is negative, regular clinical and imaging observation is suggested. If equivocal, repeat imaging at 12-24 weeks→If positive, upper row algorithm to be followed. If negative, follow-up with imaging is advised. If positive, biopsy is recommended. If biopsy is positive, tumor resection (if feasible) with/without neck dissection and regular clinical/imaging follow-up
T3-4, N1-3, M0 OR Any T, N2-3, M0	Clinical TrialsOR Induction chemotherapy followed by RT/systemic therapy ORConcurrent RT/systemic chemotherapy followed by adjuvant chemotherapy ORConcurrent RT/systemic therapy			

Supplementary Table S2 Synoptic reporting format for nasopharyngeal carcinoma

CECT Neck/CE-MRI Neck
MRI sequences:
Neck: Axial T2W FS, DWI, T1 Pre–postcontrast, sagittal T1 pre- and postcontrast, coronal T2W FS, T1 postcontrast, sagittal volumetric T1FS postcontrast
Head: Axial T2W, T1 FS postcontrast
Comparison with the previous images, if any
Tumor
1. Location
2. Size
3. Characterization on CT/MRI sequences: T1/T2/DWI/postcontrast, mastoiditis
4. Bony invasion
5. Vascular encasement
6. Paranasal sinus involvement
7. Parapharyngeal/oropharyngeal/nasal cavity/masticator space
8. Intracranial extension: meninges/cavernous sinus/intra-axial
9. Perineural spread/denervation changes
10. Orbital/parotid gland/hypopharynx
11. Others/posttreatment changes
Suspicious lymph nodes
1. Side/level
2. Largest node in greatest dimension/level/side
3. Necrosis/extracapsular extension
Metastases in visualized field of view
1. Bones/visualized lungs/brain
2. Others: I
Impression

Abbreviations: CT, computed tomography; DWI, diffusion-weighted imaging; MRI, magnetic resonance imaging.