Supplementary Table S1 Comparison of metrics between various modalities for bone erosion

Modality	Sensitivity	Specificity	Diagnostic accuracy
CT	88%	80%	90%
MRI	88%	73.3%	82.5%
PET/CT	80%	66.6%	72.5%

Abbreviations: CT, computed tomography; MRI, magnetic resonance imaging; PET/CT, positron emission tomography/computed tomography.

Supplementary Table S2 Metrics comparison between various modalities for perineural spread

Modality	Sensitivity	Specificity
CT	88%	89%
MRI	100%	85%
MRI (different study)	95%	84%

Abbreviations: CT, computed tomography; MRI, magnetic resonance imaging.

Supplementary Table S3 Masticator space and Infratemporal fossa

	Masticator space	Infratemporal fossa
Boundaries	Investing layer of deep cervical fascia	Anterior—maxilla and inferior orbital fissure, posterior—mastoid and tympanic part of temporal bone, superior—greater wing of sphenoid and squamous temporal bone, medial—pterygomaxillary fissure and lateral wall of nasopharynx
Contents	Muscles: Masseter, lateral pterygoid, medial pterygoid and temporalis muscles Bones: mandibular ramus and posterior body Neurovascular structures: internal maxillary artery and the mandibular division of trigeminal nerve	Fat and muscles—retroantral buccal fat, masticator space not including masseter muscle and mandible, parapharyngeal space Neurovascular structures: internal maxillary artery, pterygoid venous plexus, mandibular division of trigeminal nerve and chorda tympani branch of the facial nerve
Treatment implications	Resectable disease	Divided into supra-notch and infra-notch by a plane through the mandibular notch. Infra-notch disease: resectable Supra-notch disease: Extensive involvement is unresectable