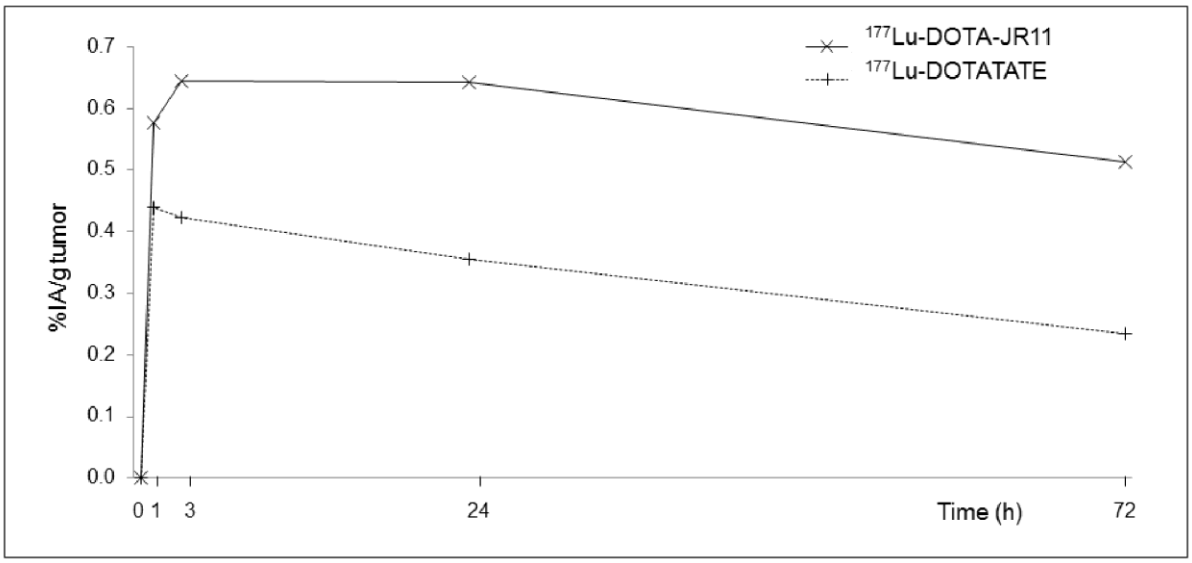

SUPPLEMENTAL FIGURE 1. Comparison of tumor uptake (%IA/g tumor) at 1, 3, 24 and 72 hours after injection of ~150 µg (~1 GBq) ^{177}Lu-DOTA-JR11 (^{177}Lu-OPS201) and ~175 µg (~1 GBq) ^{177}Lu-DOTATATE in the same patients. Data are from Wild et al. J Nucl Med. 2014; 55:1248-52 and are the mean of the median %IA/g tumor of all measurable tumors (total of 12 tumors) in 4 patients with neuroendocrine neoplasm (G1 – G3). This graph confirms that the highest tumor uptake (%IA/g) is found between 3 and 24 hours for ^{177}Lu-OPS201 and at around 1 hour for ^{177}Lu-DOTATATE.

The STARD 2015 list

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Section and topic	No	Item	
Title or abstract			
	1	Identification as a study of diagnostic accuracy using at least one measure of accuracy (such as sensitivity, specificity, predictive values, or AUC)	*Page 1*
Abstract			
	2	Structured summary of study design, methods, results, and conclusions (for specific guidance, see STARD for Abstracts)	*Page 2*
Introduction			
	3	Scientific and clinical background, including the intended use and clinical role of the index test	*Page 4*
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Methods			
Study design	5	Whether data collection was planned before the index test and reference standard were performed (prospective study)	*Page 6*

Section and topic	No	Item	
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	7	On what basis potentially eligible participants were identified (such as symptoms, results from previous tests, inclusion in registry)	*Page 6*
	8	Where and when potentially eligible participants were identified (setting, location, and dates)	*Page 6*
	9	Whether participants formed a consecutive, random, or convenience series	*Page 6*
Test methods	10a	Index test, in sufficient detail to allow replication	*Page 6 and 7*
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	11	Rationale for choosing the reference standard (if alternatives exist)	*Page 12*
	12a	Definition of and rationale for test positivity cut-offs or result categories of the index test, distinguishing pre-specified from exploratory	*Page 7and 8*
	12b	Definition of and rationale for test positivity cut-offs or result categories of the reference standard, distinguishing pre-specified from exploratory	*Page 8*
	13a	Whether clinical information and reference standard results were available to the performers or readers of the index test	*Page 7 and 8*
	13b	Whether clinical information and index test results were available to the assessors of the reference standard	*Page 8*
Analysis	14	Methods for estimating or comparing measures of diagnostic accuracy	*Page 8*
	15	How indeterminate index test or reference standard results were handled	*Page 7 and 8*
	16	How missing data on the index test and reference standard were handled	*N.A*
	17	Any analyses of variability in diagnostic accuracy, distinguishing pre-specified from exploratory	*Page 8 and 9*
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Results			
Participants	19	Flow of participants, using a diagram	*Page 24*
	20	Baseline demographic and clinical characteristics of participants	*Page 18*
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	24	Estimates of diagnostic accuracy and their precision (such as 95% confidence intervals)	*Page 23*
	25	Any adverse events from performing the index test or the reference standard	*Page 5*
Discussion			
	26	Study limitations, including sources of potential bias, statistical uncertainty, and generalisability	*Page 14*
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