

On-line Table: Individual comments on BONJ extent in all patients as quantified by the different imaging modalities and examinations

Patient No.	Comment
1	BONJ preoperatively identified superficially in regions 23–28 of left maxilla; comparable extent of BONJ assessed by different modalities; however, effect and destruction of floor of left maxillary sinus markedly shown by PET/CT; intraoperative extent of BONJ slightly larger than predicted with CEMR imaging and CBCT
2	BONJ suspected preoperatively in regions 44–46 of right mandible; actual extent of BONJ markedly larger than expected clinically and on CBCT; both CEMR imaging and PET/CT were more specific in determining the true extent of disease as confirmed intraoperatively
3	BONJ identified in the left mandible in regions 34–37; extent of BONJ markedly larger than clinically expected and best assessed with PET/CT and CEMR imaging; in both, larger extent of disease than in CBCT and clinical pre- and intraoperative examinations
4	BONJ clinically suspected focally in region 34–36 and superficially in region 46 of the mandible; huge discrepancy between clinical examination with CBCT and other imaging modalities; in PET/CT even left ramus mandible increased tracer uptake but was not found suspicious in CEMR imaging; intraoperative examination consistent with PET/CT
5	BONJ only superficially in the regions 14–17 of right maxilla; true extent of disease slightly larger but equally well-detected with all imaging modalities and intraoperative examination
6	Discrepancy of BONJ extent between modalities small; CEMR imaging showed slightly larger extent of the disease into right ramus mandible (regions 45–47) than PET/CT and CBCT
7	BONJ clinically suspected in right mandible at regions 45–47; CEMR imaging, PET/CT, and, to a lesser degree, CBCT showed markedly larger extent of disease than clinically expected and intraoperatively resected; on CEMR imaging, signal alterations of bone crossed midline, reaching left parasymphysal region of mandible
8	Only small focus of BONJ in regions 15–16 of right maxilla clinically suspected; imaging revealed larger extent affecting regions 11–17 in CEMR imaging and PET/CT; extent on CBCT markedly smaller
9	Rather concordant findings of BONJ extent in regions 14–15 of right maxilla for all imaging modalities; most interesting, no focus of BONJ noted clinically but suspected and located to this region from patient symptoms and history
10	Clinically suspicious BONJ in regions 17–18 of right maxilla and indeterminate focus in region 26 of left maxilla; only PET/CT confirmed first focus; due to general poor health no operation was performed