## 0.1 Inference and risk assessment for incomplete diagnoses

A diagnosis is often not complete, meaning that not all lymph node levels (LNLs) might have been checked with a diagnostic modality. E.g., fine needle aspiration (FNA) is usually only performed in a subset of LNLs. Hence, we must be able to deal with "incomplete" observations for some LNLs. To do so, we first introduce a new observation variable

$$d_v \in \{0, 1, \emptyset\} \tag{1}$$

where  $\emptyset$  indicates unobserved. Furthermore, we define a match function

$$\operatorname{match}(\mathbf{d}, \mathbf{z}) := \begin{cases} \operatorname{true} & \text{if } d_v = z_v \lor d_v = \emptyset; \ \forall v \\ \text{false} & \text{else} \end{cases}$$
 (2)

which returns true if a - potentially incomplete - diagnosis **d** is consistent with a complete observation **z**. We will use this function for conveniently marginalizing over the missing observations. In analogy to  $\ref{eq:converse}$ , we can compute the risk for an incomplete observation as

$$R(X_{v} = 1 \mid \mathbf{d}, \theta) = \frac{P(\mathbf{d} \mid X_{v} = 1, \theta) P(X_{v} = 1 \mid \theta)}{P(\mathbf{d} \mid \theta)}$$
$$= \sum_{i: f_{i,v}=1} \frac{P(\mathbf{d} \mid \boldsymbol{\xi}_{i}, \theta) P(\boldsymbol{\xi}_{i} \mid \theta)}{P(\mathbf{d} \mid \theta)}$$
(3)

where the enumerator of the second line can now be rewritten using the match function:

$$P\left(\mathbf{d} \mid \boldsymbol{\xi}_{i}, \theta\right) P\left(\boldsymbol{\xi}_{i} \mid \theta\right) = \sum_{\left\{j : \operatorname{match}\left(\mathbf{d}, \boldsymbol{\zeta}_{j}\right)\right\}} P\left(\boldsymbol{\zeta}_{j} \mid \boldsymbol{\xi}_{i}, \theta\right) P\left(\boldsymbol{\xi}_{i} \mid \theta\right)$$

$$= \sum_{\left\{j : \operatorname{match}\left(\mathbf{d}, \boldsymbol{\zeta}_{j}\right)\right\}} B_{ij} \left[p_{T}\left(\mathbf{t}\right) \cdot \boldsymbol{\Lambda}\right]_{i}$$

$$(4)$$

In this case  $B_{ij}$  denotes the element of the observation matrix that corresponds to state  $\boldsymbol{\xi}_i$  and observation  $\boldsymbol{\zeta}_j$ . Again, the indices  $\{i: \xi_{iv} = 1\}$  in eq. (3) correspond to all possible states with a positive involvement in lymph node level  $X_v$ . Essentially, the whole term is the likelihood of an observation  $\mathbf{d}$  where we have removed all entries that correspond to states with  $X_v \neq 1$  both from the observation matrix and the resulting probability vector of the evolution. It can therefore be easily computed algebraically, too.

The evidence in the denominator of eq. (3) becomes a marginalization over all possible diagnoses that are not available to us or that we deem unimportant

$$P\left(\mathbf{d} \mid \theta\right) = \sum_{\left\{j: \operatorname{match}(\mathbf{d}, \zeta_{j})\right\}} \left[p_{T}\left(\mathbf{t}\right) \cdot \mathbf{\Lambda}\right]_{j}$$
(5)

We can make this summation a bit more elegant using a column vector  $\mathbf{c}^{\mathbf{d}}$  that has entries corresponding to the match-function

$$c_i^{\mathbf{d}} = \operatorname{match}(\mathbf{d}, \boldsymbol{\zeta}_i)$$
 (6)

where every *true* corresponds to a 1 and every *false* to a 0. This way we can rewrite eq. (5) in the following way:

$$P(\mathbf{d} \mid \theta) = p_T(\mathbf{t}) \cdot \mathbf{\Lambda} \cdot \mathbf{B} \cdot \mathbf{c}^{\mathbf{d}}$$
 (7)

Using this notation for marginalizing over unknown or incomplete observations also allows us to encode entire datasets  $\mathcal{D} = \begin{pmatrix} \mathbf{d}_1 & \mathbf{d}_2 & \cdots & \mathbf{d}_N \end{pmatrix}$  of (potentially incomplete) observations in the form of a matrix

$$\mathbf{C} = \begin{pmatrix} \mathbf{c}^{\mathbf{d}_1} & \mathbf{c}^{\mathbf{d}_2} & \cdots & \mathbf{c}^{\mathbf{d}_N} \end{pmatrix} \tag{8}$$

so that the row-vector of likelihoods reads as

$$P(\mathbf{D} \mid \theta) = (P(\mathbf{d}_n \mid \theta))_{n \in [1,N]} = p_T(\mathbf{t}) \cdot \mathbf{\Lambda} \cdot \mathbf{B} \cdot \mathbf{C}$$
(9)