

**Supplementary table S1** Logistic regression analysis for relationships between clinicopathological factors and pre-RT Hb, post-RT Hb and  $\Delta$ Hb levels, respectively.

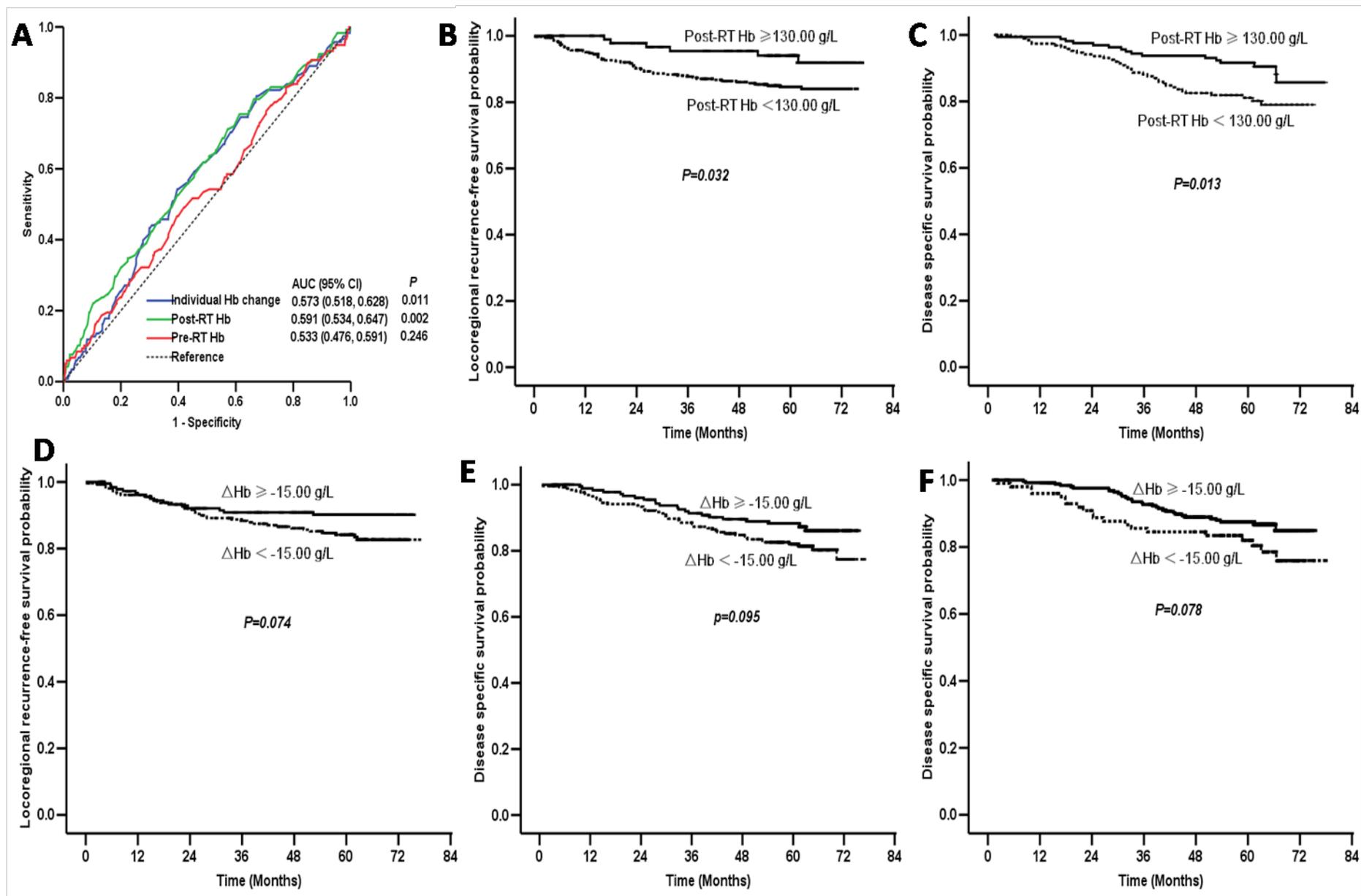
Factors	Pre-RT Hb level <sup>a</sup>				Post-RT Hb level <sup>b</sup>				$\Delta$ Hb level <sup>c</sup>			
	B <sup>#</sup>	P value	OR	95% CI of OR	B <sup>#</sup>	P value	OR	95% CI of OR	B <sup>#</sup>	P value	OR	95% CI of OR
Gender(female vs. male)	1.452	<0.001	4.272	3.022-6.040	1.642	<0.001	5.165	3.202-8.332	-0.531	0.003	0.588	0.416-0.831
Age ( $\geq$ 44 yrs vs. <44 yrs)	-	-	-	-	0.524	0.002	1.689	1.206-2.365	-	-	-	-
T stage*	-	0.006	-	-	-	<0.001	-	-	-	-	-	-
T <sub>1</sub>	R	-	-	-	R	-	-	-	-	-	-	-
T <sub>2</sub>	-0.129	0.672	0.879	0.483-1.598	0.311	0.291	1.364	0.766-2.428	-	-	-	-
T <sub>3</sub>	0.151	0.605	1.163	0.656-2.063	0.587	0.042	1.798	1.022-3.164	-	-	-	-
T <sub>4</sub>	0.628	0.039	1.874	1.033-3.398	1.285	<0.001	3.615	1.936-6.751	-	-	-	-
N stage*	-	0.001	-	-	-	<0.001	-	-	-	-	-	-
N <sub>0</sub>	R	-	-	-	R	-	-	-	-	-	-	-
N <sub>1</sub>	0.265	0.312	1.303	0.780-2.177	0.579	0.017	1.783	1.107-2.873	-	-	-	-
N <sub>2</sub>	0.844	0.002	2.327	1.350-4.008	1.063	<0.001	2.894	1.696-4.939	-	-	-	-
N <sub>3a-b</sub>	1.024	0.022	2.784	1.159-6.684	2.710	0.001	15.025	3.245-69.559	-	-	-	-
Treatment(CCRT vs. NACT+RT)	-	-	-	-	1.156	<0.001	3.177	2.264-4.460	1.311	<0.001	3.708	2.748-5.005
Pathology	-	-	-	-	-	0.030	-	-	-	-	-	-
U	-	-	-	-	R	-	-	-	-	-	-	-
D	-	-	-	-	-0.577	0.078	0.562	0.295-1.068	-	-	-	-
K	-	-	-	-	-1.040	0.037	0.354	0.133-0.941	-	-	-	-

\* According to the AJCC staging system 2010 clinical classification. <sup>#</sup>  $\beta$ , meaning the regression coefficient. R, as the reference in a category. <sup>a</sup>  $P=0.546$  in the Hosmer-Lemeshow test; <sup>b</sup>  $P=0.057$  in the Hosmer-Lemeshow test; <sup>c</sup>  $P=0.827$  in the Hosmer-Lemeshow test. Abbreviation: OR, odds ratio; CI, confidence index; RT, radiotherapy; Hb, hemoglobin; CCRT, concurrent chemoradiotherapy; NACT+RT, neoadjuvant chemotherapy followed by radiotherapy alone; U, undifferentiated non-keratinized carcinoma; D, differentiated non-keratinized carcinoma; K, keratinized carcinoma.

**Supplementary table S2** Literature\* summary on the prognostic role of Hb levels for cancers treated with radiotherapy or chemoradiotherapy.

Authors	Journals	Countries	Cancers	Stratification criteria	Prognostic role
MacRae R [6]	Radiother oncol 2002	USA	Stage III non-small cell lung cancer	The percentage change in Hb during CRT of <10%, 10~30%, and >30%, respectively.	Related to poor OS
Rades D [3]	Int J Radiat Oncol Biol Phys 2008	Germany	Locally advanced stage IV head and neck squamous cell cancer	Pre-RT Hb ( $\geq 120$ g/L vs. <120 g/L)	Pre-RT Hb $\geq 120$ g/L was linked to improved OS and local control (LC).
Rutkowski T [5]	Int J Radiat Oncol Biol Phys 2007	Poland	Laryngeal cancer treated with post-operative radiotherapy (PORT)	(a) Pre-PORT Hb ( $\geq 133$ g/L vs. <133 g/L) (b) Post-PORT Hb ( $\geq 133$ g/L vs. <133 g/L) (c) dHb ( $> 0$ g/L vs. $\leq 0$ g/L)	(a) and (b) were both negative prognostic factors. (c) dHb $> 0$ g/L predicted improved LC.
Serkies K [4]	Acta Oncol 2006	Poland	FIGO IB-IIIb cervical cancer	(a) Pre-RT Hb ( $\geq 120$ g/L vs. <120 g/L) (b) Post-RT Hb ( $\geq 120$ g/L vs. <120 g/L)	(a) Pre-RT Hb $\geq 120$ g/L was predictive of improved DMFS, DFS and LC. (b) Post-RT Hb < 120 g/L impaired DFS and LC.
Roldan GB [7]	Dis Colon Rectum 2010	Canada	The anal canal carcinoma	(a) pre-treatment Hb ( $\geq 130$ g/L vs. <130 g/L) (b) on-treatment Hb ( $\geq 121$ g/L vs. <121 g/L)	(a) Hb < 130 g/L was associated with poor DMFS, PFS and OS. (b) Hb <121 g/L was associated with inferior PFS and OS.
Cefaro GA [8]	Strahlenther Onkol 2011	Italy	High-grade glioma treated with post-operative chemoradiotherapy (POCRT)	Pre-POCRT Hb ( $>120$ g/L vs. $\leq 120$ g/L)	Pre-RT Hb $>120$ g/L linked to favorable OS.
Zenda S [10]	Dis Esophagus 2008	Japan	T4/M1 lymph node esophageal cancer	Pre-CRT Hb ( $>130$ g/L vs. $\leq 130$ g/L)	Pre-CRT Hb $>130$ g/L was a favorable prognostic factor.
Pehlivan B [11]	Ann Surg Oncol	Switzerland	Locally advanced head and neck cancer	Pre-PORT Hb decrease ( $>38$ g/L vs. $\leq 38$ g/L)	OS was lower in the subgroup with Hb decrease $>38$ g/L.
Tarnawski R [13]	Int J Radiat Oncol Biol Phys 1997	Poland	laryngeal supraglottic squamous cell carcinoma	Hb decrease during radiotherapy	Independent predictive factor for LC
Yurut-Caloglu V [9]	Asian Pac J Cancer Prev 2009	Turkey	Bladder cancer with extravesical involvement	Pre-RT/CRT Hb ( $\geq 120$ g/L vs. <120 g/L)	Hb $\geq 120$ g/L predicted favorable LC, DMFS and OS.
Chua DT [31]	Cancer 2004	HongKong	Locally advanced nasopharyngeal carcinoma	Mid-RT Hb ( $>110$ g/L vs. $\leq 110$ g/L)	Hb $\leq 110$ g/L was associated with poor LC and disease-specific survival rates.
Altun M [26]	In Vivo 2003	Turkey	Locally advanced nasopharyngeal carcinoma	(a) Pre-RT severe anemia (Hb <110 g/L) (b) Massive Hb decrease $\geq 15$ g/L	(a) Impaired LC, DFS and OS. (b) Worsened LC, DFS and OS.
Gao J [32]	Int J Radiat Oncol Biol Phys 2011	China	Early stage nasopharyngeal carcinoma	Hb decrease $>11.5$ g/L	Deteriorated LRFS and DSS

\*Cited in the manuscript.



**Supplementary Figure S1** The receiver operating characteristic curve analysis for pre-RT Hb level, post-RT Hb level and individual Hb change ( $\Delta$ Hb level) for disease specific survival, respectively (A); locoregional recurrence-free survival curves of patients with post-RT Hb  $\geq 130.00$  g/L and post-RT Hb  $< 130.00$  g/L in the CCRT group (B); disease specific survival curves of patients with post-RT Hb  $\geq 130.00$  g/L and post-RT Hb  $< 130.00$  g/L in the NACT+RT group (C); locoregional recurrence-free survival curves of patients with  $\Delta$ Hb level  $\geq -15.00$  g/L and  $\Delta$ Hb level  $< -15.00$  g/L in the CCRT group (D); disease specific survival curves of patients with  $\Delta$ Hb level  $\geq -15.00$  g/L and  $\Delta$ Hb level  $< -15.00$  g/L in the CCRT group (E) and the NACT+RT group (F), respectively. Abbreviation: RT, radiotherapy; Hb, hemoglobin; CCRT, concurrent chemoradiotherapy; NACT+RT, neoadjuvant chemotherapy followed by radiotherapy alone.