

















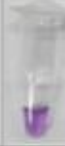



















LN RNA Number(N)	CK19	PC	NC	LN RNA Number(N)	CK19	PC	NC	LN RNA Number(N)	CK19	PC	NC
1(N)				2(N)				3(N)			
4(N)				6(N)				7(N)			
8(N)				9(N)				10(N)			
13(N)				14(N)				16(N)			

S1 Fig. Results of the reverse transcription loop-mediated isothermal amplification assay were 100% consistent with lymph node (LN) metastasis status proven by pathologic examination (cutoff value of 1 ng). CK19, cytokeratin 19; NC, negative control; PC, positive control.