Fig. E-1
Receiver operating characteristic curve used to measure the predictive value of the epiphyseal index and to determine the cutoff value for the separation of patients who were likely to have a nonspherical head on the latest radiograph from those who were not. The plot used the smallest index value measured on the radiographs that were made during the twelve to eighteen-month period after arthrography (area under receiver operating characteristic curve by extended trapezoidal rule = 1.98, Wilcoxon estimate of area under receiver operating characteristic curve = 0.98, DeLong standard error = 0.56, 95% confidence interval = 0 to 1, optimum cutoff point selected = 0.357).
Receiver operating characteristic curve used to determine the discriminating ability of the lowest twelve to eighteen-month epiphyseal index for the separation of patients who had evidence of persistent growth disturbance from osteonecrosis and those who had no evidence of osteonecrosis on the latest radiograph (area under receiver operating characteristic curve by extended trapezoidal rule = 1.9, Wilcoxon estimate of area under receiver operating characteristic curve = 0.82, DeLong standard error = 0.27, 95% confidence interval = 0.28 to 1, optimum cutoff point selected = 0.42).
Receiver operating characteristic curve used to determine the discriminating ability of the epiphyseal index for the separation of patients who had evidence of osteonecrosis and those who had no evidence of osteonecrosis on the latest radiograph. The plot used the index value measured from the latest available radiographs for each hip (area under receiver operating characteristic curve by extended trapezoidal rule = 2.02, Wilcoxon estimate of area under receiver operating characteristic curve = 0.95, DeLong standard error = 0.38, 95% confidence interval = 0.19 to 1, optimum cutoff point selected = 0.38).
Receiver operating characteristic curve used to determine the discriminating ability of the epiphyseal index for the separation of patients who had evidence of osteonecrosis on the radiographs made twelve to eighteen months after arthrography from those with no evidence of osteonecrosis. The plot used the index measured from the latest radiograph available for each hip (area under receiver operating characteristic curve by extended trapezoidal rule = 1.88, Wilcoxon estimate of area under receiver operating characteristic curve = 0.84, DeLong standard error = 0.23, 95% confidence interval = 0.38 to 1, optimum cutoff point selected = 0.41).