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Figure A
Figure B
Percutaneous Screw Stabilization of Non-Pericetabular Pelvic Lesions Caused by Metastatic Cancer and Multiple Myeloma

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Figure C
Figure D
Figure E
Figure F
Figure G
Figure H
Figure I
Figure J
Legends for Appendix Figures

Figures A and B show the postoperative pelvic iliac oblique and obturator oblique Judet views of a 47-year-old woman with a pathologic fracture of the anterior ilium caused by metastatic pancreatic cancer (Case 21 in Table I).

Figures C and D show the postoperative pelvic iliac oblique and obturator oblique Judet views of a 53-year-old woman with metastatic rectal cancer lesions of the posterior ilium (Case 17).

Figure E shows the postoperative anteroposterior pelvic radiographs of a 59-year-old man with a pathologic fracture of the superior ramus caused by multiple myeloma (Case 10). Figure F shows a postoperative anteroposterior pelvic radiograph of a 36-year-old woman with a lesion in the left ischium (Case 22), with a coexisting ipsilateral femoral neck lesion and contralateral zone-I and IV pelvic lesions caused by metastatic breast cancer. All of these lesions were treated with percutaneous screws in the same setting.

Figure G shows the postoperative pelvic outlet view radiograph of a 71-year-old woman with coexisting zone-II and IV lesions that were treated with tripod screws and SI screws for pathologic fractures caused by multiple myeloma (Case 3). Figure H shows a postoperative anteroposterior pelvic radiograph of a 62-year-old woman with a sacral lesion caused by metastatic lung cancer that was treated with 2 TITS screws (Case 14).

Figure I shows a preoperative pelvic anteroposterior radiograph of coexisting zone-I and zone-IV lesions in a 50-year-old woman with metastatic breast cancer (Case 12). She was treated with 2 transcolumnar screws and 2 SI screws. Figure J shows apparent local bone-healing in the postoperative pelvic anteroposterior view at the 5-month follow-up.