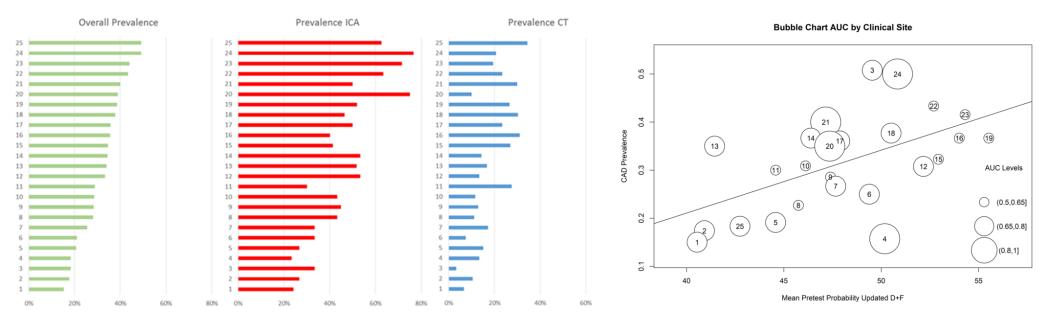
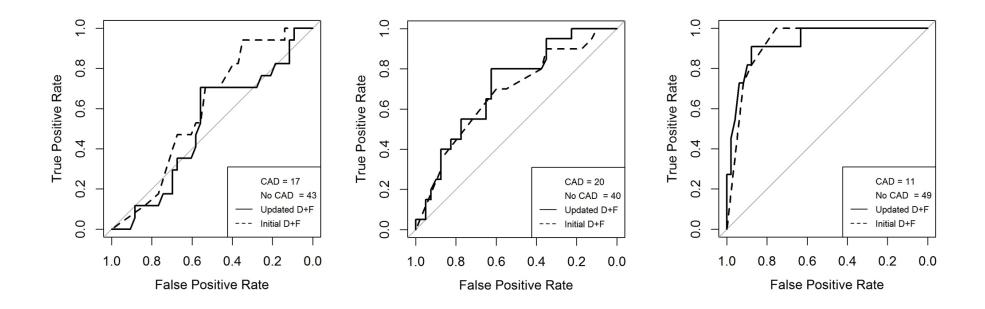
Online Figure 1







Appendix 1

STROBE 2007 (v4) Statement—Checklist of items that should be included in reports of *cross-sectional studies*

| Section/Topic | ltem # | Recommendation | | |
|------------------------------|-----------|--|--------|--|
| Title and abstract | 1 | (<i>a</i>) Indicate the study's design with a commonly used term in the title or the abstract | 5-8 | |
| | | (b) Provide in the abstract an informative and balanced summary of what was done and what was found | 5-8 | |
| Introduction | | | | |
| Background/rationale | 2 | Explain the scientific background and rationale for the investigation being reported | 10 | |
| Objectives | 3 | State specific objectives, including any prespecified hypotheses | 11 | |
| Methods | | | | |
| Study design | 4 | Present key elements of study design early in the paper | | |
| Setting | 5 | Describe the setting, locations, and relevant dates, including periods of recruitment, exposure, follow-up, and data collection | 11 | |
| Participants | 6 | (<i>a</i>) Give the eligibility criteria, and the sources and methods of selection of participants | 12 | |
| Variables | 7 | Clearly define all outcomes, exposures, predictors, potential confounders, and effect modifiers. Give diagnostic criteria, if applicable | 12-15 | |
| Data sources/ measurement | 8* | For each variable of interest, give sources of data and details of methods of assessment (measurement). Describe comparability of assessment methods if there is more than one group | 13, 15 | |
| Bias | 9 | Describe any efforts to address potential sources of bias | 11, 12 | |
| Study size | 10 | Explain how the study size was arrived at | | |
| Quantitative variables | 11 | Explain how quantitative variables were handled in the analyses. If applicable, describe which groupings were chosen and why | | |
| Statistical methods | 12 | (<i>a</i>) Describe all statistical methods, including those used to control for confounding | 15 | |
| | | (b) Describe any methods used to examine subgroups and interactions | 15 | |
| | | (c) Explain how missing data were addressed | 15, 16 | |

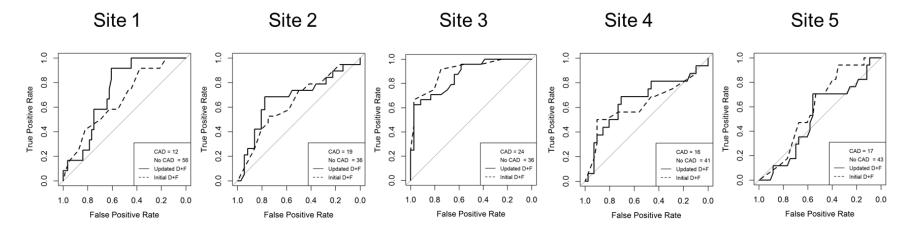
| | (<i>d</i>) If applicable, describe analytical methods taking account of sampling strategy | | | |
|-------------------|---|---|---------------|--|
| | | (e) Describe any sensitivity analyses | n.a. | |
| Results | | | | |
| Participants | 13* | (a) Report numbers of individuals at each stage of study—eg numbers potentially eligible, examined for eligibility, confirmed eligible, included in the study, completing follow-up, and analysed | 16 | |
| | | (b) Give reasons for non-participation at each stage | 16 | |
| | | (c) Consider use of a flow diagram | 16 | |
| Descriptive data | 14* | (a) Give characteristics of study participants (eg demographic, clinical, social) and information on exposures and potential confounders | 17 | |
| | | (b) Indicate number of participants with missing data for each variable of interest | 16, 17 | |
| Outcome data | 15* | Report numbers of outcome events or summary measures | 17, 18 | |
| Main results | 16 | (<i>a</i>) Give unadjusted estimates and, if applicable, confounder-adjusted estimates and their precision (eg, 95% confidence interval). Make clear which confounders were adjusted for and why they were included | 17, 18 | |
| | | (b) Report category boundaries when continuous variables were categorized | 8 | |
| | | (c) If relevant, consider translating estimates of relative risk into absolute risk for a meaningful time period | n.a. | |
| Other analyses | her analyses 17 Report other analyses done—eg analyses of subgroups and interactions, and sensitivity analyses | | 17, 18 | |
| Discussion | | | | |
| Key results | 18 | 18 Summarise key results with reference to study objectives | | |
| Limitations | nitations19Discuss limitations of the study, taking into account sources of potential bias or imprecision. Discuss both direction and magnitude of any potential bias | | 22, 23 | |
| Interpretation | etation 20 Give a cautious overall interpretation of results considering objectives, limitations, multiplicity of analyses, results from similar studies, and other relevant evidence | | 19, 20, 21 | |
| Generalisability | 21 | Discuss the generalisability (external validity) of the study results | 24 | |
| Other information | | | | |

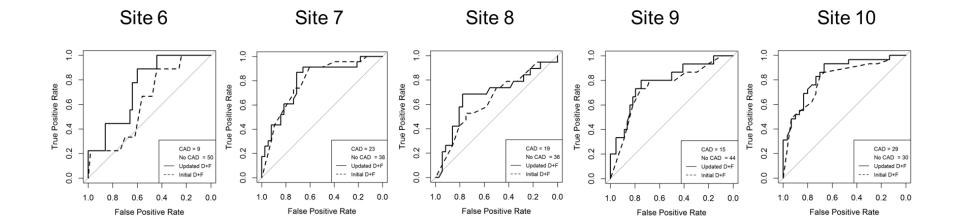
| Funding | 22 | Give the source of funding and the role of the funders for the present | 8, 9 |
|---------|----|--|------|
| | | study and, if applicable, for the original study on which the present | |
| | | article is based | |

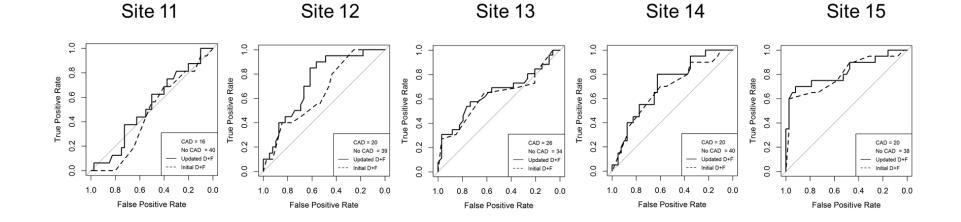
*Give information separately for cases and controls in case-control studies and, if applicable, for exposed and unexposed groups in cohort and cross-sectional studies.

Note: An Explanation and Elaboration article discusses each checklist item and gives methodological background and published examples of transparent reporting. The STROBE checklist is best used in conjunction with this article (freely available on the Web sites of PLoS Medicine at http://www.plosmedicine.org/, Annals of Internal Medicine at http://www.annals.org/, and Epidemiology at http://www.epidem.com/). Information on the STROBE Initiative is available at www.strobe-statement.org.









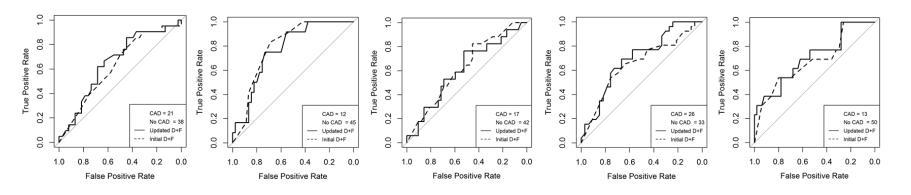
Site 16



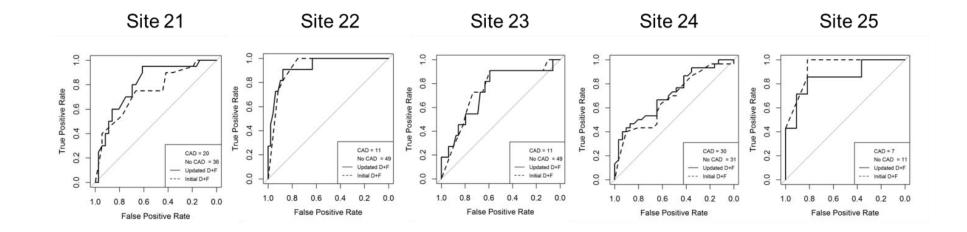
Site 18

Site 19





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The 25 clinical sites which recruited patients for the pilot study showed markedly different AUCs. The AUC for the updated D+F ranged between 0.54 (AUC; 95% CI 0.39-0.70) and 0.91 (AUC; 95% CI 0.82-0.99) for the different clinical sites. The AUCs for the initial D+F version ranged between 0.56 (AUC; 95% CI 0.42-0.71) and 0.90 (AUC; 95% CI 0.84-0.98).

The AUCs of the 25 sites were as follows:

Site 1 (AUC initial and updated D+F: 0.67 95% CI 0.51-0.84 and 0.72 95% CI 0.60-0.85 p=0.540) Site 2 (AUC initial and updated D+F: 0.61 95% CI 0.46-0.76 and 0.62 95% CI 0.48-0.0.77 p=0.629) Site 3 (AUC initial and updated D+F: 0.90 95% CI 0.83-0.98 and 0.87 95% CI 0.77-0.96 p=0.241) Site 4 (AUC initial and updated D+F: 0.57 95% CI 0.39-0.75 and 0.60 95% CI 0.42-0.78 p=0.284) Site 5 (AUC initial and updated D+F: 0.63 95% CI 0.49-0.77 and 0.56 95% CI 0.40-0.71 p=0.011) Site 6 (AUC initial and updated D+F: 0.62 95% CI 0.44-0.81 and 0.74 95% CI 0.58-0.89 p=0.034) Site 7 (AUC initial and updated D+F: 0.79 95% CI 0.68-0.91 and 0.80 95% CI 0.68-0.91 p=0.918) Site 8 (AUC initial and updated D+F: 0.63 95% CI 0.48-0.78 and 0.65 95% CI 0.49-0.81 p=0.780) Site 9 (AUC initial and updated D+F: 0.71 95% CI 0.54-0.87 and 0.75 95% CI 0.60-0.90 p=0.008) Site 10 (AUC initial and updated D+F: 0.80 95% CI 0.69-0.91 and 0.84 95% CI 0.74-0.94 p=0.122) Site 11 (AUC initial and updated D+F: 0.57 95% CI 0.42-0.71 and 0.55 95% CI 0.39-0.70 p=0.791) Site 12 (AUC initial and updated D+F: 0.66 95% CI 0.52-0.80 and 0.75 95% CI 0.62-0.87 p=0.046) Site 13 (AUC initial and updated D+F: 0.63 95% CI 0.48-0.77 and 0.65 95% CI 0.50-0.79 p=0.545) Site 14 (AUC initial and updated D+F: 0.69 95% CI 0.55-0.83 and 0.70 95% CI 0.57-0.84 p=0.632) Site 15 (AUC initial and updated D+F: 0.73 95% CI 0.58-0.88 and 0.77 95% CI 0.63-0.91 p=0.098) Site 16 (AUC initial and updated D+F: 0.61 95% CI 0.47-0.76 and 0.64 95% CI 0.49-0.78 p=0.481) Site 17 (AUC initial and updated D+F: 0.80 95% CI 0.69-0.91 and 0.78 95% CI 0.66-0.90 p=0.484) Site 18 (AUC initial and updated D+F: 0.63 95% CI 0.48-0.78 and 0.61 95% CI 0.45-0.76 p=0.742) Site 19 (AUC initial and updated D+F: 0.59 95% CI 0.45-0.74 and 0.64 95% CI 0.50-0.78 p=0.106) Site 20 (AUC initial and updated D+F: 0.68 95% CI 0.51-0.86 and 0.70 95% CI 0.54-0.87 p=0.532) Site 21 (AUC initial and updated D+F: 0.74 95% CI 0.61-0.87 and 0.78 95% CI 0.66-0.90 p=0.344) Site 22 (AUC initial and updated D+F: 0.91 95% CI 0.84-0.98 and 0.91 95% CI 0.83-0.99 p=0.896) Site 23 (AUC initial and updated D+F: 0.75 95% CI 0.59-0.91 and 0.74 95% CI 0.57-0.91 p=0.563) Site 24 (AUC initial and updated D+F: 0.64 95% CI 0.51-0.78 and 0.69 95% CI 0.57-0.82 p=0.243) Site 25 (AUC initial and updated D+F: 0.89 95% CI 0.74-1.00 and 0.0.82 95% CI 0.61-1.00 p=0.428)

Appendix 3

| Partner - No. | CT scanner | triphasic/ biphasic protocol | Iterative Reconstruction (IR) avaiable | rows | scanner old | date of scanner change |
|------------------|---|---------------------------------|--|---------------|---|------------------------------|
| 1 | Toshiba Aquilion ONE (second general | triphasic | Yes | 320 | | |
| 2 | Siemens SOMATOM Definition Flash | biphasic | Yes | 256 | | |
| 3 | Toshiba Aquilion ONE | biphasic | Yes | 320 | | |
| 4 | Toshiba Aquilion ONE Vision Edition (s | triphasic | Yes | 320 | | |
| 5 | Siemens Somatom Definition AS plus | biphasic | Yes | 128 | | |
| 6 | Siemens Somatom Definition Flash | biphasic | No | 256 | | |
| 7 | Philips Brilliance iCT | triphasic | Yes | 256 | | |
| 8 | Philips Brilliance | triphasic | Yes | 64 | | |
| 9 | GE Discovery 750 HD | triphasic | Yes | 64 | | |
| 10 | Siemens Somatom Definition Flash | biphasic | No | 256 | | |
| 11 | Siemens Definition DS dual-source | triphasic/ biphasic | No | 64 | | |
| 12 | GE Optima | biphasic | No | 64 | | |
| 13 | Toshiba Aquilion ONE (first generation) | biphasic | Yes | 320 | | |
| 14 | Siemens Somatom Definition Flash | triphasic | Yes | 256 | | |
| 15 | Siemens Somatom Force | | | | Siemens Somatom Sensation | October 2017 |
| 16 | Siemens Somatom Definition AS plus | triphasic | No | 128 | | September 2017 |
| 17 | Siemens Somatom Definition Flash | biphasic | No | 256 | | |
| 18 | Philips | biphasic | No | 128 | Siemens Somatom Definition AS plus | |
| 19 | Toshiba Aquilion ONE | triphasic | Yes | 320 | GE Discovery 750 HD 64-row scanner | September 2015 |
| 20 | Toshiba Aquilion Premium | triphasic | No | 160 | | |
| 21 | GE Discovery PET-CT | biphasic | Yes | 64 | | |
| 22 | Siemens Definition Force (default mach | triphasic | Yes | 384 (2 x 192) | | |
| 23 | Toshiba Aquilion CXL | triphasic | Not in CACS | 128 | | |
| 24 | Siemens Somatom Definiton AS plus | biphasic | Yes | 128 | Definition Dual Source | December 2015 |
| 25 | Siemens Somatom Definition Flash | | | | | |

Titel: CT and ICA Equipment Overview and scannerspecific protocols (SSP)

Triphasic/biphasic= contrast-injection protocol