STARD 2015

Section & Topic	Item No	Item	Reported on Page Number/ Line Number	Reported on Section/ Paragraph
TITLE OR A	BSTRAC	т	•	
	1	Identification as a study of diagnostic accuracy using at least one measure of accuracy (such as sensitivity, specificity, predictive values, or AUC)	Page 2/Line 60-62	Abstract
ABSTRACT			•	
	2	Structured summary of study design, methods, results, and conclusions (for specific guidance, see STARD for Abstracts)	Page 2/Line 43-67	Abstract
INTRODUCT	ION		•	•
	3	Scientific and clinical background, including the intended use and clinical role of the index test	Page 3/Line 69-98	Introduction/Paragraph 1-4
	4	Study objectives and hypotheses	Page 3/Line 100-105	Introduction/Paragraph 5
METHODS	1			•
Study design	5	Whether data collection was planned before the index test and reference standard were performed (prospective study) or after (retrospective study)	Page 4/Line 110	Methods Study design and patients/ Paragraph 1
Participants	6	Eligibility criteria	Page 4/Line 116-117	Methods Study design and patients/ Paragraph 2
	7	On what basis potentially eligible participants were identified (such as symptoms, results from previous tests, inclusion in registry)	Page 4/Line 110-111	Methods Study design and patients Paragraph 1
	8	Where and when potentially eligible participants were identified (setting, location and dates)	Page 4/Line 111-114	Methods Study design and patients, Paragraph 1
	9	Whether participants formed a consecutive, random or convenience series	Page 4/Line 110	Methods Study design and patients Paragraph 1
Test methods	10a	Index test, in sufficient detail to allow replication	Page 5-6/Line 184-194	Methods Index Tests/ Paragraph 1
	10b	Reference standard, in sufficient detail to allow replication	Page 6/Line 197-205	Methods Reference standard for MR classification/ Paragraph 1
	11	Rationale for choosing the reference standard (if alternatives exist)	Page 6/Line 198-199	Methods Reference standard for MR classification/ Paragraph 1

	12a	Definition of and rationale for test positivity cut-offs or result categories of the index test, distinguishing pre-specified from exploratory	Not applicable, physicians gave their judgement without a cut- off	
	12b	Definition of and rationale for test positivity cut-offs or result categories of the reference standard, distinguishing pre-specified from exploratory	Page 6/Line 204-205	Methods Reference standard for MR classification/ Paragraph 1
	13a	Whether clinical information and reference standard results were available to the performers/readers of the index test	Page 6/Line 192-193	Methods Index Tests/ Paragraph 1
	13b	Whether clinical information and index test results were available to the assessors of the reference standard	Page 6/Line 208-210	Methods Reference standard for MR classification/ Paragraph 2
Analysis	14	Methods for estimating or comparing measures of diagnostic accuracy	Page 6/Line 219-225	Methods Statistical analysis/ Paragraph 1
	15	How indeterminate index test or reference standard results were handled		Methods Study design and patients Paragraph 2
	16	How missing data on the index test and reference standard were handled	Page 4/Line 118-124	Methods Study design and patients Paragraph 2
	17	Any analyses of variability in diagnostic accuracy, distinguishing pre-specified from exploratory	Page 6/Line 221-222	Methods Statistical analysis/ Paragraph 1
	18	Intended sample size and how it was determined	Page 4/Line 137-144	Methods Sample size calculation/ Paragraph 1
RESULTS				
Participants	19	Flow of participants, using a diagram	Page 4/Line 130	Figure 1
	20	Baseline demographic and clinical characteristics of participants	Page 7/Line 232-234	Results Patient characteristics/ Paragraph 1
	21a	Distribution of severity of disease in those with the target condition	Page 7/Line 233-234	Results Patient characteristics/ Paragraph 1
	21b	Distribution of alternative diagnoses in those without the target condition	Not applicable	
	22	Time interval and any clinical interventions between index test and reference standard	Page 4/Line 113-114	Methods Study design and patients Paragraph 1
Test results	23	Cross tabulation of the index test results (or their distribution) by the results of the reference standard	Not feasible to present the cross tabulation of all 9 physicians without and with support of AI	
	24	Estimates of diagnostic accuracy and their precision (such as 95% confidence intervals)	Page 7/Line 252-260	Results Diagnostic accuracy of

			•			
				physicians without and		
				with support of AI		
				segmentation model/		
				Paragraph 1		
				Table 3		
		Any adverse events from performing the index test or the reference standard	Page 6/Line 193-194	Methods		
	25		8 1 11 1	Index Tests/		
				Paragraph 1		
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DISCUSSION	DISCUSSION					
	00		Page 9/Line 328-335	Discussion/		
	26	Study limitations, including sources of potential bias, statistical uncertainty, and generalisability		Paragraph 7		
	07		Page 8-9/Line 301-314	Discussion/		
	27	Implications for practice, including the intended use and clinical role of the index test		Paragraph 4-5		
OTHER INFORMATION						
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	28	Registration number and name of registry	Page 4/Line 132-135	Methods		
	20	registration number and name of registry		Study design and patients/		
				Paragraph 4		
	29	Where the full study protocol can be accessed	No protocol was			
	23	where the full study protocol can be accessed	published before the			
			study was conducted			
	20	Courses of finalism and allow arranged to be of finalism	Page 10/Line 357-359	Acknowledgments		
	30	Sources of funding and other support; role of funders				

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^{*}As the checklist was provided upon initial submission, the page number/line number reported may be changed due to copyediting and may not be referable in the published version. In this case, the section/paragraph may be used as an alternative reference.