

Table S1 Study criteria used in the diagnosis/surgical eligibility of necrotizing enterocolitis

Study classification	Radiologic signs	Abdominal signs	Clinical findings	Laboratory findings
Suspected NEC	Normal or mild intestinal dilation, mild ileus, thickened bowel walls	Mild abdominal distention	Bradycardia, lethargy, temperature instability, emesis, bloody stool, feeding intolerance, gastric retention	Thrombocytopenia, leukocytosis or leukopenia, neutropenia, heme-positive stool, bandemia
Medical NEC	Suspected NEC signs plus pneumatosis intestinalis, portal venous gas, fixed, dilated loops of intestine and ileus patterns are not pathognomonic but should be treated as such, ascites	Suspected NEC signs plus absent bowel sounds, abdominal tenderness, without abdominal cellulitis or fixed right lower quadrant abdominal mass	Suspected NEC findings plus mild metabolic acidosis	Suspected NEC findings plus coagulopathy
Surgical NEC	Suspected and medical NEC signs plus pneumoperitoneum, intestinal perforation	Abdominal cellulitis, signs of peritonitis, marked tenderness, abdominal distention	Suspected and medical NEC findings plus hypotension, severe bradycardia and apnea, metabolic acidosis	Same as above