

Figure S1 Relative to myometrium T2 and ADC, myometrium tumors with shorter T2 are associated with higher ADC (blue oval and red arrow 1), myometrium tumors with longer T2 are associated with lower ADC (blue oval and red arrow 2), and myometrium tumors with much longer T2 are associated with higher ADC (blue oval and red arrow 3). Skeletal muscles (dark red label) have a T2 of around 32 ms (3T) and ADC of 1.6×10<sup>-3</sup> mm<sup>2</sup>/s (1,2). Uterine myometrium also has a short T2. McCarthy et al. (3) described myometrium had a T2 of 63 at 1.5T (inner myometrium T2: 45 ms). Ghosh et al. (4) described that, at 1.5T, T2 were 52.30 to 58.5 ms and 57.53 to 61.23 ms for superficial and deep myometrium respectively. Note that T2 is shorter at 3T than at 1.5T, and can be difficult to measure consistently. Zhu et al. (5) described that their uterine myoma had a T2 of 47.9 ms at 1.5T and 42.8 ms at 3T. Kido et al. (6) reported myometrium also has an ADC of 1.6×10<sup>-3</sup> mm<sup>2</sup>/s during non-menstrual phase (1.5T, measured with b value of 0, 50, 1,000 s/mm<sup>2</sup>), such being similar to that of skeletal muscles. Taking these together, the T2-ADC relationship for uterine myometrium (red circle label) will be at the first phase with T2 shorter than 60 ms. Accordingly (7-10), in the analyses of DeMulder et al., Bura et al., and Barral et al., myometrium tumors with shorter T2 (i.e., hypointense to myometrium) are associated with higher ADC (not restricted on ADC map), myometrium tumors with longer T2 (i.e., hyperintense to myometrium) are associated with lower ADC (restricted on ADC map). Cystic degenerated and myxoid degenerated tumors have very long T2 (i.e., highly hyperintense) and higher ADC (not restricted on ADC map). STUMP and lipoleiomyoma have heterogeneous T2-weighted signal and undetermined ADC. These results highly support the concept shown with Figure 1 in the main text. The frame of this supplementary figure is based on Figure 1 in the main text (meaning of the labels also see Figure 1). Data in this Figure are summarized from Tab. 2 by DeMulder et al. (8), Tab. 1 by Bura et al. (9), and Tab. 1 by Barral et al. (10). ADC, apparent diffusion coefficient; LM, leiomyoma; STUMP, smooth muscle tumors of uncertain malignant potential.

## References

- Raya JG, Duarte A, Wang N, Mazzoli V, Jaramillo D, Blamire AM, Dietrich O. Applications of Diffusion-Weighted MRI to the Musculoskeletal System. J Magn Reson Imaging 2024;59:376-96.
- Wáng YXJ, Aparisi Gómez MP, Ruiz Santiago F, Bazzocchi A. The relevance of T2 relaxation time in interpreting MRI
  apparent diffusion coefficient (ADC) map for musculoskeletal structures. Quant Imaging Med Surg 2023;13:7657-66.
- 3. McCarthy S, Scott G, Majumdar S, Shapiro B, Thompson S, Lange R, Gore J. Uterine junctional zone: MR study of water content and relaxation properties. Radiology 1989;171:241-3.
- 4. Ghosh A, Singh T, Bagga R, Srinivasan R, Singla V, Khandelwal N. T2 relaxometry mapping in demonstrating layered uterine architecture: parameter optimization and utility in endometrial carcinoma and adenomyosis: a feasibility study. Br J Radiol 2018;91:20170377.
- 5. Zhu L, Lu W, Wang F, Wang Y, Wu PY, Zhou J, Liu H. Study of T2 mapping in quantifying and discriminating uterine lesions under different magnetic field strengths: 1.5 T vs. 3.0 T. BMC Med Imaging 2023;23:1.
- 6. Kido A, Kataoka M, Koyama T, Yamamoto A, Saga T, Togashi K. Changes in apparent diffusion coefficients in the normal uterus during different phases of the menstrual cycle. Br J Radiol 2010;83:524-8.
- 7. Wáng YXJ, Zhao KX, Ma FZ, Xiao BH. The contribution of T2 relaxation time to MRI-derived apparent diffusion coefficient (ADC) quantification and its potential clinical implications. Quant Imaging Med Surg 2023;13:7410-6.
- 8. DeMulder D, Ascher SM. Uterine Leiomyosarcoma: Can MRI Differentiate Leiomyosarcoma From Benign Leiomyoma Before Treatment? AJR Am J Roentgenol 2018;211:1405-15.
- 9. Bura V, Pintican RM, David RE, Addley HC, Smith J, Jimenez-Linan M, Lee J, Freeman S, Georgiu C. MRI findings inbetween leiomyoma and leiomyosarcoma: a Rad-Path correlation of degenerated leiomyomas and variants. Br J Radiol 2021;94:20210283.
- 10. Barral M, Placé V, Dautry R, Bendavid S, Cornelis F, Foucher R, Guerrache Y, Soyer P. Magnetic resonance imaging features of uterine sarcoma and mimickers. Abdom Radiol (NY) 2017;42:1762-72.