Title: ¹⁸F-FDG PET/MR versus MR alone in whole-body primary staging and restaging of patients with rectal cancer: what is the benefit of PET?

1. Technical parameters of PET/MR protocols

PET acquisition time per bed-position took 2 minutes and 4 bed-positions were needed to cover from skull basis to proximal femur. PET images were reconstructed using a three-dimensional Ordinary Poisson Ordered Subset Expectation Maximation algorithm (3D OP-OSEM; 3 iterations, 21 subsets, voxel size 2.1 x 2.1 x 2.0 mm3, 3D Gaussian filter of 4.0 mm).

MR sequences		Plane	Matrix sizes	Slice thickness (mm)	Gap	Field of view (mm)
Rectal protocol of pelvis	T2w TSE (a)	sagittal	310 x 320	4	10%	200
	T2w TSE	coronal	310 x 320	3	0	200
	T2w TSE	axial	310 x 320	3	0	160
	EPI DWI (b)	axial	102 x 160	3	0	260
Liver protocol	T1w_3D VIBE (c)	axial	512 x 230	3.5	0	400
	T1w with in and out of phases (d)	axial	256 x 256	7	20%	380
Whole body protocol from	T2 HASTE (e)	axial	320 x 194	7	20%	400
	T1_3D VIBE (f)	axial	320 x 165	3	0	380
	DWI (g)	axial	160x90	5mm	20%	420

Table 1. Detailed rectal	, liver and	whole	body MR	protocols.
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a) a) T2-weighted Turbo spine echo (TSE) without fat suppression.

b) Diffusion weighted echo planar sequence (EPI DWI, B-values: 0, 500 and 1000 s/mm²).

c) Dynamic contrast-enhanced 3D T1-weighted Volumetric Interpolated Breath Hold Examination (VIBE) with fat-suppression and repetitive scans before and after i.v. injection of 0.2 ml gadoterate meglumine (Dotarem®, Guerbet, France) per kilogram bodyweight (arterial phase with 20sec delay, portalvenous with 50sec delay and venous phase with 80sec delay).

- d) T1-weighted gradient echo sequence in phase and out of phase.
- e) T2-weighted (T2w) half-Fourier acquisition single-shot turbo spin echo (HASTE)
- f) Contrast-enhanced 3D T1-weighted Volumetric Interpolated Breath Hold Examination (VIBE) with fatsuppression.
- g) Diffusion weighted echo planar sequence (EPI DWI, B-values: 0, 500 and 1000 s/mm²).

2. Measurement of SUVmax in tumor and liver

As metabolic parameter, maximum of standard uptake value (SUVmax) of rectal tumor was measured by drawing a spherical volume of interest in the most FDG-avid region of PET. SUVmax of the liver was determined in the same way by placing a larger volume of interest in the right lobe. SUVmax_Ratio was calculated as the ratio of SUVmax of rectal tumor relative to the liver. All measurements were performed in a consensus meeting of two readers and one nuclear physician with dedicated post-processing software (Syngo.via, VB30B, Siemens Healthcare, Erlangen, Germany).