

**Table 1. Characteristics of included studies – Diagnosis of epidural expansion**

Study reference	Study characteristics	Patient characteristics	Index test (test of interest)	Reference test	Follow-up	Outcome measures and effect size	Risk of bias/ Comments																		
Hallinan, 2022	<p><b>Type of study:</b> Cross-sectional study?</p> <p><b>Setting and country:</b> the National University Hospital, Singapore</p> <p><b>Funding and conflicts of interest:</b> None to declare.</p>	<p>Patients with known spinal column metastatic disease and suspicion of MESCC was undertaken from 2007 till 2021 in a single hospital.</p> <p><b>Inclusion criteria:</b> Aged ≥18 years; with imaging examinations obtained across different MRI scanners and CT platforms; Staging CT scans and corresponding MRI spine studies with a time gap of up to 1 month (30 days); CT scans with intravenous contrast were Used.</p> <p><b>Exclusion criteria:</b> 1) CT scans performed without contrast (24/549, 4.4%). 2) staging CT scans with No corresponding MRI study or CT scans performed post-MRI (313/549, 57.0%);</p>	<p><b>Describe index test:</b> CT: Philips, General Electric, and Siemens platforms. CT scans with intravenous contrast.</p> <p>Prior to labelling, all body radiologists were provided with a visual MESCC grading scale and reviewed practice studies providing each axial CT image in consensus with the corresponding MRI (performed within one examples of low and high-grade MESCC on MRI, and CT scans side by side.</p> <p><b>Comparator test:</b> Not applicable.</p>	<p><b>Describe reference test:</b> MRI scanners within 30 days. (General Electric and Siemens) using axial T2-weighted images for comparison with the staging CT.</p> <p>Two expert radiologists provided the reference standard using MRI scans performed within 30 days. Reference standard MESCC gradings on CT were provided in consensus via two spine radiologists (11 and 7 years of experience) analyzing the MRI scans.</p>	<p><b>Time between the index test and reference test:</b> Less than 30 days.</p> <p><b>For how many participants were no complete outcome data available?</b> <b>N (%)</b> unknown because only patients with both CT and MRI scans were included.</p> <p><b>Reasons for incomplete outcome data described?</b> Unknown, because only patients with both CT and MRI scans on which the outcome could be evaluated were included.</p>	<p>MESCC (normal/low versus high)</p> <p>Sensitivity, specificity, area under the curve.</p> <p>MESCC (normal versus low/high)</p> <p>Sensitivity, specificity, area under the curve.</p>	<p><b>Risk of bias:</b></p> <table border="1"> <tr> <th colspan="3">MESCC (normal/low versus high)</th> </tr> <tr> <td>Sensitivity</td> <td>Specificity</td> <td>ROC</td> </tr> <tr> <td>Some concerns</td> <td>Some concerns</td> <td>Some concerns</td> </tr> <tr> <th colspan="3">MESCC (normal versus low/high)</th> </tr> <tr> <td>Sensitivity</td> <td>Specificity</td> <td>ROC</td> </tr> <tr> <td>Some concerns</td> <td>low</td> <td>Some concerns</td> </tr> </table> <p>Details please see the risk of bias table.</p>	MESCC (normal/low versus high)			Sensitivity	Specificity	ROC	Some concerns	Some concerns	Some concerns	MESCC (normal versus low/high)			Sensitivity	Specificity	ROC	Some concerns	low	Some concerns
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		<p>3) greater than a 30-day gap between the CT and MRI (131/549, 23.9%);  4) CT images unavailable for extraction (81/549, 14.8%).</p> <p>N=101/369 (27.3%)</p> <p>CT studies</p> <p>N=123 /672 (18.3%)</p> <p><b>Prevalence:</b> Not reported.</p> <p><b>Mean age ± SD:</b> 60 ±11.6</p> <p><b>Sex:</b> 53.5% M / 46.5% F</p> <p><b>Other important characteristics:</b>  MESCC location per CT scan</p> <table border="1"> <tr> <td>Diffuse thoracic #</td> <td>32 (26.0)</td> </tr> <tr> <td>C7-T2</td> <td>7 (5.7)</td> </tr> <tr> <td>T3-T10</td> <td>28 (22.8)</td> </tr> <tr> <td>T11-L3</td> <td>39 (31.7)</td> </tr> <tr> <td>No epidural disease</td> <td>17 (13.8)</td> </tr> </table> <p># Two or more sites of MESCC.</p>	Diffuse thoracic #	32 (26.0)	C7-T2	7 (5.7)	T3-T10	28 (22.8)	T11-L3	39 (31.7)	No epidural disease	17 (13.8)				
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