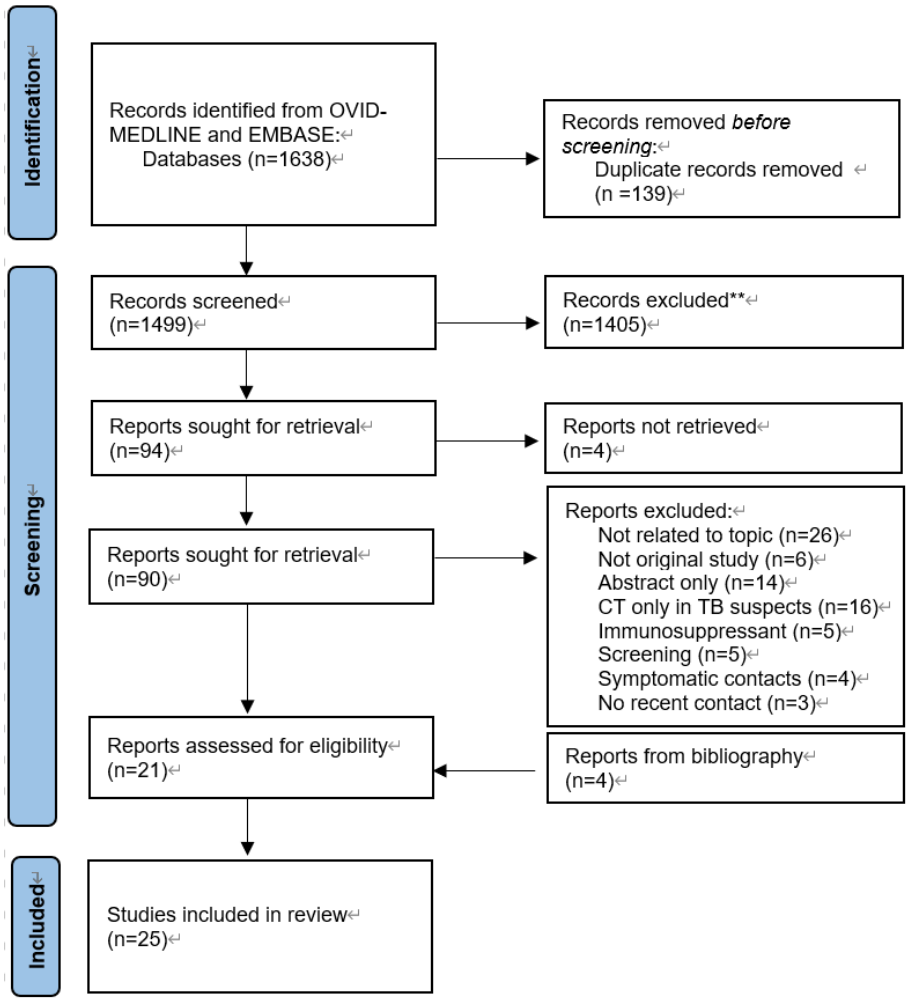
ELECTRONIC SUPPLEMENTARY MATERIAL

CT and 18F-FDG PET abnormalities in contacts with recent tuberculosis infections but negative chest X-ray

Insights Imaging (2022) Yoon SH, Goo JM, Yim JJ, Yoshiyama T, Flynn JL

Supplemental figure 1. Preferred Reporting Items for Systematic Reviews and Meta-analyses diagram of the study selection process



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Supplemental Table 1. Summary of definition for parenchymal and LN abnormalities in the included studies.

First author	Year	Country	Definition for parenchymal abnormalities*	Definition for LN abnormalities*
Chest CT scan				
Delacourt [13]	1993	France	Not specified	mediastinal LNs <4 years, 5 mm; 4-8 years 6 mm; >8 years, 7 mm; hilar LNs <4 years, 4mm; 4-8 years, 5 mm, >8 years, 6mm.
Duran [14]	1996	Spain	Not specified	mediastinal LNs <4 years, 5 mm; 4-8 years 6 mm; >8 years, 7 mm; hilar LNs <4 years, 4mm; 4-8 years, 5 mm, >8 years, 6mm.
Katakura [15]	1999	Japan	Not specified	Not specified
Baghaie [16]	2005	Iran	Not specified	Not specified
Yoshiyama [17]	2008	Japan	Not specified	Not specified
Lew [18]	2009	Korea	Not specified	Not specified
Lee [19]	2010	Korea	**The presence of cavities, branching linear opacity, or multiple noncalcified nodules	Not specified
Hirama [20]‡†	2011	Japan	Not specified	Not specified
Garrido [21]	2012	Spain	Not specified	Hilar or mediastinal LNs >10 mm
Fujikawa [22]	2014	Japan	**1) consolidation, 2) cavitation, 3) clusters of non-calcified nodules ≤4 mm associated with dilated or thickened peripheral airway walls, 4) non-calcified nodules >4 mm with adjacent small nodules, 5) widespread distribution of small nodules <4 mm	Not specified

Catho [23] ‡‡	2015	France	Not specified	Not specified
Lu [24]	2016	China	Not specified	Not specified
Ziemele [25]	2017	Latvia	Not specified	Not specified
Lee [26]‡‡†	2017	Korea	Not specified	Not specified
Shimizu [27]	2017	Japan	Not specified	Not specified
Moreno-Ballester [28]	2018	Spain	Not specified	Hilar or mediastinal LNs >5 mm
Yoshiyama [29]	2019	Japan	Not specified	Not specified
Zhou [30]	2019	China	Not specified	Not specified
Yoon [31] ‡‡‡	2020	Korea	Not specified	Not specified
Wang [32]	2020	China	Not specified	Not specified
Mok [33]	2021	Korea	Lesions that could not be clearly classified as active or fibrocalcified TB or lesions showing a few ill-defined centrilobular nodules or a non-calcified, indeterminate nodule on CT were classified as “indeterminate lesions.” A discrete and tiny nodule of <5mm in diameter by CT were considered “normal”	Not specified
PET/CT scan				
Ghesani [34]	2014	USA	A positive test was defined as FDG uptake greater than in the mediastinal blood pool, expressed as SUV. A true negative examination was defined as the absence of FDG uptake.	
Esmail [35]‡‡‡‡	2016	UK	Parenchymal lesions were categorized as infiltrates, fibrotic scars, active nodules or discrete nodules. Parenchymal lesions were considered to have abnormal if FDG uptake within lesion was > background lung parenchyma but less than that of mediastinal blood pool. Mediastinal and hilar lymph nodes was was considered abnormal if FDG uptake within lesion was < that of mediastinal blood pool but < that of liver	
PET/MR scan				
Molton [36]	2019	Singapore	A lymph node of > 1 cm in short axis was considered enlarged and a nodule > 6mm was considered significant.	

			Any lesion with standardized uptake value > 0.95 was considered abnormal	
Naftalin [37]	2020	Singapore	Not specified	Not specified

LN=lymph node; CT=computed tomography; ^{18}F-FDG=18-fluorodeoxyglucose; PET=positron emission tomography; MRI=magnetic resonance imaging; SUV=Standardized uptake unit; FDG=fluorodeoxyglucose.

*In studies without specifying definitions, the presence of subclinical abnormalities was evaluated based on radiologists interpretation

**Some studies provided the definition for active tuberculosis rather than subclinical abnormalities.