

Supplementary Table 2. Diagnostic performances of “definite” or “probable” HCC category according to 2018 and 2022 KLCA-NCC criteria on ECA-MRI and HBA-MRI – reader 1 and reader 2

	“Definite” or “probable” HCC of 2018 KLCA-NCC (95% CI)	“Definite” or “probable” HCC of 2022 KLCA-NCC (95% CI)	P-value*
Reader 1			
ECA-MRI (n=190)			
Sensitivity (%)	76.9 (69.2–83.6)	84.6 (77.6–90.1)	0.001
Specificity (%)	95.7 (85.5–99.5)	95.7 (85.5–99.5)	>0.999
HBA-MRI (n=345)			
Sensitivity (%)	79.6 (74.2–84.2)	80.3 (75.0–84.9)	0.500
Specificity (%)	92.1 (83.6–97.1)	90.8 (81.9–96.2)	>0.999
Reader 2			
ECA-MRI (n=190)			
Sensitivity (%)	79.0 (71.4–85.4)	86.1 (79.2–91.2)	0.002
Specificity (%)	93.6 (82.5–98.7)	89.4 (76.9–96.5)	0.500
HBA-MRI (n=345)			
Sensitivity (%)	82.9 (77.9–87.2)	83.3 (78.3–87.5)	>0.999
Specificity (%)	93.4 (85.3–97.8)	92.1 (83.6–97.1)	>0.999

HCC, hepatocellular carcinoma; KLCA-NCC, Korean Liver Cancer Association-National Cancer Center; ECA, extracellular contrast agent; MRI, magnetic resonance imaging; HBA, hepatobiliary agent; CI, confidence interval.

*P-values between 2018 KLCA-NCC and 2022 KLCA-NCC in “definite” or “probable” HCC category were compared by using McNemar’s test.