

Radiographic Modality ^{reference}	Radiographic Descriptors for stricture characterization (number of studies using descriptors / total number of studies)	
US ^{14, 16, 19-22}	CEUS ^{19,22}	<ul style="list-style-type: none"> • 2/2 studies: peak signal intensity after contrast injection and time-to peak^{19, 22} • 1/2 studies: area under the time-intensity curve²², wash-in rate²², wash-out rate²², wash-in perfusion index²², AUC during wash-in²² and AUC during wash-out²², fall time²², mean transit²² and percentage of increase in wall brightness¹⁹
	Elastography ^{14, 20, 21}	<ul style="list-style-type: none"> • 3/3 studies: strain ratio measurement^{14, 20, 21} •
	Doppler US ¹⁹	<ul style="list-style-type: none"> • 1/1 study: color doppler signal intensity¹⁹
	TUS ¹⁶	<ul style="list-style-type: none"> • 1/1 study: echo pattern (hypoechoic, stratified and mixed)¹⁶
CT ^{23, 24, 26}	CE-CT ^{23, 24}	<ul style="list-style-type: none"> • 2/2 studies: bowel wall thickening^{23, 24}, mucosal/mural contrast enhancement^{23, 24} and mesenteric vascularization^{23, 24} • 1/2 studies: prestenotic dilation²⁴, presence of lymphadenopathy²⁴, stratification²⁴, and mesenteric fat stranding²³
	PET-CT ²⁶	<ul style="list-style-type: none"> • 1/1 study: mean of standardized uptake values (SUVs)²⁶
MRI ^{22, 26, 27, 31-33}	CE-MRI ^{22, 29, 29-33}	<ul style="list-style-type: none"> • 7/7 studies: contrast-enhancement^{22, 29, 31-33} • 5/7 studies: bowel wall thickness³¹⁻³³, mesenteric vascularization³¹⁻³³ and pattern of contrast enhancement³¹⁻³³ • 3/7 studies: presence of ulceration^{22, 32, 34} and apparent diffusion coefficient^{29, 31, 34} • 2/7 studies: presence of fatty proliferation/creeping fat and/or fat imbibition^{33, 33}, presence of fistulas^{34, 33}, presence of intra- or extramural abscesses^{34, 33}, mesenteric lymphadenopathy^{30, 33}, bowel wall edema^{23, 34} and percentage of enhancement gain after contrast injection between 70 s and 70 min^{29, 32} • 1/7 studies: normalized MT ratios²⁹, T1 ratio³³, T2 mural ratio³³ and T2 mural mesentery ratio³³, presence of high signal intensity on T2 (HASTE) and T2 with fat saturation³², blurred margins³², mural/lymph node cerebrospinal fluid signal intensity on T2-weighted fat-saturated images³¹ and several parameters after contrast injection like mucosal hyperenhancement at 70 s and 7 min³², stability and progression of enhancement over time³², rise time²², peak enhancement²², AUC during wash-in²², AUC after 25 seconds²², AUC after 70 seconds²², initial slope²², maximum slope²², wash-in perfusion index²², initial slope of increase³³ and time-to-peak³³
	PET-MRI ²⁶	<ul style="list-style-type: none"> • 1/1 study: SUVs²⁶

SUPPLEMENTAL TABLE 1: OVERVIEW OF CURRENTLY USED CROSS-SECTIONAL IMAGING PARAMETERS ASSESSING THE INFLAMMATORY AND FIBROTIC CHARACTERISTICS OF CROHN'S DISEASE STRICTURES. ADC, Apparent Diffusion Coefficient; AUC, Area Under the Curve; CE-CT, Contrast-Enhanced CT; CE-MRI, Contrast-Enhanced MRI; CEUS, Contrast-Enhanced Ultrasound; CT, Computed Tomography; DCE-MRI, Dynamic Contrast Enhanced-MRI; DW-MRI, Diffusion-Weighted MRI; MRI, Magnetic Resonance Imaging; MT-MRI, Magnetic Transfer MRI; SUV, Standard Uptake Value and US, Ultrasound. Indicated references correspond to the reference list of the main document.