Cerebral small vessel disease MRI features do not improve the prediction of stroke outcome

Supplemental data

Table e-1

		Dataset 1	Dataset 2
Diffusion	TR (ms)	9000	3914
	TE (ms)	82	56.3
	b-value	1000	1000
	Slice (mm)	4	3
	Matrix size (mm)	128*128	112*99
	FOV (cm)	24	24
FLAIR	TR (ms)	9000	11000
	TE (ms)	142	125
	TI (ms)	2359	2800
	Flip angle (°)	90	90
	Slice (mm)	1.8	4
	Matrix size (mm)	288*224	352*232
	FOV (cm)	24	24
T2*	TR (ms)	775	1145.6
	TE (ms)	20	16.1
	Flip angle (°)	20	18
	Slice (mm)	4	4
	Matrix size (mm)	320*320	244*187
	FOV (cm)	24	24
SWI	TR (ms)	60	NA
	TE (ms)	24.3	NA
	Flip angle (°)	15	NA
	Slice (mm)	3.2	NA
	Matrix size (mm)	320*224	NA
	FOV (cm)	22	NA
3D T1 FSPGR IR	TR (ms)	6.3	9.9
	TE (ms)	6	4.6
	Flip angle (°)	12	8
	Slice (mm)	1	1
	Matrix size (mm)	256*256	256*256
	FOV (cm)	24	24

Abbreviations: TR, repetition time; TE, echo time.

Figure e-1
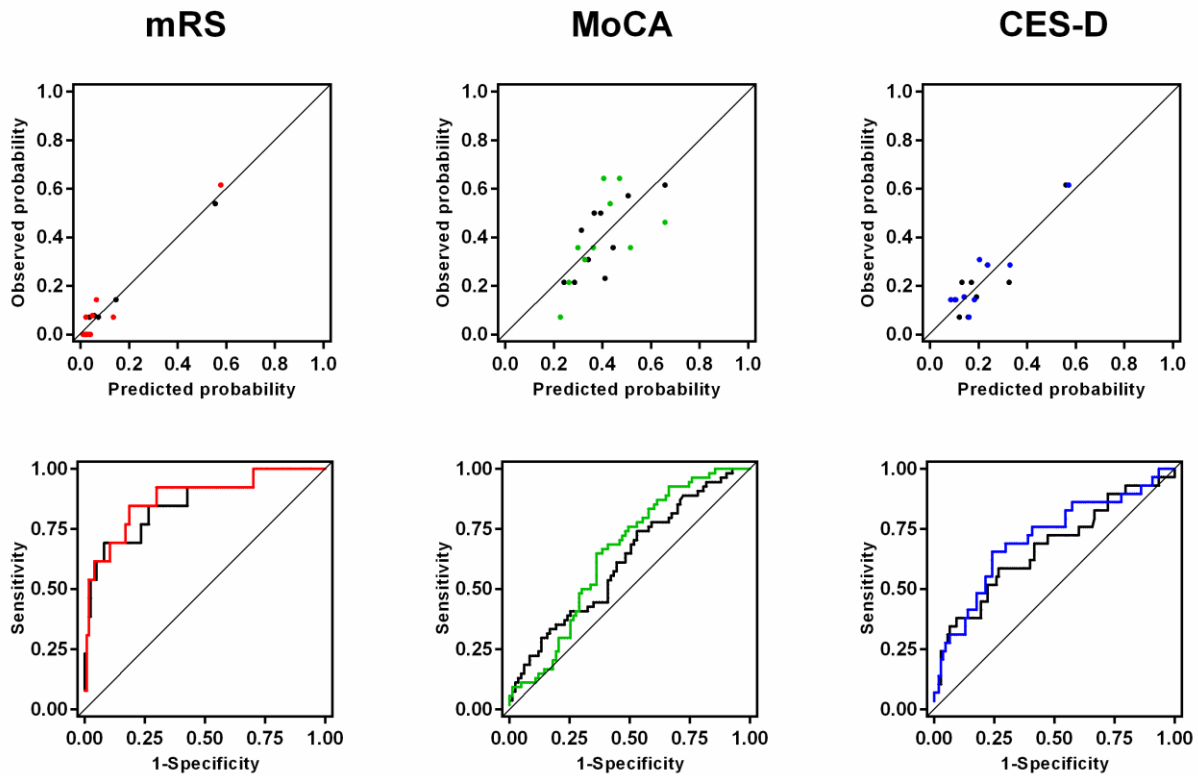
Calibration curves and receiver operating characteristic curves for dataset 2

Calibration curves (upper row) and receiver operating characteristic (ROC) curves (lower row) for the prediction of functional (mRS), cognitive (MoCA), and psychological (HAD) outcomes at the 6 month follow-up in dataset 2. Black dots and black lines are for model 1, while colored dots and colored lines (red, mRS; green, MoCA; blue, CES-D) are for model 2. In the upper row, the closer the observed outcome is to the predicted outcome, the better the calibration. In all three outcomes, model 1 showed calibration that was almost superimposed on that of model 2. In the lower row, the areas under the ROC curves (AUCs) were very close for models 1 and 2. Of note, only one representative calibration curve and ROC is shown each time among all of those obtained as part of the imputation method to take into account the missing data.