SUPPLEMENTARY TABLE

Table 1: Magnetic resonance imaging protocols for large and small wrist coils.

Sequence	TR (ms)	TE (ms)	TI (ms)	Slice thickness (mm)	Gap (mm)	FOV (cm)
Large wrist coil[1]						
MCP & Wrist T1 FSE Axial, Precontrast	420	13	n/a	3	1	16
MCP & Wrist T1 FSE Coronal, Precontrast	420	13	n/a	2 (interleaved)	0	16
MCP & Wrist STIR Coronal, Precontrast[2]	3760	45	150	3	1	16
MCP & Wrist T1 Fat-suppressed Coronal, Postcontrast[3]	420	13	n/a	4	1	16
Small wrist coil[1]						
MCP T1 FSE Axial, Precontrast	420	13	n/a	3	1	10-12
MCP T1 FSE Coronal, Precontrast	420	13	n/a	2 (Interleaved)	0	10-12
MCP STIR Coronal, Precontrast[2]	3760	45	150	3	1	10-12
Wrist T1 FSE Axial, Precontrast	420	13	n/a	3	1	10-12
Wrist T1 FSE Coronal, Precontrast	420	13	n/a	2 (interleaved)	0	10-12
Wrist STIR Coronal, Precontrast[2]	3760	45	150	3	1	10-12
Wrist T1 Fat-suppressed, Coronal, Postcontrast[3]	420	13	n/a	4	1	10-12

[1] Depending on availability in the individual centers a large or a small wrist coil was used. If a large wrist coil was used, the coil was positioned to include the MCP joints and wrist in FOV. If a small wrist coil was used, the MCP joints were imaged, all precontrast, and then the coil was positioned for the wrist joint and the pre- and postcontrast series were imaged.

[2] A coronal STIR or T2-weighted fat-suppressed sequence (choice by center) was obtained with the shown slice thickness/FOV. The parameters for the STIR sequence are shown.

[3]Gadolinium-contrast agent, 0.1 mmol (0.2 cc)/kg (20 cc maximum), administered intravenously through prepositioned access via rapid hand injection followed by a 20-mL saline flush. Image was to be acquired as soon as possible after completing the saline flush.

FOV=field of view, FSE=fast spin echo, MCP=metacarpophalangeal, STIR= Short Tau Inversion Recovery, TE=echo time, TI=inversion time, TR=repetition time