# Fig. 1

## From: MRI to guide clinical management of rectal cancer: updated consensus recommendations from the European Society of Gastrointestinal and Abdominal Radiology (ESGAR): PART II—Restaging and response evaluation




**Local tumour status**

- Likelihood of residual tumour:
  - ☐ Clinical complete response (cCR) (homogenous fibrosis, absence of focal diffusion restriction)
  - ☐ Near clinical complete response (near-cCR) (predominantly homogenous fibrosis, with or without small foci of diffusion restriction)
  - ☐ Minor residual tumour* (heterogeneous fibrosis with intermediate tumour signal ± focal diffusion restriction)
  - ☐ Major residual tumour* (persistent solid mass with diffusion restriction)

  * Estimated (maximum) ycT-category in case of suspected residual tumour:
    - ☐ ycT1-2
    - ☐ ycT3ab (≤5 mm extramural growth)
    - ☐ ycT3cd (>5 mm extramural growth)
    - ☐ ycT4a (invading peritoneum or peritoneal reflection)
    - ☐ ycT4b, based on invasion of: ……
- Mucinous component:
  - ☐ No
  - ☐ Yes, mucinous remnant of primarily mucinous tumour
  - ☐ Yes, mucinous transformation of primarily solid tumour
- Distance from the anorectal junction to the lower border of the remnant lesion (incl. fibrosis): … cm
- Size of remnant lesion (incl. fibrosis): ... cm → estimated size of residual tumour within fibrosis: … cm
- ycEMVI:
  - ☐ No (no EMVI at baseline or disappearance of EMVI)
  - ☐ Yes (persistent suspected tumour signal at site of primary EMVI)
- Sphincter invasion*: (indicate involved layer(s))
  - ☐ No
  - ☐ Internsphincteric space
  - ☐ Internal sphincter
  - ☐ External sphincter (=ycT4b)

  * If present, provide description of further details (side/location, craniocaudal extent of invasion; when possible discern invasion by fibrosis and/or tumour)

**Mesorectal fascia (ycMRF) involvement**

- Involvement of MRF (</=1 mm margin):
  - ☐ No
  - ☐ Yes
    - → ☐ by residual tumour
    - → ☐ by fibrosis with potential residual tumour
    - → ☐ by persistent EMVI
    - → ☐ by persistent irregular lymph node/tumour deposit
- Location of persistent MRF involvement (if applicable): … o'clock

**Lymph nodes and tumour deposits**

- Mesorectal lymph nodes:
  - ☐ ycN0 = no remaining nodes or only nodes < 5 mm
  - ☐ possibly ycN+ = any remaining nodes with a short axis ≥ 5 mm or mucinous signal
- Lateral lymph nodes:
  - ☐ N/A (no suspicious lateral nodes at baseline)
  - ☐ Previously enlarged obturator and/or internal iliac node(s):
    - Current size: …. cm → was …. cm at baseline
- Persistent tumour deposits:
  - ☐ No
  - ☐ Yes: … (number, size)

Estimated ycN-category*
- ☐ ycN0
- ☐ Possibly ycN+
- ☐ ycN+

- Non-regional (cM-category) lymph nodes:
  - ☐ N/A (no suspicious non-regional lymph nodes at baseline)
  - ☐ Previously enlarged external/common iliac or inguinal node(s)
    - Current size: …. cm → was …. cm at baseline

* For further guidance on assessment of ycN-category, please refer to Figure 3

Recommended structured reporting template for restaging after neoadjuvant treatment. EMVI, extramural vascular invasion; yc-suffix, represents restaging of a feature after neoadjuvant treatment based on clinical and/or imaging assessment

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