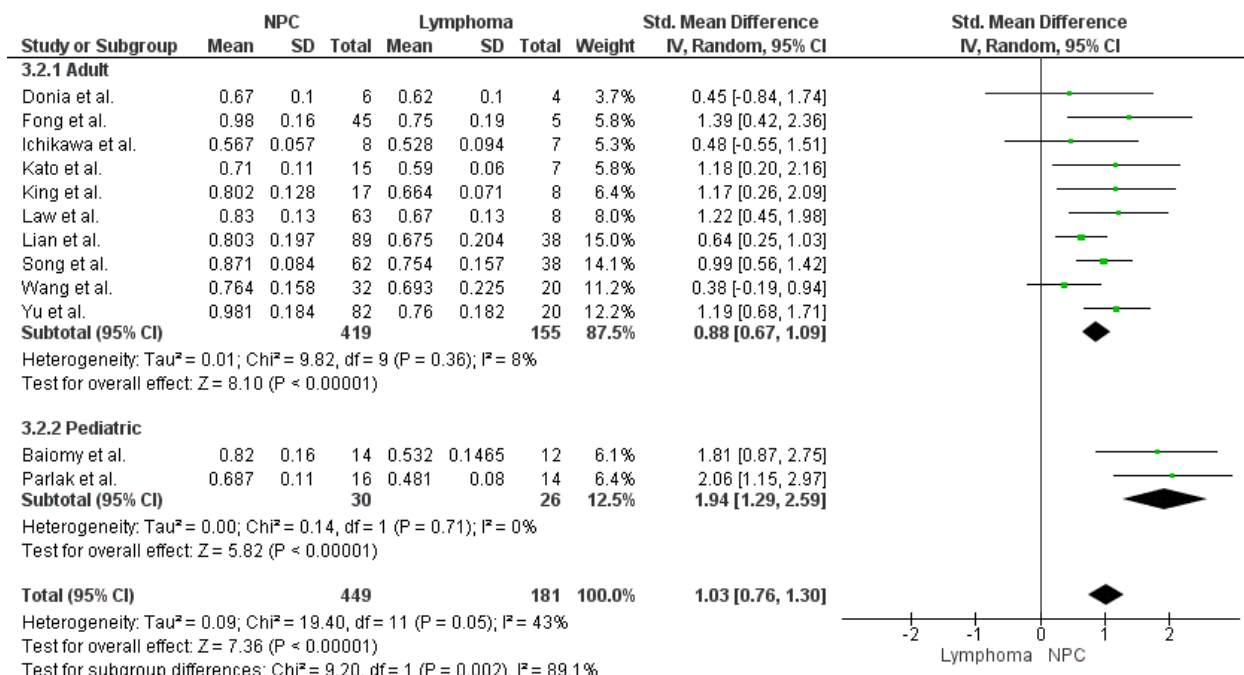
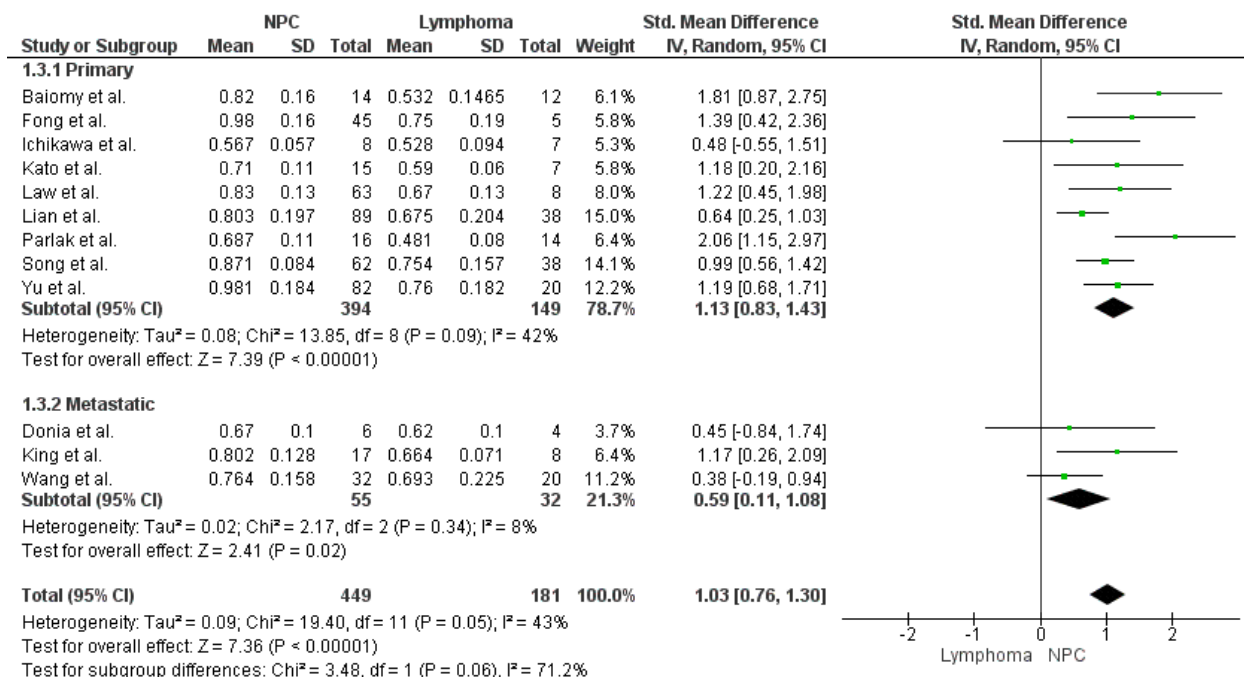


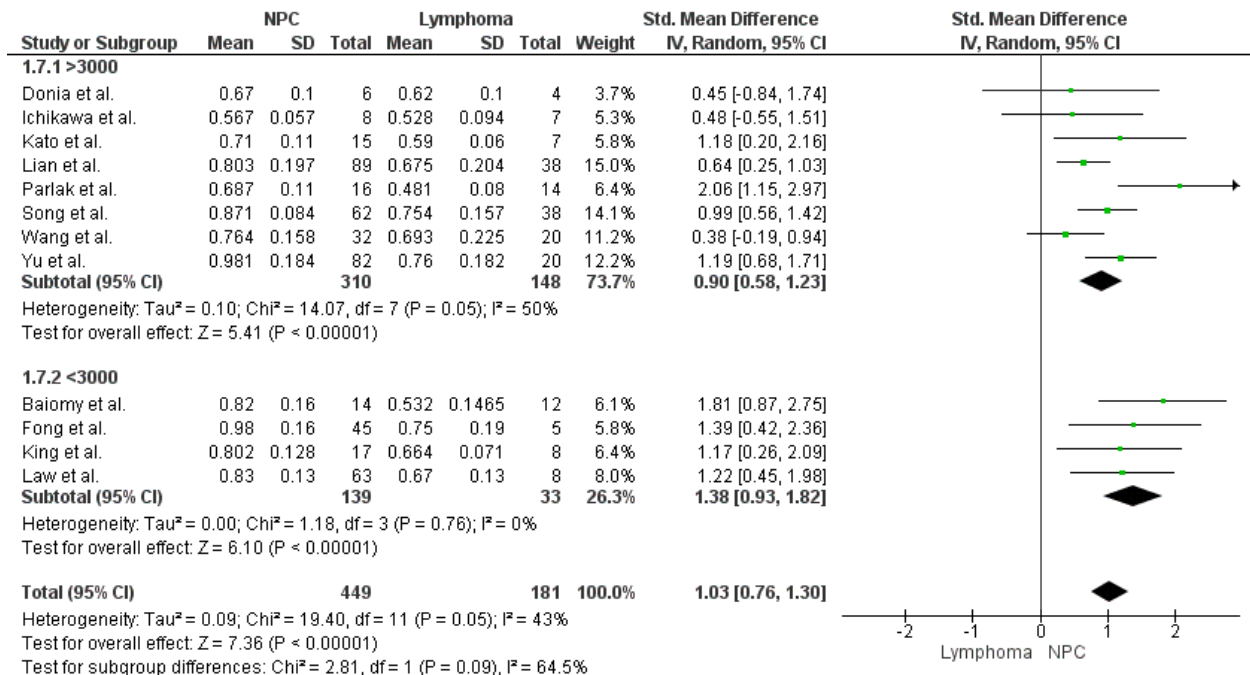
Suppl Figure 1. Subgroup analysis based on magnetic field strength (1.5T vs. 3.0 T) showed that studies conducted with 1.5 T scanners have significantly higher SMD than 3.0 T ($p = 0.03$)



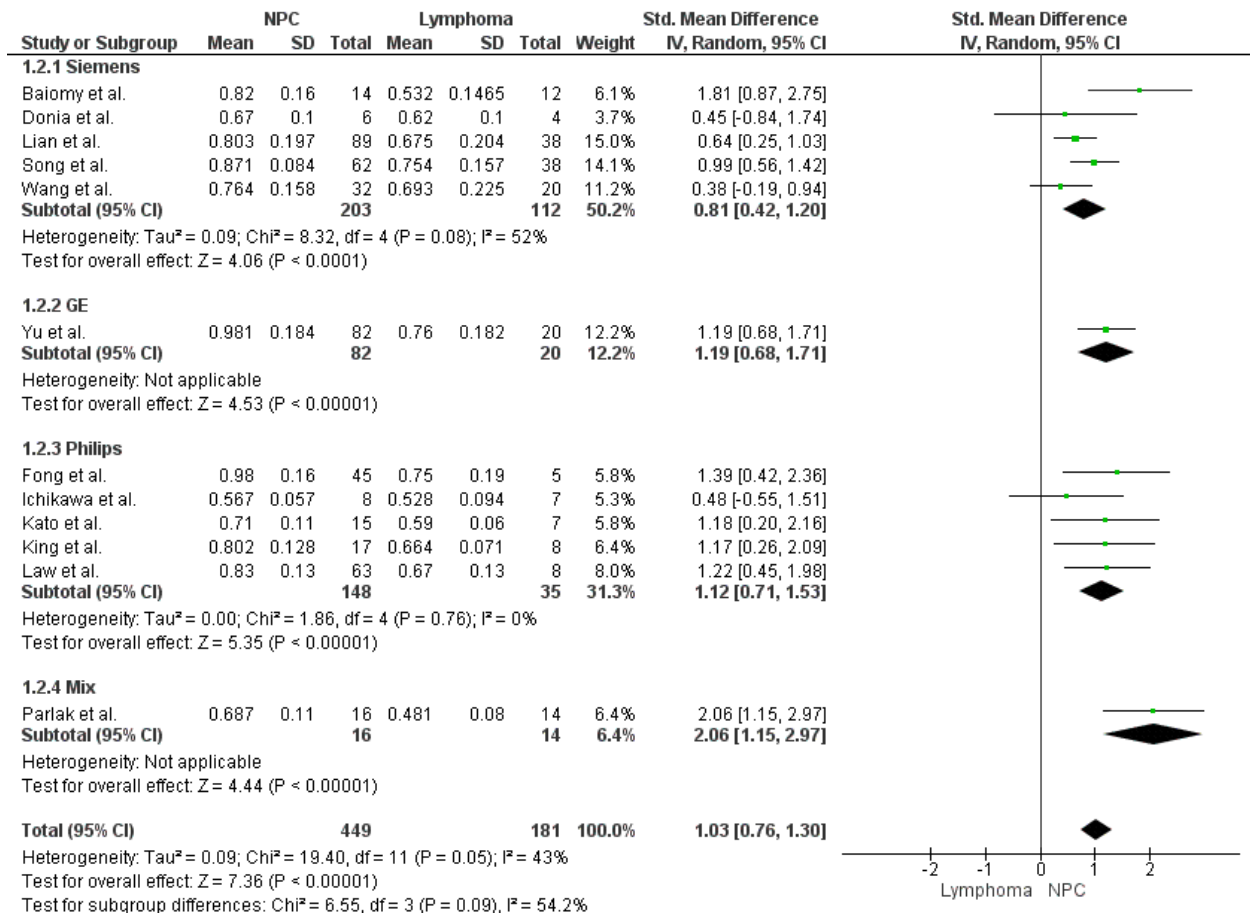
Suppl Figure 2. Subgroup analysis based on age group (adult vs. pediatric) showed that SMD was significantly higher in pediatric populations ($p = 0.002$)



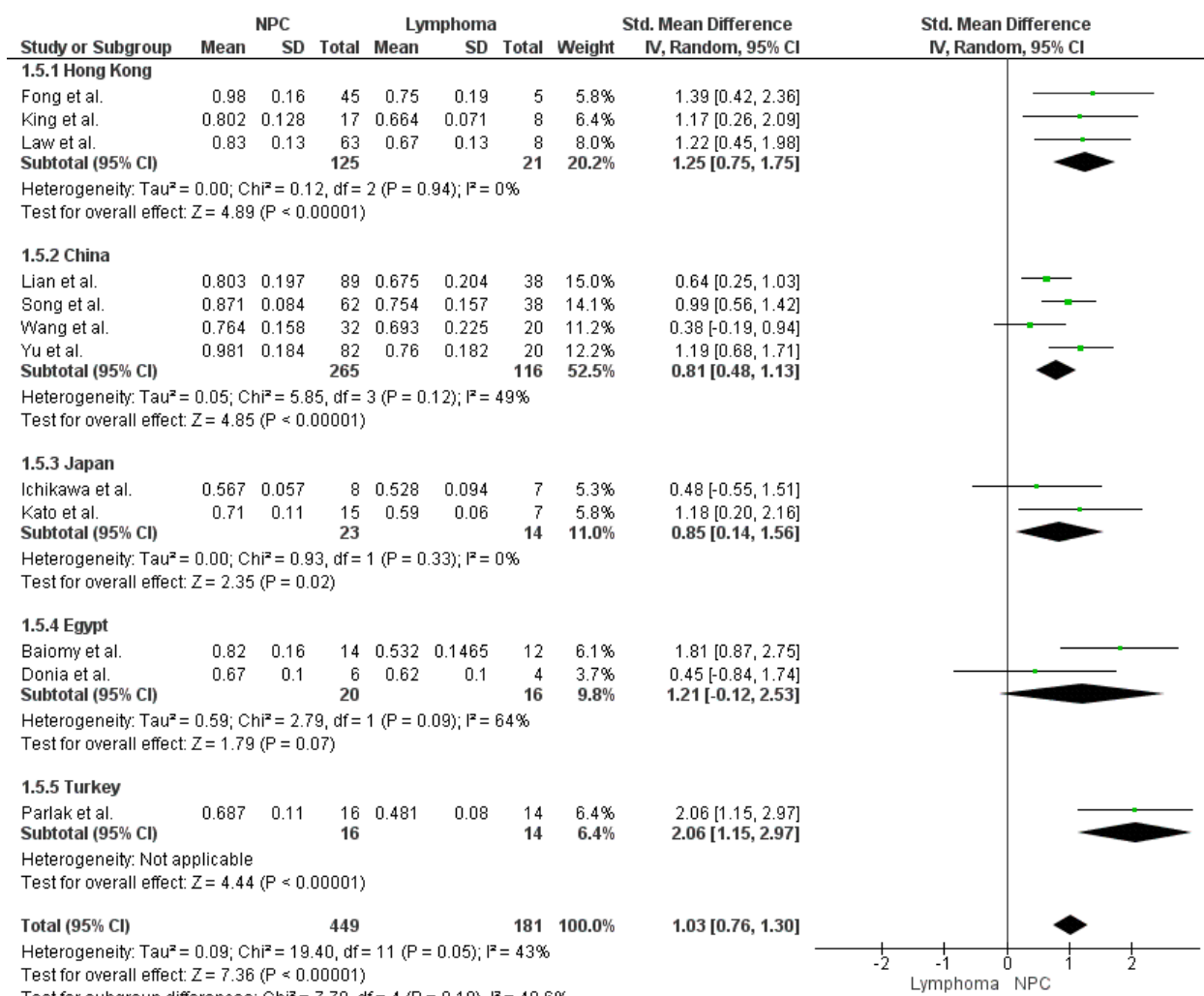
Suppl Figure 3. Subgroup analysis based on tumor site showed that primary tumors have a higher SMD than metastatic lesions (e.g., lymph nodes). However, the difference wasn't statistically significant ($p = 0.06$)



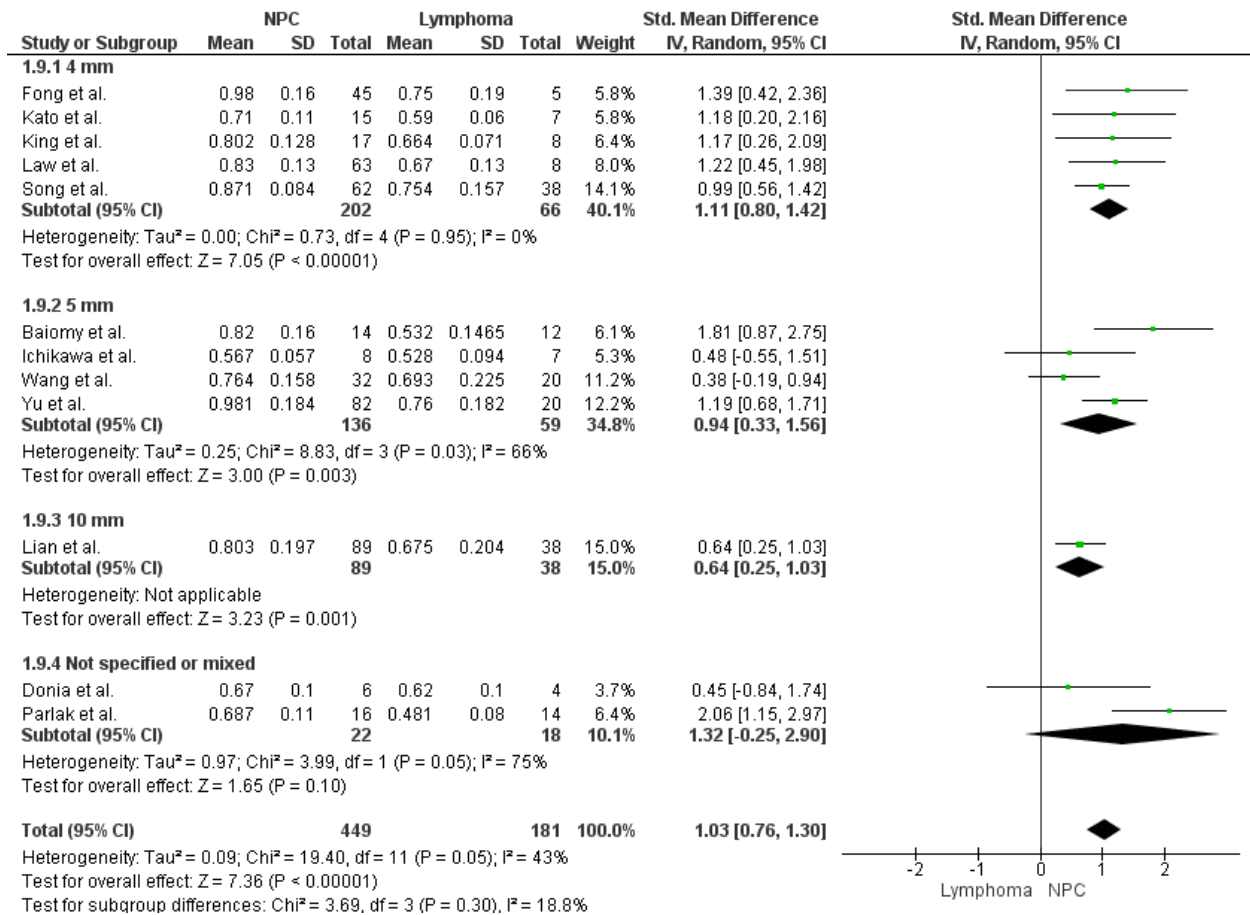
Suppl Figure 4. Subgroup analysis based on repetition time (TR) showed that studies with a TR lesser than 3000 ms had a higher SMD. However, the difference wasn't statistically significant ($p = 0.06$)



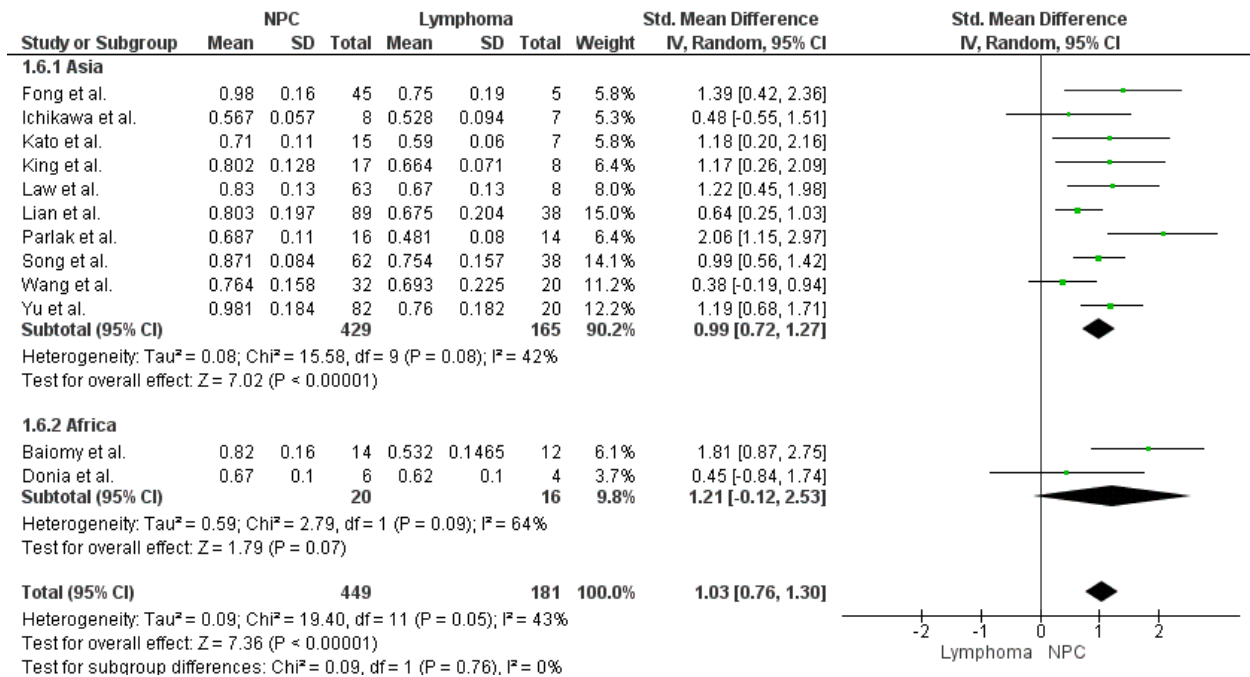
Suppl Figure 5. Subgroup analysis based on scanner manufacturers showed devices made by Seimens company had a lower SMD than others. However, the differences were not statistically significant ($p = 0.09$)



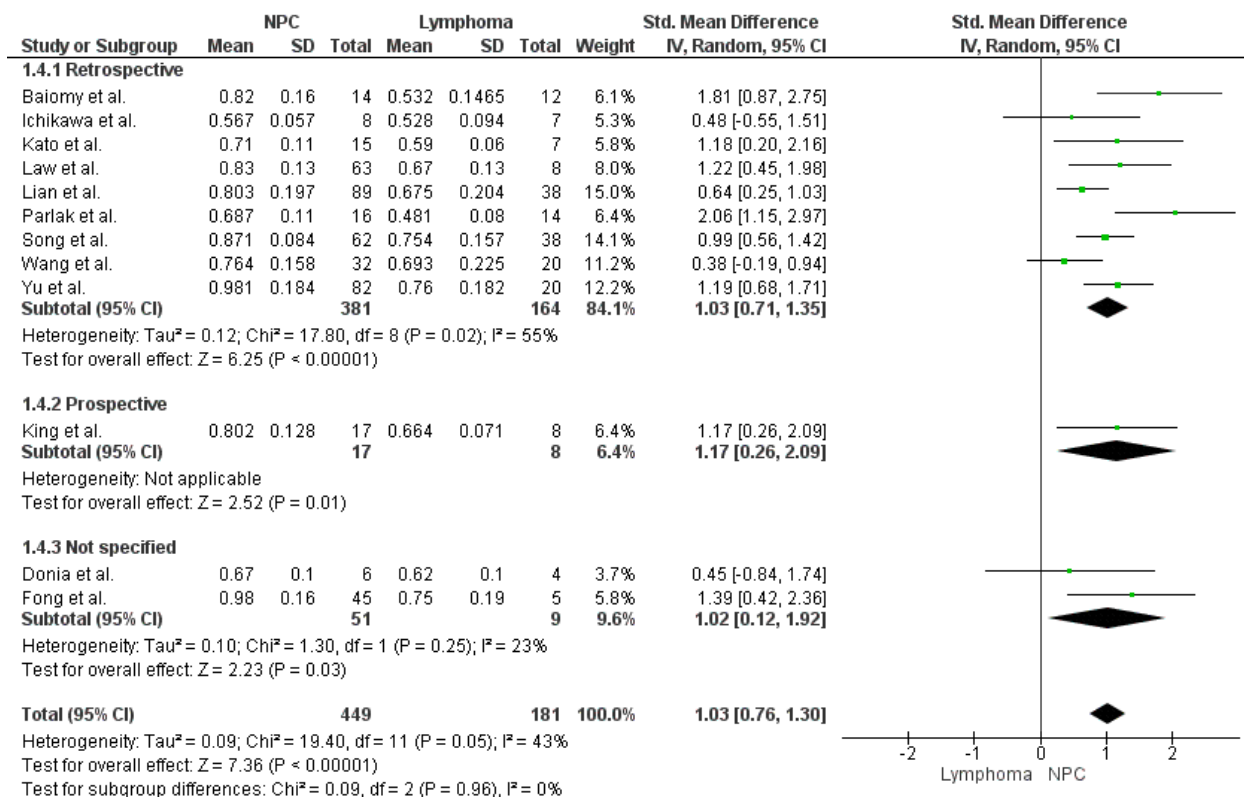
Suppl Figure 6. Subgroup analysis based on the country where the study was conducted showed that there wasn't a significant difference between SMD of different countries overall ($p = 0.10$)



Suppl Figure 7. Subgroup analysis based on slice thickness showed that SMD of ADC value in studies with thicker slices was lower. However, the test for subgroup differences was not statistically significant ($p = 0.30$)



Suppl Figure 8. Subgroup analysis based on the region where the study was conducted showed that there wasn't a significant difference between Asian and African regions overall ($p = 0.76$)



Suppl Figure 9. The subgroup analysis based on the study design. As seen, The values of SMD for different subgroups are almost close to each other. Confirmed by the test for subgroup differences ($p = 0.96$)