STARD 2015: updated reporting guidelines for all diagnostic accuracy studies

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We would like to thank the Editorial Board and the authors of the editorials for their support for the STARD initiative. We firmly believe that reporting guidelines such as STARD can contribute to more complete and more transparent reporting, thereby reducing waste in research and enhancing evidence-informed decision-making (1).

The editorials highlight the relevance and the potential of the updated STARD list, which now includes 30 items (2). STARD can be used as a checklist by authors, reviewers, and editors. It can also be used by those preparing registration in clinical trial registries, when writing a protocol for a diagnostic accuracy study, or in teaching the structure of such studies.

We are currently finalizing an updated Explanation and Elaboration document to support the use of STARD 2015.

STARD specifies what key elements should be reported, but does not prescribe how diagnostic accuracy study should be performed (3). Depending on the intended use and clinical role of the test under evaluation, different designs and statistical analyses can be used.

The principles that underlie STARD apply to all forms of medical testing. Regardless of the technology, readers of a study report should be able to learn about the eligibility criteria to invite study participants, and about the procedures used to identify them, for example. No matter what the test is, the technique should be described in sufficient detail to enable replication. This means that for specific fields of testing, specific technologies, or for specific clinical applications, more detail will be required. As indicated in the article accompanying the release of STARD 2015, the STARD group welcomes the development of STARD extensions, and we know that the development for several such extensions is underway.

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Footnote

Conflicts of Interest: The authors have no conflicts of interest to declare.

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