Appendix 1: Empirical evidence of sources of bias reported in 3 systematic review of diagnostic accuracy studies

Checkpoint	Review; sources of bias		
	Lijmer et al ⁵	Whiting et al ⁶	Rutjes et al ⁴
Was the diagnostic test evaluated in a representative spectrum of patients?	• Case-control design (RDOR 3.0, 95% CI 2.0-4.5)	Distorted selection of participants (some empirical support)	• Case-control design (RDOR 4.9, 95% CI 0.6-37.3)
	• Nonconsecutive patient selection (RDOR 0.9, 95% CI 0.7–1.1)	—	• Nonconsecutive sampling (RDOR 1.5, 95% CI 1.0–2.1)
	• Retrospective data collection (RDOR 1.0, 95% CI 0.7–1.4)	_	• Retrospective data collection (RDOR 1.6, 95% CI 1.1–2.2)
Did investigators compare the test against an appropriate, independent "gold" (reference) standard?	—	• Inappropriate reference standard (some empirical support)	—
	—	• Incorporation bias (test used as part of gold standard) (no empirical support)	 Incorporation bias (RDOR 1.4, 95% CI 0.7–2.8)
Did investigators perform the same gold standard on all patients regardless of the results of the test under investigation?	• Different reference standard used for some patients (RDOR 2.2, 95% CI 1.5–3.3)	 Different reference standard used for some patients (some empirical support) 	• Different reference standard used for some patients (RDOR 1.6, 95% CI 0.9–2.9)
	• Reference standard not used for some patients (RDOR 1.0, 95% CI 0.8–1.3)	Reference standard not used for some patients (strong empirical support)	Reference standard not used for some patients (RDOR 1.1, 95% CI 0.7–1.7)
Did investigators interpret the results of the study test and the gold standard independently and blindly from each other?	• Nonblinded reading of results (RDOR 1.3, 95% CI 1.0–1.9)	Review bias (some empirical support)	 Single- or nonblinded reading o results (RDOR 1.1, 95% CI 0.8- 1.6)

Note: RDOR = relative diagnostic odds ratio, CI = confidence interval.