

Supplementary Online Content

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eTable 1. Search Strategy and Search Results

eTable 2. Guidance on the Interpretation of Items

eTable 3. Examples of Complete Reporting of Items Among ARVO Abstracts

eReferences. List of Included Abstracts (n=126)

This supplementary material has been provided by the authors to give readers additional information about their work.

eTable 1. Search Strategy and Search Results

Searches were performed at <http://www.iovs.org/search.dtl?arvontgsearch=true> in January 2015.

In total, 6310 abstracts were accepted at ARVO 2010.

#	Search term	Search results
1	diagnostic accuracy (all)	26
2	sensitivity specificity (all)	91
3	sensitivity specific (all)	49
4	sensitive specificity (all)	12
5	sensitive specific (all)	46
6	"true positive rate" (all)	1
7	"false positive rate" (all)	4
8	"true positive ratio" (all)	1
9	"false positive ratio" (all)	1
10	"true positive fraction" (all)	0
11	"false positive fraction" (all)	0
12	TPR FPR TPF FPF (any)	0
13	"predictive value" (all)	25
14	"predictive values" (all)	8
15	PPV NPV (all)	6
16	"likelihood ratio" (all)	2
17	"likelihood ratios" (all)	2
18	"diagnostic odds ratio" (all)	0
19	"diagnostic odds ratios" (all)	0
20	DOR (all)	0
21	AUC ROC AUROC AUCROC (any)	76
22	"AUC-ROC" (all)	0
23	"receiver operating" (all)	34
24	"receiver operator" (all)	7
25	"c statistic" (all)	0
26	"c index" (all)	2
27	youden (all)	0
28	"diagnostic performance" (all)	18
29	"diagnostic ability" (all)	11
30	"discriminative ability" (all)	3
31	"gold standard" (all)	30
32	"reference standard" (all)	9
33	"reference test" (all)	2
34	"index test" (all)	0
	Results before deduplication	466
	Results after deduplication	271
	Abstracts of diagnostic accuracy studies included	126

eTable 2. Guidance on the Interpretation of Items

Checklist item		Guidance for scoring
TITLE		
1.	Identify the article as a study of diagnostic accuracy in title	1 point if “diagnostic accuracy” or “accuracy” or “diagnostic” or “diagnosis” or “screening” or any measure of diagnostic accuracy (e.g. sensitivity, specificity, positive predictive value etc.) is reported in the title
BACKGROUND AND AIMS		
2.	Rationale for study / background	1 point if at least one sentence on the rationale regarding the diagnostic accuracy part of the study is reported
3.	Research question / aims / objectives	1 point if at least one sentence on the diagnostic accuracy part of the study is reported; terms such as the following suffice if they directly relate to the diagnostic accuracy measures found in the abstract: detection, screening, classification, differentiation, discrimination, identification, prediction, or any measure of accuracy
METHODS		
4.	Study population (at least one of following)	1 point if at least 1 point on the following 4 sub-items:
	<i>a – Inclusion / exclusion criteria</i>	<i>1 point if at least age, and presenting signs, symptoms or conditions is reported. A sentence such as “patients suspected of [target condition]” also suffices</i>
	<i>b – Clinical setting</i>	<i>1 point if the name of the department or hospital is reported, or if it is reported that the study took place in a screening, primary, secondary or tertiary care setting</i>
	<i>c – Number of centres</i>	<i>1 point if it is at least clear whether the study took place in one centre or in more than one centre (“multicentre”)</i>
	<i>d – Study location</i>	<i>1 point if at least a city or country is reported</i>
5.	Recruitment dates	1 point if at least the year is reported
6.	Sampling (consecutive vs. random sample)	1 point if explicitly reported, or very clear from the reported information
7.	Data collection (prospective vs. retrospective)	1 point if explicitly reported, or if it was stated that written consent was obtained from each included participant
8.	Study design (case-control vs. cohort)	1 point if “two-gate”, “multiple-gate”, “single-gate”, “one-gate”, “cohort study” or any related term is used; 1 point if the words “control” or “healthy volunteers” or “normal patients” are used in addition to a group with the target condition; 1 point if patients are explicitly reported based on a single set of inclusion criteria
9.	Reference standard	1 point if generic name is provided (e.g. urine culture, colonoscopy); there is no need for details
10.	Information on the index test under evaluation (at least one of following)	1 point if at least 1 point on the following 3 sub-items:
	<i>a – Index test</i>	<i>1 point if the generic name is reported</i>
	<i>b – Technical specifications and/or commercial name</i>	<i>1 point if the name of the device or commercial kit or machine or imaging sequence is reported;</i>

		<i>in case of a panel of biomarkers, 1 point if the specific names of the biomarkers were reported</i>
	<i>c –Cut-offs or categories of results of index test</i>	<i>1 point if at least some information on cut-offs or categories is reported</i>
11.	Whether test readers were masked (at least one of following)	1 point if at least 1 point on the following 2 sub-items:
	<i>a – When interpreting the index test</i>	<i>1 point if the interpretation of the index test was explicitly masked to the result of the reference standard</i>
	<i>b – When interpreting the reference standard</i>	<i>1 point if the interpretation of the reference standard was explicitly masked to the result of the index test</i>
RESULTS		
12.	Study participants (at least one of following)	1 point if at least 1 point on the following 3 sub-items:
	<i>a – Number of participants</i>	<i>1 point if number of study participants is reported; 0 points if number of samples, eyes or photos is reported but it is unclear from how many participants they were derived</i>
	<i>b – Age of participants</i>	<i>1 point if mean or median age, or age range is reported</i>
	<i>c – Gender of participants</i>	<i>1 point if proportion of males/females is reported</i>
13.	Information on indeterminate results / missing values	1 point if at least some information on indeterminate or missing results is provided
14.	Disease prevalence	1 point if the number or % of participants with the target condition is reported
15.	2x2 table	1 point if numbers from 2x2 table are explicitly reported; for continuous tests that only report an AUC-ROC, 1 point if distribution of test results by results of the reference standard is reported; 0 points for continuous tests that report sensitivity and specificity without providing a 2x2 table at a specific threshold (even when also reporting AUC-ROC)
16.	Estimates of diagnostic accuracy (at least one of following)	1 point if at least 1 point on the following 6 sub-items:
	<i>a – Sensitivity and/or specificity</i>	<i>1 point if a numeric estimate of sensitivity and/or specificity is reported</i>
	<i>b – Negative and/or positive predictive value</i>	<i>1 point if a numeric estimate of predictive values is reported</i>
	<i>c – Negative and/or positive likelihood ratio</i>	<i>1 point if a numeric estimate of likelihood ratios is reported</i>
	<i>d – Area under the ROC curve / C-statistic</i>	<i>1 point if a numeric estimate of AUC ROC or C-index is reported</i>
	<i>e – Diagnostic odds ratio</i>	<i>1 point if a numeric estimate of diagnostic odds ratios is reported</i>
	<i>f – Accuracy</i>	<i>1 point if a numeric estimate of accuracy is reported</i>
17.	95% Confidence intervals around estimates of diagnostic accuracy	1 point if at least one 95% Confidence Interval is reported
18.	Reproducibility of the results of the index test under evaluation	1 point if agreement or any kappa coefficient is calculated, if raw inter-observer variability is reported (e.g. range of accuracy across readers), or coefficients of variation (test-retest reliability)
DISCUSSION / CONCLUSION		

19.	Discussion of diagnostic accuracy results	1 point if at least one or more specific accuracy estimates are discussed (e.g. "had high specificity"), or when general terms are used to discuss the diagnostic accuracy of the test (e.g. "was able to distinguish") or if a remark on the applicability of the test in clinical practice is made (e.g. "is useful")
20.	Implications for future research	1 point if at least one recommendation or perspective for future research is provided
21.	Limitation of study	1 point if at least one limitation is discussed

eTable 3. Examples of Complete Reporting of Items Among ARVO Abstracts

Checklist item		Examples of complete reporting
TITLE		
1.	Identify the article as a study of diagnostic accuracy in title	" Diagnostic Performance of Novel Morphological Parameters for the Screening of Narrow Angles" ¹
BACKGROUND AND AIMS		
2.	Rationale for study / background	"CMV retinitis is a treatable infection of the retina in patients with AIDS. It is a leading cause of blindness in areas of the world most affected by the AIDS epidemic. Early recognition of CMV retinitis is key to saving vision, but ophthalmologists trained for this purpose are often in short supply in the hardest hit areas" ²
3.	Research question / aims / objectives	"The purpose of this study was to evaluate whether the diagnostic performance of a novel, global test for dry eye disease (TearLab™ osmolarity) was improved by the addition of markers specific for aqueous deficient or evaporative dry eye" ³
METHODS		
4.	Study population (at least one of following)	
	<i>a – Inclusion / exclusion criteria</i>	"Inclusion criteria for glaucoma patients were: POAG, IOP > 21mmHg, best-corrected visual acuity of 20/40 or better, spherical equivalent within 5.0 D, = 40 years of age, 2 consecutive abnormal and reliable visual fields. Inclusion criteria for healthy individuals were: IOP < 21 mmHg, best-corrected visual acuity of 20/40 or better, spherical equivalent within 5.0 D, = 40 years of age, 2 consecutive and reliable normal visual fields, open angle on gonioscopy" ⁴
	<i>b – Clinical setting</i>	"Forty-eight patients with open-angle glaucoma who were examined in the glaucoma clinic of Teikyo University School of Medicine Hospital from July 2008 to September 2009 were studied" ⁵
	<i>c – Number of centres</i>	"One-hundred and forty-two from a planned 320 participants have been recruited and tested in a four centre study of perimetry instruments (mean age=59, range [18, 83] years)" ⁶
	<i>d – Study location</i>	"148 subjects were recruited from glaucoma clinics in Singapore with diagnoses of primary angle closure and angle closure glaucoma" ⁷
5.	Recruitment dates	"All cases of presumed postoperative endophthalmitis from 2002 to 2008 at a teaching-hospital were included" ⁸
6.	Sampling (consecutive vs. random sample)	"Participants, consecutively enrolled from January 2009 to June 2009, underwent Stratus OCT (fast RNFL scan, Carl Zeiss Meditec, Dublin, CA) and RTVue OCT (ONH scan and GCC scan, Optovue Inc, Fremont, CA) during the same visit" ⁹
7.	Data collection (prospective vs. retrospective)	"In this prospective observational study, consecutive subjects recruited from a glaucoma clinic underwent gonioscopy by a single glaucoma specialist" ¹⁰
8.	Study design (case-control vs. cohort)	"60 eyes from 60 normal subjects and 63 eyes from 63 glaucoma patients attending our institute, were enrolled" ¹¹
9.	Reference standard	"SITA 24-2 visual field loss (PSD and MD p<5% and

		Glaucoma Hemifield Test outside normal limits) on two consecutive visual fields was used as reference test to define glaucoma patients" ¹¹
10.	Information on the index test under evaluation (at least one of following)	
	<i>a – Index test</i>	"To compare diagnostic ability in glaucoma detection between retinal nerve fiber layer (RNFL) thickness measurements obtained by spectral domain optical coherence tomography (OCT) and time domain OCT " ¹²
	<i>b – Technical specifications and/or commercial name</i>	"The participants were imaged with both SD-OCT (Spectralis; Heidelberg Engineering, Heidelberg, Germany) and TD-OCT (Stratus; Carl Zeiss Meditec, Inc., Dublin, CA) on the same day, and tested with Standard Automated Perimetry (SAP) (Humphrey Field Analyzer II with Swedish Interactive Thresholding Algorithm [SITA]; Carl Zeiss Meditec, Inc.) within an interval of one month" ¹³
	<i>c – Cut-offs or categories of results of index test</i>	"Ischemic index values ranged from 0.1% to 30%. An ischemic index of 7% was 100% sensitive and 83% specific for the presence of neovascularization and 50% sensitive and 100% specific for macular edema" ¹⁴
11.	Whether test readers were masked (at least one of following)	
	<i>a – When interpreting the index test</i>	"EyeCam (Clarity Medical System, Pleasanton, CA) and gonioscopy (Topcon Corporation, Tokyo, Japan) were performed in all quadrants of one randomly selected eye and the images were evaluated in a random sequence on different days by a single observer, masked to clinical findings " ¹⁰
	<i>b – When interpreting the reference standard</i>	"All clinical measurements were performed by one experienced clinician who was masked with respect to the measurements performed with the noninvasive methods , which included dynamic-area high speed videokeratoscopy (HSV), dynamic wavefront sensing (DWS), and lateral shearing interferometry (LSI)" ¹⁵
RESULTS		
12.	Study participants (at least one of following)	
	<i>a – Number of participants</i>	"We examined 30 eyes of 16 patients with glaucoma (12 POAG, 2 pigment dispersion, 2 PEX, mean MD -4.2±6.5, age 62±6 yrs) and 29 eyes of 17 normal subjects (age 56±6 yrs, mean MD 1.2±1.4)" ¹⁶
	<i>b – Age of participants</i>	"We examined 30 eyes of 16 patients with glaucoma (12 POAG, 2 pigment dispersion, 2 PEX, mean MD -4.2±6.5, age 62±6 yrs) and 29 eyes of 17 normal subjects (age 56±6 yrs , mean MD 1.2±1.4)" ¹⁶
	<i>c – Gender of participants</i>	"117 HD-OCT images from 73 subjects (47 female, 26 male) were used for analysis" ¹⁷
13.	Information on indeterminate results / missing values	"From 1.1996 till 12.2009, 146 enucleations were performed in our institution. UBM information was available in 18 cases " ¹⁸
14.	Disease prevalence	"Nine glaucoma patients were identified (prevalence of 6.5%)" ¹⁹

15.	2x2 table	"The <i>Full Grid method</i> produced 18 FP, 21 FN, 269 TP and 463 TN resulting in 92.8% sensitivity, 96.3% specificity and 5% suspects (28 AMD and 13 normals)" ²⁰
16.	Estimates of diagnostic accuracy (at least one of following)	
	<i>a – Sensitivity and/or specificity</i>	"Punch biopsy showed the following indicators: Sensibility: 90%; Specificity: 91% ; Positive predictive value: 96%; Negative predictive value: 77%" ²¹
	<i>b – Negative and/or positive predictive value</i>	"The PPV was 5.2%, the NPV 98.9% " ²²
	<i>c – Negative and/or positive likelihood ratio</i>	"The GDx GPA detected 17 of these eyes (sensitivity 41%, positive likelihood ratio [LR] 6.9) and the HRT TCA detected 11 (sensitivity 26%, positive LR 2.6)" ²³
	<i>d – Area under the ROC curve / C-statistic</i>	"The FD-OCT parameter GCC thickness showed AUROC s 0.93 to 0.95 and sensitivities at 95% specificity 75% to 81%" ¹²
	<i>e – Diagnostic odds ratio</i>	"Statistical analysis demonstrated an odds ratio of 9.71 (95% CI: 3.72-25.40) for glaucomatous disease if a RAPD was present, with a sensitivity of 66.7% and a specificity of 82.9%" ²⁴
	<i>f – Accuracy</i>	"Our proposed algorithm achieved a mean accuracy level of 86.6% (S.D.=5.9) in detecting OD, 87.1% (S.D.=6.5) in detecting OD-plus-PPA and 73.5% (S.D.=12.8) in detecting PPA" ²⁵
17.	95% Confidence intervals around estimates of diagnostic accuracy	"Digital fundus photographs were found to have a sensitivity, specificity, positive predictive value and negative predictive value of 83.75% (95% CI 75.04, 82.43), 93.88% (95% CI 88.62, 99.13), 91.78% (95% CI 84.80, 98.77) and 87.62 (95% CI 80.84, 94.40) , respectively, for detecting any retinopathy" ²⁶
18.	Reproducibility of the results of the index test under evaluation	"Intra-rater reliability was high, with kappas for each grader ranging from 0.93 to 0.96" ²
DISCUSSION / CONCLUSION		
19.	Discussion of diagnostic accuracy results	"Pediatric ophthalmology fellows in this study generally demonstrated high diagnostic specificity in image-based ROP diagnosis. However, diagnostic sensitivity was lower , particularly for clinically-significant levels of disease" ²⁷
20.	Implications for future research	" Further prospective multi-centered clinical studies would be necessary to better delineate the utility of this method in the precise categorization of retinoblastoma anterior extension" ¹⁸
21.	Limitation of study	" Although our series encompasses only a limited number of cases , the sensitivity and specificity of UBM in the assessment of retinoblastoma anterior extension is interesting" ¹⁸

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