

Comparison of multi-parallel qPCR and double-slide Kato-Katz for detection of soil-transmitted helminth infection among children in rural Bangladesh

S2 Checklist: STARD Bayes Latent Class Models Checklist

Section & Topic	No	Item	Reported on page #
TITLE OR ABSTRACT			
	1	Identification as a study of diagnostic accuracy, using at least one measure of accuracy (such as sensitivity, specificity, predictive values, or AUC) and Bayesian latent class models	Abstract
ABSTRACT			
	2	Structured summary of study design, methods, results, and conclusions (for specific guidance, see STARD for Abstracts)	Abstract
INTRODUCTION			
	3	Scientific and clinical background, including the intended use and clinical role of the tests under evaluation	Introduction, paragraph 2-4
	4	Study objectives and hypotheses, such as estimation of diagnostic accuracy of the tests for a defined purpose through BLCM	Introduction, paragraph 5
METHODS			
<i>Study design</i>	5	Whether data collection was planned before the tests were performed (prospective study) or after (retrospective study)	Methods, paragraph 1-4
<i>Participants</i>	6	Eligibility criteria and description of the source population	Methods, paragraph 1
	7	On what basis potentially eligible participants were identified (such as symptoms, results from previous tests, inclusion in registry)	Methods, paragraph 1
	8	Where and when potentially eligible participants were identified (setting, location and dates)	Methods, paragraph 1
	9	Whether participants formed a consecutive, random or convenience series	Methods, paragraph 1
<i>Test methods</i>	10	Description of the tests under evaluation , in sufficient detail to allow replication, and/or cite references	Methods, paragraph 3-7
	11	Rationale for choosing the tests under evaluation in relation to their purpose	Introduction, paragraph 2-4
	12	Definition of and rationale for test positivity cut-offs or result categories of the tests under evaluation , distinguishing pre-specified from exploratory	Methods, paragraph 3
	13	Whether clinical information was available to the performers or readers of the tests under evaluation	Methods, paragraph 3-4
<i>Analysis</i>	14a	BLCM model for estimating measures of diagnostic accuracy	Methods, paragraph 14
	14b	Definition and rationale of prior information and sensitivity analysis	Methods, paragraph 14
	15	How indeterminate results of the tests under evaluation were handled	Methods, paragraph 4, 6
	16	How missing data of the tests under evaluation were handled	N/A
	17	Any analyses of variability in diagnostic accuracy, distinguishing pre-specified from exploratory	Methods, paragraph 12-14
	18	Intended sample size and how it was determined	Methods, paragraph 1
RESULTS			
<i>Participants</i>	19	Flow of participants, using a diagram	S3 Appendix
	20	Baseline demographic and clinical characteristics of participants	Methods, paragraph 7; Results, paragraph 1
	21	Not applicable: the distribution of the targeted conditions is unknown, hence the use of BLCM	
	22	Time interval and any clinical interventions between the tests under evaluation	Methods, paragraph 2-3
<i>Test results</i>	23	Cross tabulation of the tests' results (or for continuous tests results their distribution by infection stage)	Results, paragraph 3; Table 3

	24	Estimates of diagnostic accuracy under alternative prior specification and their precision (such as 95% credible/probability intervals)	S3 Appendix
	25	Any adverse events from performing the tests under evaluation	N/A
DISCUSSION			
	26	Study limitations, including sources of potential bias, statistical uncertainty, and generalisability	Discussion, paragraph 2, 4, 7
	27	Implications for practice, including the intended use and clinical role of the tests under evaluation in relevant settings (clinical, research, surveillance etc.)	Discussion, paragraph 1, 8; Conclusion
OTHER INFORMATION			
	28	Registration number and name of registry	Methods, paragraph 1
	29	Where the full study protocol can be accessed	Methods, paragraph 1
	30	Sources of funding and other support; role of funders	Acknowledgements

STARD - BLCM

STARD-BLCM stands for “Standards for the Reporting of Diagnostic accuracy studies that use Bayesian Latent Class Models” and is a modification of the STARD statement (which was recently updated to STARD2015). STARD-BLCM aims to facilitate improved quality of reporting for diagnostic accuracy studies that use Bayesian latent class models in the absence of a reference standard. The proposed modifications are relevant to both Bayesian and frequentist estimation methods but the focus is on the former.

More information for STARD (STARD2015) can be found at: <http://www.equator-network.org/reporting-guidelines/stard>

More information for STARD-BLCM can be found at: <http://www.equator-network.org/reporting-guidelines/stard-bcm>