Supplement 1: STARD 2015 checklist (BMJ 2015;351:h5527 doi: 10.1136/bmj.h5527)

No.	Item	Fulfilled?	Where?	Page
1	Identification as a study of diagnostic accuracy using at least one measure of accuracy (such as sensitivity, specificity, predictive values, or AUC)	yes	Abstract	2
2	Structured summary of study design, methods, results, and conclusions(for specific guidance, see STARD for Abstracts)	yes	Abstract	2
3	Scientific and clinical background ,including the intended use and clinical role of the index test	yes	Introduction	4
4	Study objectives and hypotheses	yes	Introduction	4
5	Whether data collection was planned before the index test and reference standard were performed (prospective study) or after (retrospective study)	yes	Material and Methods	4
6	Eligibility criteria	yes	Materials and Methods	4-5
7	On what basis potentially eligible participants were identified (such as symptoms, results from previous tests, inclusion in registry)	yes	Materials and Methods	4-5
8	Where and when potentially eligible participants were identified (setting, location, and dates)	yes	Materials and Methods	4-5
9	Whether participants formed a consecutive, random, or convenience series	yes	Materials and Methods	4-5
10a	Index test, in sufficient detail to allow replication	yes	Materials and Methods	6-7
10b	Reference standard, in sufficient detail to allow replication	yes	Materials and Methods	5-6
11	Rationale for choosing the reference standard (if alternatives exist)	yes	Materials and Methods	5-6
12a	Definition of and rationale for test positivity cut-offs or result categories of the index test, distinguishing pre-specified from exploratory	yes	Materials and Methods	6-7
12b	Definition of and rationale for test positivity cut-offs or result categories of the reference standard, distinguishing pre-specified from exploratory	yes	Materials and Methods	5-6
13a	Whether clinical information and reference standard results were available to the performers or readers of the index test	yes	Materials and Methods	6+7
13b	Whether clinical information and index test results were available to the assessors of the reference standard	yes	Materials and Methods	6+7
14	Methods for estimating or comparing measures of diagnostic accuracy	yes	Statistics	7
15	How indeterminate index test or reference standard results were handled	no indeterminate tests		6+7
16	How missing data on the index test and reference standard were handled	yes	Results	8

17	Any analyses of variability in diagnostic accuracy, distinguishing pre-specified from explorator	no	---	
18	Intended sample size and how it was determined	not applicable		4
19	Flow of participants, using a diagram	no	---	
20	Baseline demographic and clinical characteristics of participants	yes	Results	7-8
21a	Distribution of severity of disease in those with the target condition	information not available		
21b	Distribution of alternative diagnoses in those without the target condition	yes	Results	8
22	Time interval and any clinical interventions between index test and reference standard	yes	Methods	4
23	Cross tabulation of the index test results (or their distribution) by the results of the reference standard	yes	Supplement 2	
24	Estimates of diagnostic accuracy and their precision (such as 95% confidence intervals)	yes	Results	8+9
25	Any adverse events from performing the index test or the reference standard	retrospective study		4
26	Study limitations, including sources of potential bias, statistical uncertainty,and generalisability	yes	Discussion	15
27	Implications for practice, including the intended use and clinical role of the index test	yes	Discussion	16
28	Registration number and name of registry	retrospective study; IRB-2020-011 PMU Nürnberg		4
29	Where the full study protocol can be accessed	retrospective study		
30	Sources of funding and other support; role of funders	yes	Acknowledgement	17