

Worksheet for Structured Review of Physical Exam or Diagnostic Test Study

Title of Manuscript: _____

Authors of Manuscript: _____

Journal and Citation: _____

Identify and State the Hypothesis

Primary Hypothesis: _____

Secondary Hypothesis: _____

Methods Questions:

- 1.) Does this Diagnosis Study use a Cross Sectional Study Design? ___ Yes, ___ No. If not what study design is used? _____
- 2.) What is the Diagnostic Test? _____
- 3.) What is the Gold-Standard? _____
 - 3a.) Appropriate Gold Standard Used? ___ Yes, ___ No
 - 3b.) Alternative Gold Standards _____
- 4.) What is the Target Disorder the Test is Trying to Diagnose? _____
- 5.) What is the Patient Population in whom the Test is Applied? _____
 - 4a.) Appropriate Patient Population Studied? ___ Yes, ___ No
 - 4b.) If No, What is the Appropriate Patient Population? _____

Evaluation of Bias:

Were Examiners Blinded (Independent Examiner Used)? ___ Yes, ___ No

Are there sources of Selection Bias:

Filter Bias ___ Yes ___ No Explain: _____

Spectrum Bias? ___ Yes, ___ No Explain: _____

Subgroup Bias? ___ Yes, ___ No Explain: _____

Verification Bias? ___ Yes, ___ No Explain: _____

Incorporation Bias? ___ Yes, ___ No Explain: _____

Are there sources of Observer Bias:

Absence of a Definitive Test? ___ Yes, ___ No Explain _____

Review or Interpretation Bias? ___ Yes, ___ No Explain: _____

Context Bias? ___ Yes, ___ No Explain: _____

Are there Miscellaneous Sources of Bias

Could the test be graded as indeterminate? ___ Yes ___ No

Is the test result reader dependent? ___ Yes, ___ No

Has continuous test data been converted to discrete data to determine a significant threshold value? ___ Yes, ___ No

Is the test reported subject to future improvements (i.e. in technology) ___ Yes, ___ No

Is the study sponsored by the technology company ___ Yes, ___ No

Statistical Analysis

Were appropriate statistical methods used (e.g. type of test, estimator or confidence interval; choice of paired vs unpaired assessment; adjustment for baseline variables)?

- Yes, and methods required minimal assumptions.
- Yes, distributional (normal or non-normal) and other assumptions were justified.
- Probably; methods are appropriate in general for the type of response variable, but assumptions were not justified.
- No, but the test used is unlikely to affect the conclusions.
- No, and there is a good possibility that the inappropriate statistical methods used have affected the conclusions.

Is Statistical Consultation Requested? Yes No Who should do it? _____

Are the Results Valid?

- Was there an independent, blind comparison to a reference (gold) standard of diagnosis? Yes No
- Was the study test described adequately? Yes No
- Was the diagnosis test evaluated in an appropriate spectrum of patients? Yes No
- Was the reference standard applied regardless of the diagnostic test result? Yes No
- Has the utility of the test been determined? Yes No
- What is the impact of the results? Yes No

Can the Results be Applied to My Patients?

- Is the diagnostic test available, affordable, accurate, and precise in my setting? Yes No
- Can I come up with a reasonable pre-test probability of the disease for my patient? Yes No
- Will the post-test probability change the management of my patient? Yes No

APPENDIX:

LEVELS OF EVIDENCE FOR PRIMARY RESEARCH QUESTION				
	Types of Studies			
	Therapeutic Studies— Investigating the Results of Treatment	Prognostic Studies— Investigating the Outcome of Disease	Diagnostic Studies—Investigating a Diagnostic Test	Economic and Decision Analyses— Developing an Economic or Decision Model
Level I	1. Randomized controlled trial a. Significant difference b. No significant difference but narrow confidence intervals 2. Systematic review ² of Level-I randomized controlled trials (studies were homogeneous)	1. Prospective study ¹ 2. Systematic review ² of Level-I studies	1. Testing of previously developed diagnostic criteria in series of consecutive patients (with universally applied reference "gold" standard) 2. Systematic review² of Level-I studies	1. Clinically sensible costs and alternatives; values obtained from many studies; multiway sensitivity analyses 2. Systematic review ² of Level-I studies
Level II	1. Prospective cohort study ³ 2. Poor-quality randomized controlled trial (e.g., <80% follow-up) 3. Systematic review ² a. Level-II studies b. Nonhomogeneous Level-I studies	1. Retrospective study ⁴ 2. Study of untreated controls from a previous randomized controlled trial 3. Systematic review ² of Level-II studies	1. Development of diagnostic criteria on basis of consecutive patients (with universally applied reference "gold" standard) 2. Systematic review² of Level-II studies	1. Clinically sensible costs and alternatives; values obtained from limited studies; multiway sensitivity analyses 2. Systematic review ² of Level-II studies
Level III	1. Case-control study ⁵ 2. Retrospective cohort study ⁴ 3. Systematic review ² of Level-III studies		1. Study of nonconsecutive patients (no consistently applied reference "gold" standard) 2. Systematic review² of Level-III studies	1. Limited alternatives and costs; poor estimates 2. Systematic review ² of Level-III studies
Level IV	Case series (no, or historical, control group)	Case series	1. Case-control study 2. Poor reference standard	No sensitivity analyses
Level V	Expert opinion	Expert opinion	Expert opinion	Expert opinion

1. All patients were enrolled at the same point in their disease course (inception cohort) with greater than or equal to 80% follow-up of enrolled patients.

2. A study of results from two or more previous studies.

3. Patients were compared with a control group of patients treated at the same time and institution.

4. The study was initiated after treatment was performed.

5. Patients with a particular outcome ("cases" with, for example, a failed total arthroplasty) were compared with those who did not have the outcome ("controls" with, for example, a total hip arthroplasty that did not fail).

Definitions

Sources of Selection Bias:

Filter Bias: Not all patients have characteristics that would lead one to order a diagnostic test. Ask: Were only a portion of the eligible patients tested? If patients are inappropriately filtered before entry into the study, the test may not have external validity.

Spectrum and subgroup Bias: Occurs when a test is more accurate for advanced stages of a disease, but not for early stages. What stage was used in this experiment?

Verification Bias: Occurs when patients are selected to receive the gold-standard test based upon the results of the diagnostic test being evaluated. All subjects (positive and negative for test under evaluation) should receive the gold standard test.

Incorporation Bias: Occurs when the diagnostic test being studied is used as or is part of the gold standard. The diagnostic test and the gold standard should be independent of each other.

Sources of Observer Bias:

Absence of a Definitive Test: Occurs when no gold standard exists or the gold standard is poor quality.

Review or Interpretation Bias: Occurs when investigators are not blinded to the nature of the patient's other test results. Will artificially inflate the utility of the test under study. Test Review Bias occurs when the person interpreting the test has knowledge of the patient's gold standard test result. Diagnostic Review Bias occurs when the person interpreting the gold standard test knows the result of the diagnostic test.

Context Bias: Occurs when the person interpreting the test bases the reading upon known clinical information.

Miscellaneous Sources of Bias

Indeterminate and Uninterpretable Results: When a test is not clearly positive or negative and requires interpretation.

Reproducibility Problems: Occurs when the performance of a diagnostic test depends upon the performance of the technician and the equipment used in the performance of the test.

Post-hoc Selection of Test Positivity Criteria: Occurs when the test results are continuous data, but the researchers assign the data as categorical with a specific point for a positive or negative test. Post-hoc data dredging/analysis could introduce a Type I error. Solved by using likelihood ratios and sensitivity and specificity.

Temporal Changes: Test characteristics measured at one point in time may change as the test is technically improved. Measures calculated from the newer technology do not apply to the older technology.

Publication Bias/Conflicts of Interest: Studies that are not positive rarely get published, especially if there is a conflict of interest and the study is sponsored by industry.

Formulas:

D+ Disease Present

D- Disease Absent

T+ Test Positive

T- Test Negative

	D+	D-
T+	TP	FP
T-	FN	TN

TP = True Positive

FP=False Positive

FN=False Negative

TN=True Negative

TPR= True Positive Rate = $TP/(TP+FN)$ AKA Sensitivity

TNR= True Negative Rate = $TN/(FP+TN)$ AKA Specificity

FPR=False Positive Rate= $FP/(FP+TN)$

FNR = False Negative Rate = $FN/(TP+FN)$

LR(+)=Likelihood Ratio of a Positive Test = $L(T+if D+)/L(T+ if D-)$

or = TPR/FPR or = $Sensitivity/FPR$ or = $sensitivity/(1-specificity)$

LR(-)=Likelihood Ratio of a Negative Test = $L(T- if D+)/L(T- if D-)$

or = FNR/TNR or = $FNR/Specificity$ or = $(1-sensitivity)/specificity$