Table S1 The STARD 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)	Page 1, line 1
Abstract	2	Structured summary of study design, methods, results, and conclusions (for specific guidance, see STARD for Abstracts)	Page 2, line 18 to 37
Introduction	3	Scientific and clinical background, including the intended use and clinical role of the index test	Page 3, line 41 to 60
	4	Study objectives and hypotheses	Page 3, line 60 to 61
Methods			
Study design	5	Whether data collection was planned before the index test and reference standard were performed (prospective study) or after (retrospective study)	Page 3, line 67 to 68
Participants	6	Eligibility criteria	Page 3, line 68
	7	On what basis potentially eligible participants were identified (such as symptoms, results from previous tests, inclusion in registry)	Page 3, line 68
	8	Where and when potentially eligible participants were identified (setting, location and dates)	Page 3, line 68
	9	Whether participants formed a consecutive, random or convenience series	Page 3, line 68
Test methods	10a	Index test, in sufficient detail to allow replication	Page 3, line 69 to 70
	10b	Reference standard, in sufficient detail to allow replication	Page 3, line 65
	11	Rationale for choosing the reference standard (if alternatives exist)	NA
	12a	Definition of and rationale for test positivity cut-offs or result categories of the index test, distinguishing pre-specified from exploratory	NA
	12b	Definition of and rationale for test positivity cut-offs or result categories of the reference standard, distinguishing pre-specified from exploratory	NA
	13a	Whether clinical information and reference standard results were available to the performers/readers of the index test	NA
	13b	Whether clinical information and index test results were available to the assessors of the reference standard	NA
Analysis	14	Methods for estimating or comparing measures of diagnostic accuracy	Page 4, line 77 to 83
	15	How indeterminate index test or reference standard results were handled	NA
	16	How missing data on the index test and reference standard were handled	NA
	17	Any analyses of variability in diagnostic accuracy, distinguishing pre-specified from exploratory	NA
	18	Intended sample size and how it was determined	NA
Results			
Participants	19	Flow of participants, using a diagram	NA
	20	Baseline demographic and clinical characteristics of participants	Table 1
	21a	Distribution of severity of disease in those with the target condition	NA
	21b	Distribution of alternative diagnoses in those without the target condition	NA
	22	Time interval and any clinical interventions between index test and reference standard	NA
Test results	23	Cross tabulation of the index test results (or their distribution) by the results of the reference standard	Table 2
	24	Estimates of diagnostic accuracy and their precision (such as 95% confidence intervals)	Table 2
	25	Any adverse events from performing the index test or the reference standard	NA
Discussion	26	Study limitations, including sources of potential bias, statistical uncertainty, and generalisability	Page 6, line 132 to 135
	27	Implications for practice, including the intended use and clinical role of the index test	Page 5, line 122 to 131
Other information	28	Registration number and name of registry	NA
	29	Where the full study protocol can be accessed	NA
	30	Sources of funding and other support; role of funders	Page 6, line 153 to 154

AUC, area under the receiver operating characteristic curve; NA, not applicable.

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Table S2 STARD for "Abstracts": essential items for reporting diagnostic accuracy studies in journal or conference abstracts

Section	Item
–	Identification as a study of diagnostic accuracy using at least one measure of accuracy (such as sensitivity, specificity, predictive values, or AUC)
Background	Study objectives
Methods	Data collection: whether this was a prospective or retrospective study
	Eligibility criteria for participants and settings where the data were collected
	Whether participants formed a consecutive, random, or convenience series
	Description of the index test and reference standard
Results	Number of participants with and without the target condition included in the analysis
	Estimates of diagnostic accuracy and their precision (such as 95% confidence intervals)
Discussion	General interpretation of the results
	Implications for practice, including the intended use of the index test
Registration	Registration number and name of registry

AUC, area under the receiver operating characteristic curve.

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