Discussion

Reference texts, in agreement with clinical logic and quality criteria, suggested about 30 areas that were explicitly addressed in one or more of QUADAS, STARD, or Cochrane. GRADE covered many but not all of these areas. Examples include diagnostic criteria, recruitment, sample characteristics, statistical testing, conduct, interrater reliability, clinical sequencing, reference standard interpretation, inter-observer variation, precision and reliability, test statistics, adverse effects, spectrum bias, verification bias, work up bias, imprecision, acceptability and outcome improvement.

Conclusions

Assessment of the comparative accuracy and applicability of diagnostic and screening tests presented here, is intended to challenge us to review our work. More complete and explicit the evaluation framework, the greater the likelihood that bias will be identified, and that applicability will be clearly identified. The links between the measured outcomes and patient important outcomes will also become more transparent. Such assessments increase trust and utilization by clinicians and policy makers. This poster is intended to start the discussion of completeness. Please send comments to Jeffrey S. Harris, MD, MPH.

References