SUPPLEMENTARY MATERIAL

Dalen et al.
2015 [17]

Graven et al.
2015 [18]

Medico et al.
2018 [19]

Andrea et al.
2017 [20]

Stoc k et al.
2017 [20]

Stoc k et al.
2017 [20]

Stoc k et al.
2017 [21]

Barreiros et al.
2017 [22]

Coskun et al.
2018 [24]

Lavi et al.
2018 [24]

Lavi et al.
2017 [25]

Bruns et al.
2017 [26]

Coskin et al.
2017 [26]

Bruns et al.
2017 [27]

Troyano et al.
2017 [28]

Sayasneh et al.
2017 [29]

Esposito et al.
2013 [28]

Bonnafy et al.
2017 [30]

DOMAIN 1: PATIEN	NT SEL	ECTIO	N													
A. Risk of Bias																
Was a consecutive or random sample of patients enrolled ?	Y	Y	Y	N	U	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Was a case-control design avoided?	Y	Y	Y	N	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Did the study avoid inappropriate exclusions?	Y	Y	Y	U	U	Y	Y	Y	U	Y	Y	Y	Y	Y	Y	Y
Could the selection of patients have introduced bias?	L	L	L	Н	Н	L	L	L	L	L	L	L	L	L	L	L
B. Concerns regardin	ng appli	icability	7													
Is there concern that the included patients do not match the review question?	L	L	L	L	L	Н	L	L	L	L	L	L	L	L	L	L
DOMAIN 2: INDEX	TEST															
A. Risk of Bias																
Were the index test results interpreted without knowledge of the results of the reference standard?	Y	Y	Y	N	Y	Y	Y	Y	Y	Y	Y	Y	Y	Υ	Y	Y
If a threshold was used, was it prespecified?	N/A	Y	N/A	N/A	N/A	N/A	N/A	Y	U	N/A	N/A	N/A	N/A	N/A	Y	Y
Could the conduct or interpretation of the index test have introduced bias?	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L
B. Concerns regarding applicability																
Is there concern that the index test, its conduct, or interpretation differ from the review question?	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L

Table S1. A detailed presentation of our evaluation of risk of bias and applicability of the included studies. Abbreviations explained: Y = Yes; N = No; H = High; L = Low; U = Unclear; N/A = Not Applicable.

Dalen et al.
2015 [17]

Graven et al.
2015 [18]

Medico et al.
2018 [19]

Andrea et al.
2017 [20]

Stock et al.
2015 [21]

Barreiros et al.
2015 [21]

Barreiros et al.
2015 [21]

Barreiros et al.
2017 [20]

Coskun et al.
2015 [21]

Bruns et al.
2017 [25]

Bruns et al.
2017 [26]

Caljaard et al.
2017 [26]

Bruns et al.
2017 [27]

Coskun et al.
2017 [26]

Bruns et al.
2017 [27]

Coskun et al.
2017 [28]

Sayasneh et al.
2017 [29]

Esposito et al.
2013 [28]

Bomafy et al.
2017 [30]

Dijos et al.

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DOMAIN 3: Referen	nce Stan	ndard														
A. Risk of Bias																
Is the reference standard likely to correctly classify the target condition?	Y	Y	Y	Y	Y	U	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Were the reference standard results interpreted without knowledge of the results of the index test?	Y	Y	Y	Y	U	Y	U	Y	U	N	Y	N	Y	Y	Y	Y
Could the reference standard, its conduct, or its interpretation have introduced bias?	L	L	L	L	U	U	U	L	U	Н	L	Н	L	L	L	L
B. Concerns regarding	B. Concerns regarding applicability															
Is there concern that the target condition as defined by the reference standard does not match the review question?	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L
DOMAIN 4: FLOW	AND T	IMING														
A. Risk of Bias																
Was there an appropriate interval between index test(s) and reference standard?	Y	U	Y	U	U	U	Υ	Y	Y	Y	Y	Y	Y	Υ	U	U
Did all patients receive a reference standard?	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Did patients receive the same reference standard?	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Were all patients included in the analysis?	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Could the patient flow have introduced bias?	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L

Table S1 (continued). A detailed presentation of our evaluation of risk of bias and applicability of the included studies. Abbreviations explained: Y = Yes; N = No; H = High; L = Low; U = Unclear; N/A = Not Applicable.