Table 73: Tests 5-7 & 17. Index tests (ALP, APRI, Forns score and Transient Elastography) versus practice guideline CFLD definitions[†] to detect CFLD

to det	ect CFLD											
Number of studies (Reference)	Study design	N	Risk of bias	Inconsist ency	Indirectn ess	Imprecisi on	Sensitivit y % (95% CI)	Specific ity % (95% CI)	Positiv e likeliho od ratio (95% CI)	Negativ e Likeliho od ratio (95% CI)	AUROC	Quality
Test 5. ALP usin	g laborato	ry det	ermined ag	e and gende	r specific cu	toffs in a po	pulation of o	children and	d adults			
1 (Rath 2013) ^a	Cohort study	45	no serious risk of bias	no serious inconsiste ncy	no serious indirectne ss	serious imprecisio n ^b	70.6 (95% CI: 49.5- 85.5)*	82.1 (95% CI: 69.3- 91.2)*	3.95 (95% CI: 1.61- 9.74)*	0.36 (95% CI: 0.16- 0.73)*	0.61 (95% CI: 0.44- 0.79)	MODER ATE
Test 6. APRI usi	Test 6. APRI using a cut off of 0.133 in a population of children and adults											
1 (Rath 2013) ^a	Cohort study	45	no serious risk of bias	no serious inconsiste ncy	no serious indirectne ss	no serious imprecisio n	47.1 (95% CI: 28.2- 56.7)*	93.1 (95% CI: 82.0- 98.7)*	6.82 (95% CI: 1.57- 44.7)*	0.57 (95% CI: 0.44- 0.88)*	0.75 (95% CI: 0.58- 0.91)	HIGH
Test 6. APRI usi	ng a cut o	ff of 0	.231 in a po	pulation of a	dults							
1 (Karlas 2012) ^c	Cohort	55	no serious risk of bias	no serious inconsiste ncy	no serious indirectne ss	serious imprecisio n ^b	85.7 (95% CI: 60- 97.4)*	70.7 (95% CI: 62.0- 74.7)*	2.93 (95% CI: 1.58- 3.86)*	0.20 (95% CI: 0.04- 0.65)*	0.82 (95% CI: 0.69- 0.91)	MODER ATE
Test 6. APRI usi	Test 6. APRI using a cut off of 0.4 in a population of adults											
1(Sadler 2015) ^d	Cohort study	122	serious ^e	no serious inconsiste ncy	no serious indirectne ss	serious imprecisio n ^b	50 (95% CI: 29- 69)*	92 (95% CI: 88- 95)*	6.06 (95% CI:	0.55 (95% CI:	0.70 (95% CI:	LOW

Number of studies (Reference)	Study design	N	Risk of bias	Inconsist ency	Indirectn ess	Imprecisi	Sensitivit y % (95% CI)	Specific ity % (95% CI)	Positiv e likeliho od ratio (95% CI) 2.48- 13.50)*	Negativ e Likeliho od ratio (95% CI) 0.33- 0.80)*	AUROC 0.54- 0.86)	Quality
Test 6. APRI usi	ng a cut o	ff of 0.	5 in a popu	lation of adu	Its							
1(Sadler 2015) ^d	Cohort study	122	serious ^e	no serious inconsiste ncy	no serious indirectne ss	serious imprecisio n ^b	50 (95% CI: 29- 68)*	94 (95% CI: 90- 97)*	7.79 (95% CI: 2.99- 19.44)*	0.53 (95% CI: 0.33- 0.78)*	Not reported	LOW
Test 7. Forns sc	ore using	a cut o	off of >2.15	4 in a popula	tion of adult	s						
1 (Karlas 2012) ^c	Cohort study	55	no serious risk of bias	no serious inconsiste ncy	no serious indirectne ss	serious imprecisio n ^b	92.9 (95% CI: 67.8- 99.6)*	61.0 (95% CI: 52.4- 63.3)*	2.38 (95% CI: 1.43- 2.71)*	0.12 (95% CI: 0.006- 0.61)*	0.79 (95% CI: 0.65- 0.89)	MODER ATE
Test 17. Transie	nt elastog	raphy	using Fibro	scan at a cu	t off of 3.7kF	Pa in a popul	lation of adu	Its				
1(Sadler 2015) ^d	Cohort study	127	serious ^e	no serious inconsiste ncy	no serious indirectne ss	serious imprecisio n ^b	89 (95% CI: 66- 98)*	37 (95% CI: 33- 38)*	1.40 (95% CI: 0.98- 1.59)*	0.30 (95% CI: 0.05- 1.04)*	Not reported	LOW
Test 17. Transie	nt elastog	raphy	using Fibro	scan at a cu	toff of 5.3kP	a in a popul	ation of adul	ts				
1(Sadler 2015) ^d	Cohort study	127	seriouse	no serious inconsiste ncy	no serious indirectne ss	serious imprecisio n ^b	67 (95% CI: 43- 85)*	83 (95% CI: 79- 86)*	3.83 (95% CI:	0.40 (95% CI: 0.18- 0.72)*	0.78 (95% CI: 0.65- 0.92)	LOW

Number of studies (Reference)	Study design	N	Risk of bias	Inconsist ency	Indirectn ess	Imprecisi	Sensitivit y % (95% CI)	Specific ity % (95% CI)	Positiv e likeliho od ratio (95% CI) 2.04- 5.87)*	Negativ e Likeliho od ratio (95% CI)	AUROC	Quality
Test 17. Transie	nt elastog	raphy	using Fibro	scan at a cu	toff of 5.9kP	a in a popul	ation of adul	ts				
1 (Karlas 2012) ^c	Cohort study	49	no serious risk of bias	no serious inconsiste ncy	no serious indirectne ss	serious imprecisio n ^b	42.9 (95% CI: 22.6- 49.6)*	97.1 (95% CI: 89.0- 99.8)*	15.0 (95% CI: 2.06- 328.3)*	0.59 (95% CI: 0.51- 0.87)*	0.68 (95% CI: 0.53- 0.80)	MODER ATE
Test 17. Transie	nt elastog	raphy	using Fibro	scan at a cu	toff of 6.0kP	a in a popul	ation of adul	ts				
1(Sadler 2015) ^d	Cohort study	127	seriouse	no serious inconsiste ncy	no serious indirectne ss	serious imprecisio n ^b	56 (95% CI: 34- 75)*	91 (95% CI: 87- 94)*	6.06 (95% CI: 2.65- 12.32)*	0.49 (95% CI: 0.27- 0.76)*	Not reported	LOW
Test 17. Transie	nt elastog	raphy	using Fibro	scan at a cu	toff of 6.3kP	a in a popul	ation of child	Iren and ad	lults			
1 (Rath 2013) ^a	Cohort study	45	no serious risk of bias	no serious inconsiste ncy	no serious indirectne ss	no serious imprecisio n	82.4 (95% CI: 64.2- 85.3)*	98.2 (95% CI: 87.4- 100)*	46.9 (95% CI: 5.1- 254896 47)*	0.18 (95% CI: 0.15- 0.41)*	0.91 (95% CI: 0.78- 1.00)	HIGH
Test 17. Transie	nt elastog	raphy	using Fibro	scan at a cu	toff of 6.8kP	a in a popul	ation of adul	ts				
1 (Kitson 2013) ^f	Case Control study	50	no serious risk of bias	no serious inconsiste ncy	no serious indirectne ss	no serious imprecisio n	76 (95% CI: 61.6- 82.5)*	92 (95% CI: 77.6- 98.5)*	9.5 (95% CI:	0.26 (95% CI: 0.18- 0.50)*	0.87 (95% CI: 0.77- 0.98)	LOW

Number of studies (Reference)	Study design	N	Risk of bias	Inconsist ency	Indirectn ess	Imprecisi on	Sensitivit y % (95% CI)	Specific ity % (95% CI)	Positiv e likeliho od ratio (95% CI)	Negativ e Likeliho od ratio (95% CI)	AUROC	Quality
									2.75- 55.6)*			

Abbreviations: ALP: Alkaline phosphatase; APRI: Aspartate aminotransferase to Platelets-Ratio-Index; AUROC: area under the ROC curve; CFLD: cystic fibrosis liver disease; CI: confidence interval; kPA: kilopascal

†Practice guideline definitions included criteria for clinical, biochemical and ultrasound testing.

- * Calculated by the NGA technical team from data available in the study report
- a. Rath 2013 Diagnosis of CFLD (Flume 2007, Kerem 2005) if least 2 of the following conditions on at least 2 consecutive examinations spanning a 1-year period were present: (i) Hepatomegaly (liver span >2 cm below the costal margin on the medioclavicular line) confirmed by ultrasound, (ii) 2 abnormal serum liver enzyme levels (ALT, AST, γGT > ULN), (iii) ultrasound abnormalities other than hepatomegaly (increased, heterogeneous echogenicity, nodularity, irregular margins).
- b. 95% confidence interval for sensitivity was wide (width 20-30 percentage points)
- c. Karlas 2012 Diagnosis of CFLD (Sokol 1999, Colombo 2002) if at least 2 of the following conditions present on at least 2 consecutive examinations spanning a 1-year period: (1) Ultrasound confirmed hepatomegaly;(2) elevated serum liver enzyme levels of ALT, AST, AP, or GGT;(3) ultrasound abnormalities other than hepatomegaly (i.e., increased, heterogeneous echogenicity, nodularity, irregular margins, splenomegaly).
- d. Sadler 2015 Diagnosis of CFLD (Colombo 2002, Debray 2011) if least 2 of the following conditions were present: (i) Hepatomegaly and/or splenomegaly confirmed by ultrasonography, (ii) abnormal liver biochemistry consisting of elevated levels of any 2 of ALT, AST, or GGT, (iii) ultrasound abnormalities other than hepatomegaly (increased, heterogeneous echogenicity, nodularity, irregular margins, splenomegaly presence).
- e. High risk of bias being introduced from the patient flow
- f. Kitson 2013 Diagnosis of CFLD (Colombo 2002, Debray 2011) if least 2 of the following conditions on consecutive examinations spanning a 1-year period were present:(i) Hepatomegaly and/or splenomegaly confirmed by ultrasound;(ii) abnormal serum liver enzyme levels, consisting of elevation above the upper limit of normal of 2 of the following: ALT, AST, GGT;(iii) ultrasound abnormalities other than hepatomegaly (increased, heterogeneous echogenicity, nodularity, irregular margins; splenomegaly; presence of porto-systemic collateral veins; ascites).