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Studies	Design	Total N	Sens (95%CI)	Spec (95%CI)	Measure	Summary of findings (95%CI)	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Quality
<b>ALL EVIDENCE POOLED</b>												
9 studies (Brandt 2008; Duits 2014; Dumurgier 2015 (Lille); Dumurgier 2015 (Paris); Dumurgier 2015 (Montpellier); Gabelle 2012 (Lille and Paris); Gabelle 2012 (Montpellier); Knapskog 2016; Mulder 2010)	7 × prospective; 2 × retrospective	3,448	0.75 (0.62, 0.84)	0.84 (0.76, 0.90)	LR+	4.87 (3.37, 6.92)	V. serious	Serious	Not serious	Not serious	-	VERY LOW
					LR-	0.30 (0.20, 0.43)	V. serious	Serious	Not serious	Not serious		VERY LOW
<p><b>Notes on risk of bias</b></p> <p>Mulder 2010: It is unclear whether participants were consecutively or randomly recruited; the test cut offs were not pre-specified but selected to obtain 85% sensitivity; the timing between the reference and index tests is unclear and it is unclear whether the index test was interpreted independently of the reference test results</p> <p>Gabelle 2012: Test thresholds were not pre-specified, but optimised based on the data; it was unclear whether the study enrolled random or consecutive people or avoided inappropriate exclusions. A subgroup analysis was carried out but as &lt; 10% population was excluded the study was not downgraded for this.</p> <p>Dumurgier 2015: The reference standard diagnosis included consideration of the CSF results; the test cut offs were not pre-specified; patients with unknown clinical diagnoses or MCI were excluded from the study and the timing of the reference and index tests is unclear.</p> <p><b>Additional notes:</b> the Dumurgier study had 3 independent data sets from 3 different clinics; the Gabelle study had 2 independent data sets from 2 clinics.</p>												