## P.2.7.37 Total Tau

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Studies	Design	Total N	Sens (95%CI)	Spec (95%CI)	Measur e	Summary of findings (95%CI)	Risk of bias	Inconsisten	Indirectness	Imprecision	Other considerations	Quality
ALL EVIDENCE POOLED												
9 studies (Brandt 2008; Duits 2014; Dumurgier (Lille) 2015; Dumurgier 2015 (Paris); Dumurgier 2015 (Montpellier); Gabelle 2012 (Lille and Paris); Gabelle 2012 (Montpellier); Knapskgog 2016; Mulder 2010)	7 × prospective; 2 × retrospective	3,447	0.78 (0.71, 0.84)	0.78 (0.74, 0.82)	LR+	3.62 (3.14, 4.17)	Serious	Serious	Not serious	Not serious	-	LOW
					LR-	0.28 (0.21, 0.36)	V. serious	Serious	Not serious	Not serious		VERY LOW

## Notes on risk of bias

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

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 < 10% population was excluded the study was not downgraded for this.

Dumurgier 2015: The reference standard diagnosis included consideration of the CSF results; the test cut-offs were optimised; patients with unknown clinical diagnoses or MCI were excluded from the study and the timing of the reference and index tests is unclear and it is unclear whether a consecutive or random sample of patients was enrolled.

Additional notes: the Dumurgier study had 3 independent data sets from 3 different clinics; the Gabelle study had 2 independent data sets from 2 clinics.

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