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| p tau ioi | | | | | | | bias | ency | ess | uo | ations | |
|--|-----------------|------------|----------------------|----------------------|---------|-----------------------------------|---------------|-------------|-------------|-------------|--------------------|-------------|
| Studies | Design | Total N | Sens (95%CI) | Spec (95%CI) | Measure | Summary of findings (95%CI) | Risk of bi | Inconsist | Indirectno | Imprecision | Other considera | Quality |
| SECONDARY CARE | | | | | | | | | | | | |
| 3 studies (Boutoleau-Bretonniere 2012; Ibach 2006; Maddalena 2003) | 3 × prospective | 2249 | 0.75 (0.64, 0.84) | 0.74 (0.61, 0.83) | LR+ | 2.97 (1.73, 5.09) | V. serious | Serious | Not serious | Serious | | VERY LOW |
| | | | | | LR- | 0.35 (0.21, 0.57) | V. serious | Not serious | Not serious | Serious | | VERY LOW |

Notes on risk of bias

Maddalena 2003: It was unclear whether inappropriate exclusions had been made; an optimised threshold was used for each test and within each test for different analyses; it was unclear whether the index and reference tests were interpreted independently of each other.

lbach 2006: It is unclear whether a consecutive or random sample of patients was enrolled and whether inappropriate exclusions were avoided; the test thresholds were not pre-specified and it is unclear whether the index test was interpreted without knowledge of the reference diagnosis; a subgroup analysis was used where >10% study population was excluded.

Boutoleau-Bretonniere 2012: Loss to follow up of 6/69 patients; unclear about consecutive versus random enrolment of patients; reference diagnosis made at 24 month follow up with index tests carried out at baseline and again at 24 months in some cases; subgroup analysis used with >10% study population discarded.