

**P.2.14.21 S100B, 2.5ng/ml**

| 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>SECONDARY CARE</b>   |                 |         |                   |                   |         |                             |              |               |              |             |                      |          |
| 2 studies (Beudry 1998; Coulthart 2011)   | 2 × prospective | 1,053   | 0.87 (0.82, 0.91) | 0.87 (0.84, 0.89) | LR+     | 6.65 (5.52, 8.00)           | Serious      | Not serious   | Not serious  | Not serious | -                    | MODERATE |
|   |                 |         |                   |                   | LR-     | 0.15 (0.10, 0.21)           | Serious      | Not serious   | Not serious  | Not serious |                      | MODERATE |
| <b>Notes on risk of bias</b>  |                 |         |                   |                   |         |                             |              |               |              |             |                      |          |
| Beudry 1998: Optimised test cut-offs were used and it was unclear whether: a consecutive or random sample of patients was enrolled or inappropriate exclusions avoided; the index test results were interpreted without knowledge of the results of the reference standard or the reference standard results were interpreted without knowledge of the results of the index test. |                 |         |                   |                   |         |                             |              |               |              |             |                      |          |
| Coulthart 2011: Optimised threshold used to analyse S100B results; unclear whether the reference standards would correctly classify non-CJD cases as not specified; not downgraded for exclusions during data analysis as <10% population excluded.   |                 |         |                   |                   |         |                             |              |               |              |             |                      |          |