

Supplementary Table 1. STARD checklist

Section & topic	No.	Item	Reported on page #
Title or abstract			
	1	Identification as a study of diagnostic accuracy using at least one measure of accuracy (such as sensitivity, specificity, predictive values, or AUC)	#3
Abstract			
	2	Structured summary of study design, methods, results, and conclusions (for specific guidance, see STARD for Abstracts)	#3
Introduction			
	3	Scientific and clinical background, including the intended use and clinical role of the index test	#4
	4	Study objectives and hypotheses	#5
Methods			
Study design	5	Whether data collection was planned before the index test and reference standard were performed (prospective study) or after (retrospective study)	#5
Participants	6	Eligibility criteria	#5
	7	On what basis potentially eligible participants were identified (such as symptoms, results from previous tests, inclusion in registry)	#5
	8	Where and when potentially eligible participants were identified (setting, location and dates)	#5
	9	Whether participants formed a consecutive, random or convenience series	#5
Test methods	10a	Index test, in sufficient detail to allow replication	#5–6
	10b	Reference standard, in sufficient detail to allow replication	#8
	11	Rationale for choosing the reference standard (if alternatives exist)	#8
	12a	Definition of and rationale for test positivity cut-offs or result categories of the index test, distinguishing pre-specified from exploratory	#7
	12b	Definition of and rationale for test positivity cut-offs or result categories of the reference standard, distinguishing pre-specified from exploratory	#8
	13a	Whether clinical information and reference standard results were available to the performers/readers of the index test	#6
	13b	Whether clinical information and index test results were available to the assessors of the reference standard	#6
	18	Intended sample size and how it was determined	#5
Analysis	14	Methods for estimating or comparing measures of diagnostic accuracy	#8
	15	How indeterminate index test or reference standard results were handled	#6
	16	How missing data on the index test and reference standard were handled	N/A
	17	Any analyses of variability in diagnostic accuracy, distinguishing pre-specified from exploratory	#6
	18	Intended sample size and how it was determined	#5
Results			
Participants	19	Flow of participants, using a diagram	#9
	20	Baseline demographic and clinical characteristics of participants	#9
	21a	Distribution of severity of disease in those with the target condition	#9
	21b	Distribution of alternative diagnoses in those without the target condition	#9
	22	Time interval and any clinical interventions between index test and reference standard	#9

Supplementary Table 1. Continued

Section & topic	No.	Item	Reported on page #
Test results	23	Cross tabulation of the index test results (or their distribution) by the results of the reference standard	#9–10
	24	Estimates of diagnostic accuracy and their precision (such as 95% confidence intervals)	#9–10
	25	Any adverse events from performing the index test or the reference standard	#14
Discussion	26	Study limitations, including sources of potential bias, statistical uncertainty, and generalizability	#12
	27	Implications for practice, including the intended use and clinical role of the index test	#13
Other information	28	Registration number and name of registry	#14
	29	Where the full study protocol can be accessed	#14
	30	Sources of funding and other support; role of funders	#14

STARD, standards for reporting of diagnostic accuracy studies; AUC, area under the receiver operating characteristic curve; N/A, not applicable.