

Key Question 1 Outcomes

Refid: 12, Skateboards: Are they really perilous? A retrospective study from a district hospital.
 Rethnam U, Yesupalan RS, Sinha A.

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Troponin EPC Outcomes Form-KQ1

Please describe only one outcome and one reference group per form

This is data for:

- Total sample
- Subgroup (specify):
- Clear Response

Describe the characteristics of the index test(s)

Index test #	Assay	Manufacturer	Assay used	Cut-off value for normal	Timing	99th upper reference
Index test #1	<input type="text" value="Select an Answer"/>	<input type="text" value="Select an Answer"/>	<input type="text" value="Select an Answer"/>	<input type="text" value="Select an Answer"/>	<input type="text" value="Select an Answer"/>	<input type="text" value="Select an Answer"/>
Index test #2	<input type="text" value="Select an Answer"/>	<input type="text" value="Select an Answer"/>	<input type="text" value="Select an Answer"/>	<input type="text" value="Select an Answer"/>	<input type="text" value="Select an Answer"/>	<input type="text" value="Select an Answer"/>

1. How was acute coronary syndrome defined?

- ICD-9 codes
- Adjudicated (e.g. panel of physicians adjudicated cases)
- Other method (specify):

2. How was it adjudicated?

- Single adjudicator
- Panel adjudicator (specify number):
- Not specified
- Clear Response

3. Was a cardiologist involved in the adjudication?

- Yes
- No
- Not reported
- Clear Response

4. What definition was used to adjudicate?

- Global Consensus on MI
- ACC/AHA
- Other (specified):
- Not reported
- Clear Response

	Reference standard (+)	Reference standard (-)	Total
Index test (+ elevated troponin)	True positives (A) <input type="text"/>	False positives (B) <input type="text"/>	A + B <input type="text"/>
Index test (- normal troponin)	False negative (C) <input type="text"/>	True negative (D) <input type="text"/>	C + D <input type="text"/>
Total	A + C <input type="text"/>	B + D <input type="text"/>	N <input type="text"/>

PLEASE NOTE: FORMULAS ARE PROVIDED FOR YOUR REFERENCE. PLEASE DO NOT MANUALLY CALCULATE ANY VALUES

	Value	Measure of variability	95% Confidence Interval
		<input type="text" value="Select an Answer"/>	

Sensitivity A / (A+C)	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> UL <input type="text"/> <input type="checkbox"/> LL <input type="text"/>
Specificity D / (B+D)	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> UL <input type="text"/> <input type="checkbox"/> LL <input type="text"/>
% positive agreement A / (A+ C)	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> UL <input type="text"/> <input type="checkbox"/> LL <input type="text"/>
% negative agreement D / (B+D)	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> UL <input type="text"/> <input type="checkbox"/> LL <input type="text"/>
Positive likelihood ratio	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> UL <input type="text"/> <input type="checkbox"/> LL <input type="text"/>
Negative likelihood ratio	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> UL <input type="text"/> <input type="checkbox"/> LL <input type="text"/>
Positive predictive value	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> UL <input type="text"/> <input type="checkbox"/> LL <input type="text"/>
Negative predictive value	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> UL <input type="text"/> <input type="checkbox"/> LL <input type="text"/>
AUC	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> UL <input type="text"/> <input type="checkbox"/> LL <input type="text"/>
% false-positive tests B / (B+D)	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> UL <input type="text"/> <input type="checkbox"/> LL <input type="text"/>
% false-negative tests C / (A+C)	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> UL <input type="text"/> <input type="checkbox"/> LL <input type="text"/>
Test accuracy	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> UL <input type="text"/> <input type="checkbox"/> LL <input type="text"/>

Comments

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