Screening tests for detecting open-angle glaucoma: Systematic Review and Meta-analysis

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Goal



The purpose of the study is to assess the comparative accuracy of candidate screening tests by extensive literature review

Inclusion / exclusion criteria



Included studies:

- Screening like situation and participants older than 40 years or
- group of patients with suspected glaucoma (e.g. increased IOP)
- Reported sensitivity and specificity

Excluded studies:

- non-english language
- studies investigating technical aspects
- studies of participants
 - without an eye disease
 - specifically excluded patients with other ocular diseases

Reference standard

follow up

R. Bock ophthalmologist-diagnosed open angle glaucoma (OAG)

Candidate tests



Structure

- ophthalmoscopy
- optic disc photography
- RNFL photography
- HRT II

Function

- oculokinetic perimetry (OKP)
- white-on-white standard automated perimetry (SAP) (suprathres, thres)
- Frequency doubling technique (FDT)
- Intro Ocular Pressure (IOP)
 - Goldmann opplanation tonometry (GAT)
- For missing modalities (e.g. OCT, Gdx VCC) no studies were found meeting inclusion criteria

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Methods



Summary ROC curve (SROC)

- Mean square error estimate for each test (>1 studies) from logarithmized sensitivities and specificities at a common cutoff
- Most frequently reported cutoff for each test is used
- Used to estimate sensitivity and specificity for defined cutoff

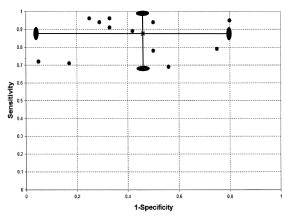


Fig 2. Sensitivity and (1-specificity) results from 12 studies (•) of accuracy of virtual bronchoscopy (contrived data). Pooled sensitivity and (1-specificity) are shown as X.

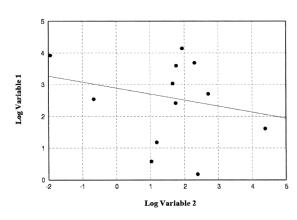


Fig 3. The regression model of the transformed data points (•) from Figure 2, shown on logarithmic axes, with the regression line shown.

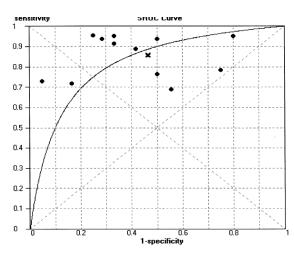


Fig 4. The points (•) from Figure 2, shown with the SROC curve superimposed. The regression line in Figure 3 has been transformed into the SROC curve, and the points in Figure 3 have been reverted back to the points from Figure 2. Pooled sensitivity and (1-specificity) are shown as X. (SROC = summary receiver operating characteristic.)

Methods



- Diagnostic odds ratios (DOR)
 - single indicator of test performance

$$DOR = \left(\frac{sensitivity}{1 - sensitivity}\right) \left(\frac{speci\ \dot{f}\ icity}{1 - specificity}\right)$$

All studies vs. high quality studies



TABLE 2. HSROC Analysis: All Studies Compared with Higher Quality Studies

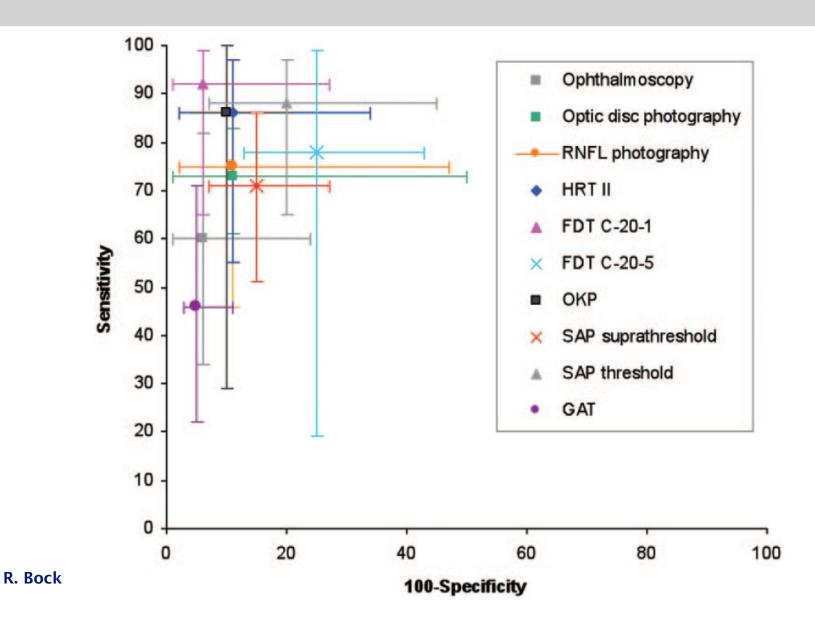
	Optic Disc Photography		HRT II		FDT C-20-5		SAP Threshold	
	Sensitivity %	Specificity %	Sensitivity %	Specificity %	Sensitivity %	Specificity %	Sensitivity %	Specificity %
	(95% CrI)	(95% CrI)	(95% CrI)	(95% CrI)	(95% CrI)	(95% CrI)	(95% CrI)	(95% CrI)
All studies	73 (61-83)	89 (50-99)	86 (55-97)	89 (66-98)	78 (19-99)	75 (57-87)	88 (65-97)	80 (55-93)
Higher quality	74 (30-95)	82 (45-97)	93 (58-99)	85 (47-97)	72 (26-96)	60 (17-92)	73 (28-95)	64 (22-92)

Optic disc photography (all studies n = 6, higher quality studies n = 3); HRT II (all studies n = 3, higher quality studies n = 2); FDT C-20-5 (all studies n = 5, higher quality studies n = 2); SAP threshold (all studies n = 5, higher quality studies n = 2).

Study quality determined by QUADAS quality assessment tool / questionaire

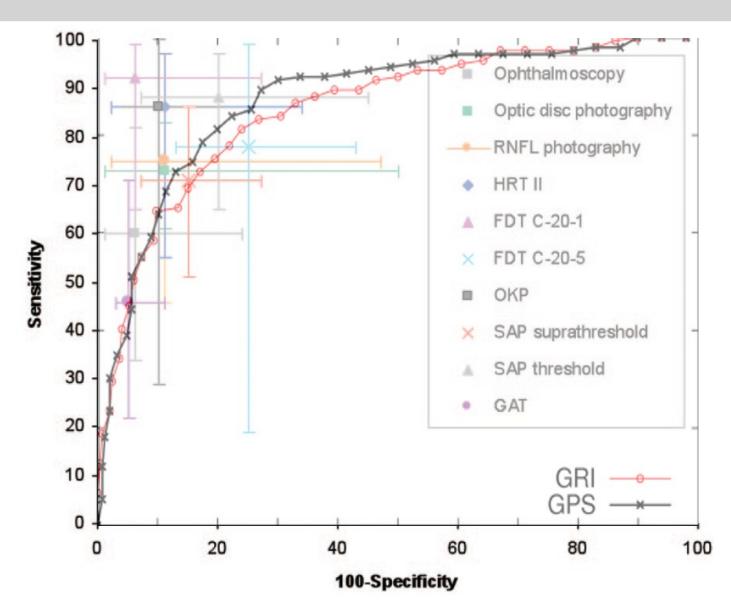
HSROC





HSROC: Established methods vs. GRI / GPS





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Conclusions



- Many candidate tests
 - No group of tests was clearly more accurate
- Poor performance tests (based on limited data)
 - ophthalmoscopy, SAP, retinal photography, GA tonometer
- Better diagnostic performance
 - FDT, HRT II, OKP
 - -> Directly comparative study in relevant population
- Limitations
 - Only 6 of 40 studies directly compared two or more tests
 - Out of date: Gdx, OCT missing
 - But, methods are transparent and reproducible
- Possible common statistical framework to evaluate and compare GRI (over several studies)