**Evidence Table 1. Screening systematic reviews**

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| **Refid** | **Citation** | **KQ** | **Aim of study** | **Conclusions** | **Eligibility criteria?** | **Types of participants** | **Types of interventions** | **Reference standard** | **Outcomes** |
| 1 | Burr, 2007 | 3 | "The aim of this systematic review was to evaluatethe accuracy of candidate screening tests and toprovide details of the reliability of the tests andthe proportion of people able to complete eachtest." | "[However] owing to the strongly heterogeneousnature of the data overall and the relatively smallnumber of studies, it was not possible to concludewith certainty whether any one test was definitelySuperior in terms of accuracy." | Yes | Participants 40 years and older from population-based and high risk subgroups (family history of glaucoma, myopia, diabetes, black race) | Tests of structure:Ophthalmoscopy, optic disc photography, RNFL photography; HRT II, GDx VCC, OCT, Retinal Thicnkess Analyzer (RTA)Tests of function:FDT, Motion dection perimetry (MDP), Oculokinetic perimetry (OKP), SWAP, white-on white SAP, including Superiorrathreshold and thresholdTest of intraocular pressure: Goldmann applanation tonometry (GAT), Non contact tonometry (NCT), TonopenTests were compared to other individual and combination tests | Confirmation of open angle glaucoma on follow-up (primary)Diagnosis of open-angle glaucoma requiring treatment as noted by an ophthalmologist (also included) | True positives, false positives, false negatives, and true negatives (or senstivity and specificity)HarmsTest acceptabilityTest reliability |

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| **Refid** | **Citation** | **Types of studies included** | **Bibliographic databases searched** | **Searching** |
| **RCT** | **Quasi RCT** | **Observational** | **MEDLINE or PubMed** | **Cochrane CENTRAL** | **EMBASE** | **Total** | **Non-English** | **All possible years** | **Unpublished** | **Ongoing**  | **References** | **Contact with investigators** | **Last search date** |
| 1 | Burr, 2007 | Yes | No | Yes | Yes | Yes | Yes | 5 | No | Yes | Yes | Yes | Yes | NR | 6 Dec 2005 |

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| **Refid** | **Citation** | **Risk of bias assessment** | **# included studies** | **# of participants** | **Described characteristics of included studies** | **Statistical methods** | **Source of Superiorport** |
| **Qualitative synthesis** | **Quantitative synthesis** | **Reported statistical heterogeneity** |
| 1 | Burr, 2007 | Yes | 40 | 48,000+ | Yes | Yes | Yes | Yes | Government  |

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| **Refid** | **Citation** | **Summary Outcomes** |
| **Frequency Doubling Technology (FDT) C-20-1** | **Frequency Doubling Technology (FDT) C-20-5** | **Oculokinetic perimetry (OKP)** | **Standard automated perimetry (SAP) Superiorrathreshold** | **Standard automated perimetry (SAP) threshold** | **Heidelberg Retina Tomograph (HRT) II** | **Optic disc photography** | **Retinal Nerve Fiber Layer (RNFL) photography** | **Ophthalmoscopy** | **Goldmann applanation tonometry (GAT)** | **Non contact tonometry** |
| 1 | Burr, 2007 | Common cut off (3 studies) Sensitivity, 92%; 95% CrI, 65% to 99%Specificity, 94%; 95% CrI, 73% to 99%Diagnostic OR, 181.20; 95% CrI, 25.49 to 2139.00 | Common cut off (5 studies) Sensitivity, 78%; 95% CrI, 19% to 99%Specificity, 75%; 95% CrI, 57% to 87%Diagnostic OR, 10.14; 95% CrI, 0.72 to 249.00 | Common cut off (4 studies) Sensitivity, 86%; 95% CrI, 29% to 100%Specificity, 90%; 95% CrI, 79% to 96%Diagnostic OR, 57.54; 95%CrI, 4.42 to 1585.00 | Common cut off (9 studies)Sensitivity, 71%; 95% CrI, 51% to 86% Specificity, 85%; 95% CrI, 73% to 93%Diagnostic OR, 14.42; 95% CrI, 6.39 to 33.73 | Common cut off (5 studies) Sensitivity, 88%; 95% CrI, 65% to 97%Specificity, 80%; 95% CrI, 55% to 93%Diagnostic OR, 29.87; 95% CrI, 5.59 to 159.30 | Common cut off (3 studies)Sensitivity, 86%; 95% CrI, 55% to 97%Specificity, 89%; 95% CrI, 66% to 98%)Diagnostic OR, 50.93; 95% CrI, 11.48 to 246.30 | Common cut off (6 studies)Sensitivity, 73%; 95% CrI, 61% to 83%Specificity, 89%; 95% CrI, 50% to 99%Diagnostic OR, 21.74; 95% CrI, 2.22 to 100.90 | Common cut off (4 studies)Sensitivity, 75%; 95% CrI, 46% to 92%Specificity, 88%; 95% CrI, 53% to 98%Diagnostic OR, 23.10; 95% CrI, 4.41 to 123.50 | Common cut off (5 studies)Sensitivity, 60%; 95% CrI, 34% to 82%Specificity, 94%; 95% CrI, 76% to 99%Diagnostic OR, 25.70; 95% CrI, 5.79 to 109.50 | Common cut off (9 studies) Sensitivity, 46%; 95% CrI, 22% to 71%Specificity, 95%; 95% CrI, 89% to 97%Diagnostic OR, 14.95; 95% CrI, 4.48 to 48.95 | Common cut off (1 study)Sensitivity, 92%; 95% CrI, 62% to 100%Specificity, 92%; 95% CrI, 90% to 94%Diagnostic OR, 134.88; 95% CrI, 171.15 to 1061.00 |

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| **Refid** | **Citation** | **KQ** | **Aim of study** | **Conclusions** | **Eligibility criteria?** | **Types of participants** | **Types of interventions** | **Reference standard** | **Outcomes** |
| 2 | Hatt, 2006 | 5 | "To determine the impact of screening for OAG compared with opportunistic case findings or current referral practices on the prevalenceof and the degree of optic nerve damage due to OAG in screened and unscreened populations." | "On the basis of current evidence, population-based screening for chronic OAG cannot be recommended, although much can be doneto improve awareness and encourage at risk individuals to seek testing. In wealthy countries with equitable access to high qualityeye care and health education, blindness from chronic OAG should become increasingly rare; much greater challenges face poor andemerging economies and countries where there are substantial health and wealth inequalities. Effectiveness of screening for OAG canbe established only by high quality RCTs." | Yes | Participants from any population; investigators anticipated reporting any heterogeneity in populations studied | Any screening protocol for open-angle glaucoma; investigators anticipated reporting various screening tests used in the included studiesScreening protocol compared to no screening | NR | Prevalence of any degree of characteristic visual field loss (automated or manual visual field assessment) Prevalence of optic nerve damagePrevalence of visual impairmentMean IOP (at 1 year or more post screening)HarmsQuality of lifeEconomic outcomesTechnical differencesQuality controlRates of participationContaminationFollow-up |

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| 2 | Hatt, 2006 | Yes | No | No | Yes | Yes | Yes | 5 | Yes | Yes | Yes | Yes | NR | Yes | 12 Jan 2009 |

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| **Qualitative synthesis** | **Quantitative synthesis** | **Reported statistical heterogeneity** |
| 2 | Hatt, 2006 | Planned but not conducted | 0 | NA | NA | NA | NA | NA | Government |

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| **Frequency Doubling Technology (FDT) C-20-1** | **Frequency Doubling Technology (FDT) C-20-5** | **Oculokinetic perimetry (OKP)** | **Standard automated perimetry (SAP) Superiorrathreshold** | **Standard automated perimetry (SAP) threshold** | **Heidelberg Retina Tomograph (HRT) II** | **Optic disc photography** | **Retinal Nerve Fiber Layer (RNFL) photography** | **Ophthalmoscopy** | **Goldmann applanation tonometry (GAT)** | **Non contact tonometry** |
| 1 | Burr, 2007 | NA | NA | NA | NA | NA | NA | NA | NA | NA | NA | NA |

Abbreviations: NA = not applicable; NR = not reported