**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 evaluate  the accuracy of candidate screening tests and to  provide details of the reliability of the tests and  the proportion of people able to complete each  test." | "[However] owing to the strongly heterogeneous  nature of the data overall and the relatively small  number of studies, it was not possible to conclude  with certainty whether any one test was definitely  Superior 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 threshold  Test of intraocular pressure:  Goldmann applanation tonometry (GAT), Non contact tonometry (NCT), Tonopen  Tests 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)  Harms  Test acceptability  Test 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| **MEDLINE or PubMed** | **Cochrane CENTRAL** | **EMBASE** | **Total** | **Non-English** | **All possible years** | **Unpublished** | **Ongoing** | **References** | **Contact with investigators** | **Last search date** |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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| 2 | Hatt, 2006 | 5 | "To determine the impact of screening for OAG compared with opportunistic case findings or current referral practices on the prevalence  of 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 done  to improve awareness and encourage at risk individuals to seek testing. In wealthy countries with equitable access to high quality  eye care and health education, blindness from chronic OAG should become increasingly rare; much greater challenges face poor and  emerging economies and countries where there are substantial health and wealth inequalities. Effectiveness of screening for OAG can  be 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 studies  Screening 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 damage  Prevalence of visual impairment  Mean IOP (at 1 year or more post screening)  Harms  Quality of life  Economic outcomes  Technical differences  Quality control  Rates of participation  Contamination  Follow-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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| 1 | Burr, 2007 | NA | NA | NA | NA | NA | NA | NA | NA | NA | NA | NA |

Abbreviations: NA = not applicable; NR = not reported