

gas: of 10,694 articles, 15 (0.14%) met inclusion criteria. ten were case reports, 3 were comparative studies and 2 were review articles. weaknesses identified by quadas-2 and stard criteria included lack of blinding of index and reference test (n=7, 91.7%), lack of flow of patients throughout study (n=6, 80.0%), lack of blinded investigators (n=1, 13.3%), unclear patient selection design (n=3, 40.0%), and lack of reference standard interpretation bias (n=5, 50.0%). all articles lacked blinding of index and reference test, flow of patients throughout study, blinding of investigators, and reference standard interpretation bias. one case report described a patient who required ligation of the left internal mammary artery for cardiac surgery, which could have affected his ability to produce a sample. the other 2 case reports did not report whether the patients underwent cardiac surgery. two of the comparative studies had high risk of performance bias and 2 lacked a clear definition of the reference standard. in addition, we identified significant heterogeneity within the sample size, test type, and the number of tests performed. puag: of 10,841 articles, 43 (0.4%) met inclusion criteria. of these, 28 were case reports, 12 were comparative studies and 3 were review articles. weaknesses identified by quadas-2 and stard criteria included lack of blinding of index and reference test (n=11, 26.2%), lack of flow of patients throughout study (n=13, 30.2%), lack of blinded investigators (n=4, 9.3%), unclear patient selection design (n=18, 42.8%), lack of reference standard interpretation bias (n=5, 12.2%), and lack of a clear definition of the reference standard (n=5, 12.2%). all articles lacked blinding of index and reference test, flow of patients throughout study, blinding of investigators, and reference standard interpretation bias. one case report described a patient who underwent cardiac surgery, which could have affected his ability to produce a sample. the other 2 case reports did not report whether the patients underwent cardiac surgery. all 12 comparative studies had high risk of performance bias, lack of blinding of index and reference test, unclear patient selection design, lack of flow of patients throughout study, lack of blinded investigators, and lack of a clear definition of the reference standard. two of the comparative studies had a small sample size. two of the 13 review articles had a small sample size. in addition, we identified significant heterogeneity within the sample size, test type, and the number of tests performed.



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