

Supplementary table 4. Summary of studies on the assessment of inflammatory activity at joint level

Studies	Study design	Study population (n)	Disease activity (mean)	Disease duration (mean)	Diagnostic test Description	Cut-off (if applicable)	Reference standard Description	Cut-off (if applicable)	Time interval	Sensitivity, % (95% CI)	Specificity, % (95% CI)	PPV, % (95% CI)	NPV, % (95% CI)	PPV, % (95% CI)	NPV, % (95% CI)	OR (95% CI, p-value)	Correlation coefficient (95% CI, p-value)	Other	Risk of bias ^{1,2}	Risk of bias of individual studies included in	Concerns regarding applicability ³
Imaging vs clinical assessment																					
Agrawal, 2009	Cross-sectional	RA patients who had undergone US (n=165)	NR	NR	Musculoskeletal US per joint	NR	Clinical diagnosis per joint	Mutual agreement of 2 rheumatologists	Same time point									Treatment influenced on the basis of MSUS findings: 51.7%	H/H/U/L		H/L/H
Besselink, 2018	Cross-sectional	RA patients (n=50)	DAS28-ESR 3.9 (1.20)	NR	Optical spectral transmission (OST) model (separately per joint, for joints of both hands together)	k 0.30	Clinically swollen joints	positive/negative per joint, for all joints of both hands together	Same day					46 (39-52)	86 (84-88)				H/L/H/L		H/L/L
					Optical spectral transmission (OST) model (separately per joint, for joints of both hands together)	k 0.24	Clinically tender joints	positive/negative per joint, for all joints of both hands together	Same day					50 (44-57)	78 (76-81)						H/H/H/L
Meier, 2012	Cross-sectional	RA patients (n=67)	NR	NR	Optical spectral transmission measure of the PIP joint with the highest level of inflammation (mostly 1/patient, sometimes 2), per joint	NA	Clinical diagnosis of joint inflammation of PIP joint with the highest level of inflammation (mostly 1/patient, sometimes 2), score 1-5, per joint	NA	NR		88						r=0.63 (0.47-0.75, p<0.0001)		L/U/H/U		H/L/H
Van Onna, 2016	Case control	RA patients in different categories of disease activity: DAS28<2.6, 2.6-5.1, >5.1 (n=59)	DAS28 3.6	1-9Y (range of medians)	Optical spectral transmission (OST) in PIP joints, at joint level	0.11	Clinically swollen PIP joints, per joint	Presence/absence	Same day (within window of 4h)	59	86								L/H/L/L		H/L/L
					Optical spectral transmission (OST) in MCP joints, at joint level	0.26	Clinically swollen wrist joints, per joint	Presence/absence	Same day (within window of 4h)	42	93										
					Optical spectral transmission (OST) in wrist joints, at joint level	1.0	Clinically swollen MCP joints, per joint	Presence/absence	Same day (within window of 4h)	37	89										
Clinical assessment vs imaging																					
Inamo, 2018 ^a	Cross-sectional	RA patients who underwent both physical examination and ultrasonography (n=61)	DAS28 4.0 vs 2.4, p<0.05 (patients with joint swelling in feet and ankles vs those without, by physical examination)	7.1Y	Swollen joints by physical examination per joint	NA	US: synovitis per joint	NA	NR						40				L/U/H/U		H/L/L
Krabbe, 2016 ^a	Cross-sectional	RA patients (n=62)	DAS28 3.6, median	NR	Swelling of wrists, MCP1-5, (P)IP1-5 of both hands, per joint	Present/absent	US: Colour doppler of wrists, MCP1-5, (P)IP1-5 of both hands, score 0-3, per joint	≥1	NR	41	93							k 0.35	L/U/H/U		H/L/L
					Tenderness of wrists, MCP1-5, (P)IP1-5 of both hands, per joint	Present/absent	US: Colour doppler of wrists, MCP1-5, (P)IP1-5 of both hands, score 0-3, per joint	≥1	NR	34	91									k 0.25	
Matteson, 2009	Cross-sectional	RA patients (n=40)	NR	NR	SJC66, per joint	NR	FolateScan (Technetium-99m EC20; 99mTc-EC20). EC20 is a folate-targeted diagnostic radiopharmaceutical which binds to the folate receptor and is preferentially taken up by activated macrophages.	NR	NR	47	85			21	95			Accuracy 82%	L/U/H/U		H/L/L
					TJC66, per joint	NR	FolateScan (Technetium-99m EC20; 99mTc-EC20). EC20 is a folate-targeted diagnostic radiopharmaceutical which binds to the folate receptor and is preferentially taken up by activated macrophages.	NR	NR	36	85			22	92			Accuracy 80%			
					SJC/TJC66 according to rheumatologist, per joint	NR	FolateScan (Technetium-99m EC20; 99mTc-EC20). EC20 is a folate-targeted diagnostic radiopharmaceutical which binds to the folate receptor and is preferentially taken up by activated macrophages.	NR	NR	40 (26-55)	86 (82-90)			32 (21-43)	90 (85-95)			Accuracy 80% (95%CI 75-84)			
					SJC28, per joint	NR	FolateScan (Technetium-99m EC20; 99mTc-EC20). EC20 is a folate-targeted diagnostic radiopharmaceutical which binds to the folate receptor and is preferentially taken up by activated macrophages.	NR	NR	46	79			26	90			Accuracy 74%			
TJC28, per joint	NR	FolateScan (Technetium-99m EC20; 99mTc-EC20). EC20 is a folate-targeted diagnostic radiopharmaceutical which binds to the folate receptor and is preferentially taken up by activated macrophages.	NR	NR	38	78			22	88			Accuracy 72%								

SJC/TJC28, per joint		NR	FolateScan (Technetium-99m EC20; 99mTc-EC20). EC20 is a folate-targeted diagnostic radiopharmaceutical which binds to the folate receptor and is preferentially taken up by activated macrophages.	NR	NR	42	80	35	84	Accuracy 72%		
Biomarker vs imaging												
do Prado, 2016	Cross-sectional	RA patients (n=64)	DAS28-ESR 4.02	5Y	IL-2	NA	US: PD of right wrist (0-3)	NA	Same day	r=0.17 (-0.07-0.40), ns	L/L/H/L	H/L/L
					IL-2	NA	US: PD of left wrist (0-3)	NA	Same day	r=0.05 (-0.21-0.32), ns		
					IL-2	NA	US: GS of right wrist (0-3)	NA	Same day	r=0.22 (-0.01-0.49), ns		
					IL-2	NA	US: GS of left wrist (0-3)	NA	Same day	r=0.05 (-0.20-0.30), ns		
					IL-4	NA	US: PD of right wrist (0-3)	NA	Same day	r=0.26 (0.01-0.48), ns		
					IL-4	NA	US: PD of left wrist (0-3)	NA	Same day	r=0.20 (-0.58-0.46), ns		
					IL-4	NA	US: GS of right wrist (0-3)	NA	Same day	r=0.29 (0.05-0.54), p<0.05		
					IL-4	NA	US: GS of left wrist (0-3)	NA	Same day	r=0.15 (-0.11-0.39), ns		
					IL-6	NA	US: PD of right wrist (0-3)	NA	Same day	r=0.34 (0.11-0.54), p<0.01		
					IL-6	NA	US: PD of left wrist (0-3)	NA	Same day	r=0.45 (0.21-0.64), p<0.01		
					IL-6	NA	US: GS of right wrist (0-3)	NA	Same day	r=0.40 (0.20-0.59), p<0.01		
					IL-6	NA	US: GS of left wrist (0-3)	NA	Same day	r=0.35 (0.08-0.57), p<0.01		
					IL-10	NA	US: PD of right wrist (0-3)	NA	Same day	r=0.19 (-0.05-0.43), ns		
					IL-10	NA	US: PD of left wrist (0-3)	NA	Same day	r=0.12 (-0.11-0.34), ns		
					IL-10	NA	US: GS of right wrist (0-3)	NA	Same day	r=0.17 (-0.12-0.43), ns		
					IL-10	NA	US: GS of left wrist (0-3)	NA	Same day	r=0.06 (-0.17-0.28), ns		
					IL-17	NA	US: PD of right wrist (0-3)	NA	Same day	r=0.16 (-0.13-0.41), ns		
					IL-17	NA	US: PD of left wrist (0-3)	NA	Same day	r=0.18 (-0.10-0.44), ns		
					IL-17	NA	US: GS of right wrist (0-3)	NA	Same day	r=0.14 (-0.10-0.38), ns		
					IL-17	NA	US: GS of left wrist (0-3)	NA	Same day	r=0.12 (-0.12-0.34), ns		
					TNF	NA	US: PD of right wrist (0-3)	NA	Same day	r=0.23 (-0.02-0.47), ns		
					TNF	NA	US: PD of left wrist (0-3)	NA	Same day	r=-0.03 (-0.31-0.23), ns		
					TNF	NA	US: GS of right wrist (0-3)	NA	Same day	r=0.17 (-0.08-0.43), ns		
					TNF	NA	US: GS of left wrist (0-3)	NA	Same day	r=0.002 (-0.25-0.25), ns		
					IFN	NA	US: PD of right wrist (0-3)	NA	Same day	r=-0.10 (-0.34-0.14), ns		
					IFN	NA	US: PD of left wrist (0-3)	NA	Same day	r=0.06 (-0.18-0.31), ns		
					IFN	NA	US: GS of right wrist (0-3)	NA	Same day	r=0.02 (-0.26-0.29), ns		
					IFN	NA	US: GS of left wrist (0-3)	NA	Same day	r=0.03 (-0.24-0.29), ns		
					VEGF	NA	US: PD of right wrist (0-3)	NA	Same day	r=0.04 (-0.20-0.26), ns		
					VEGF	NA	US: PD of left wrist (0-3)	NA	Same day	r=-0.05 (-0.29-0.20), ns		

					VEGF	NA	US: GS of right wrist (0-3)	NA	Same day					$r=0$ (-0.26-0.23), ns				
					VEGF	NA	US: GS of left wrist (0-3)	NA	Same day					$r=-0.1$ (-0.35-0.14), ns				
Imaging vs imaging																		
Abdelzaher, 2019	Cross-sectional	RA patients with shoulder pain (n=30)	DAS28-ESR 4.41	54M, median	Biceps tenosynovitis on US	NR	Biceps tenosynovitis on MRI	NR	Same day	87.5	97.6	93.3	95.3		L/L/H/L	H/L/L		
Amital, 2015	Case control	RA patients (n=38)	DAS28 4.3 (1.7)	NR	Subscapularis tenosynovitis on US Lightscan (photo optical imaging) per joint	NR Mean sum 1.31	Subscapularis tenosynovitis on MRI Musculoskeletal ultrasonography (synovitis and tenosynovitis) per joint	NR	Same day Same day	91.7 74	97.8 93	91.7	97.8		L/H/H/L	H/L/H		
Besselink, 2018	Cross-sectional	RA patients (n=50)	DAS28-ESR 3.9 (1.20)	NR	Optical spectral transmission (OST) model (separately per joint, for joints of both hands together)	k 0.47	US (wrists and, in the hands, MCPs 1B-5, PIPs 2B-5 and IP 1)	positive/negative per joint, for all joints of both hands together	Same day			60 (53-67)	89 (86-91)	$r=0.54$ (95%CI 0.28-0.73, $p<0.01$)	L/H/L/L	H/L/L		
Boesen, 2012	Cross-sectional	RA patients (n=50)	DAS28 4.8	87.2M	US: Colour fraction calculation out of colour Doppler of one wrist joint	NA	MRI with gadolinium injection of the wrist: total RAMRIS synovitis score	NA	Same day (within a 2 hour interval)					$r=0.42$, $p<0.006$	L/L/H/L	H/L/L		
					US: Colour fraction calculation out of colour Doppler of one wrist joint	NA	MRI with gadolinium injection of the wrist: MRI synovitis radiocarpal joint score	NA	Same day (within a 2 hour interval)					$r=0.43$, $p<0.005$				
					US: Colour fraction calculation out of colour Doppler of one wrist joint	NA	MRI with gadolinium injection of the wrist: Average MRI thickness synovitis in the radiocarpal joint	NA	Same day (within a 2 hour interval)					$r=0.296$, $p=0.06$				
Hermann, 2003	Cross-sectional	RA patients with shoulder pain (n=43)	NR	6.8Y	Contrast-enhanced MRI: synovitis of the glenohumeral joint	NA	US: synovitis of the shoulder	NA	Same day (not all patients could undergo the MRI on the same day as US)	92	48	41%	94%	41	94	$k 0.29$ (95%CI 0.08-0.50, $p=0.0318$)	L/L/H/L	H/L/L
Kawashiri, 2015	Cross-sectional	RA patients (n=14)	DAS28-ESR 5.81	30M, median	Automated Breast Volume Scanner of bilateral wrists, per joint	NA	US: Gray scale of bilateral wrists, score 0-3, per joint	NA	Same day					$k 0.79$	L/L/H/L	H/L/L		
					Automated Breast Volume Scanner of MCP1-5 of both hands, per joint	NA	US: Gray scale of MCP1-5 of both hands, score 0-3, per joint	NA	Same day					$k 0.60$				
					Automated Breast Volume Scanner of bilateral wrists, per joint	NA	US: Gray scale of bilateral wrists, score 0-3, per joint	≥ 2	Same day					$k 1.00$				
					Automated Breast Volume Scanner of MCP1-5 of both hands, per joint	NA	US: Gray scale of MCP1-5 of both hands, score 0-3, per joint	≥ 2	Same day					$k 0.92$				
Krabbe, 2016*	Cross-sectional	RA patients (n=62)	DAS28 3.6, median	NR	Optical spectral transmission imaging of wrists, MCP1-5, (P)IP1-5 of both hands, per joint	>0.521	US: Colour doppler of wrists, MCP1-5, (P)IP1-5 of both hands, score 0-3, per joint	≥ 1	NR	54	79	27	93	$k 0.23$; AUC-ROC 0.69, $p<0.001$	L/U/H/U	H/L/L		
					Optical spectral transmission imaging of wrists, MCP1-5, (P)IP1-5 of both hands, per joint	>0.521	US: Colour doppler of wrists, MCP1-5, (P)IP1-5 of both hands, score 0-3, per joint	≥ 2	NR					AUC-ROC 0.71				
					Optical spectral transmission imaging of wrists, MCP1-5, (P)IP1-5 of both hands, per joint	>0.521	US: Colour doppler OR GS of wrists, MCP1-5, (P)IP1-5 of both hands, score 0-3, per joint	≥ 2	NR					AUC-ROC 0.70				
					Optical spectral transmission imaging of wrists, MCP1-5, (P)IP1-5 of both hands, per joint	>0.521	US: Colour doppler OR GS of wrists, MCP1-5, (P)IP1-5 of both hands, score 0-3, per joint	≥ 1	NR					AUC-ROC 0.65				
					Optical spectral transmission imaging of (P)IP1-5 of both hands, per joint	>0.521	US: Colour doppler of (P)IP1-5 of both hands, score 0-3, per joint	≥ 1	NR	29	89			$k 0.12$; AUC-ROC 0.71, $p=0.001$				
					Optical spectral transmission imaging of MCP1-5 of both hands, per joint	>0.521	US: Colour doppler of MCP1-5 of both hands, score 0-3, per joint	≥ 1	NR	44	75			$k 0.15$; AUC-ROC 0.60, $p=0.003$				
					Optical spectral transmission imaging of wrists of both hands, per joint	>0.521	US: Colour doppler of wrists of both hands, score 0-3, per joint	≥ 1	NR	91	24			$k 0.09$; AUC-ROC 0.58, ns				
Ngai ng, 2019*	Cross-sectional	RA patients (n=19)	DAS28-CRP 4.66, median	5.5Y, median	Whole body magnetic resonance imaging: per joint, wrists/MCP2/MCP5/PIPs, joint inflammation was defined in two ways; 1) as presence of synovitis and/or osteitis, 2) as the presence of syn-ovitis only (28 conventional joints, bilateral ankles, MTP1-5)	NA	Ultrasound: per joint, wrists/MCP2/MCP5/PIPs (conventional joints: US was graded 0-3 on both B-mode and colour Doppler(CD), and subsequently converted to +/- by defining US synovitis as B mode ≥ 2 or CD ≥ 1)	NA	NR					$k=0.42-0.62$	L/U/H/U	H/L/H		
					Whole body magnetic resonance imaging: per joint, other joints, joint inflammation was defined in two ways; 1) as presence of synovitis and/or osteitis, 2) as the presence of syn-ovitis only (28 conventional joints, bilateral ankles, MTP1-5)	NA	Ultrasound: per joint, other joints; US was graded 0-3 on both B-mode and colour Doppler(CD), and subsequently converted to +/- by defining US synovitis as B mode ≥ 2 or CD ≥ 1)	NA	NR					$k \leq 0.37$				

					Whole body magnetic resonance imaging: per joint, wrists/MCP2/MCP5/PIP5, joint inflammation was defined as the presence of synovitis (28 conventional joints, bilateral ankles, MTP1-5)	NA	Ultrasound: per joint, wrists/MCP2/MCP5/PIP5 (conventional joints; US was graded 0-3 on both B-mode and colour Doppler(CD), and subsequently converted to +/- by defining US synovitis as B mode ≥2 or CD ≥1)	NA	NR			k=0.42-0.66			
					Whole body magnetic resonance imaging: per joint, other joints, joint inflammation was defined as the presence of synovitis only (28 conventional joints, bilateral ankles, MTP1-5)	NA	Ultrasound: per joint, other joints; US was graded 0-3 on both B-mode and colour Doppler(CD), and subsequently converted to +/- by defining US synovitis as B mode ≥2 or CD ≥1)	NA	NR			k≤0.36			
Schäfer, 2013	Cross-sectional	RA patient (n=18)	DAS28 4.6 (1.6)	4.9Y	Fluorescence optical imaging (FOI): Fluorescence readout of indocyanine green in phase 3 (241-360 seconds) for carpal joints, at joint level	>1.2	MRI of carpal joint of dominant hand, at joint level	Presence/absence	Within 2D (RAMRIS)	87 (62-96)	0 (0-56)		L/H/H/L	H/L/L	
					Fluorescence optical imaging (FOI): Fluorescence readout of indocyanine green in phase 3 (241-360 seconds) for MCP joints, at joint level	>1.2	MRI of MCP joints of dominant hand, at joint level	Presence/absence	Within 2D (RAMRIS)	42 (23-62)	92 (70-99)				
					Fluorescence optical imaging (FOI): Fluorescence readout of indocyanine green in phase 3 (241-360 seconds) for PIP joints, at joint level	>1.2	MRI of PIP joints of dominant hand, at joint level	Presence/absence	Within 2D (RAMRIS)	100 (57-100)	77 (57-90)				
Scheel, 2005	Cross-sectional	RA patients (n=13)	NR	4.3Y	Sagittal laser optical tomography of PIP2-4 joints of clinically dominant hand, per joint	Min(ma) = 0.272 cm with Youden index of 0.41	US of PIP2-4 joints of clinically dominant hand, score 0-3 per joint, per joint	>1	NR	70.5	70.5	AUC-ROC 0.777	L/H/H/L	H/L/L	
					Sagittal laser optical tomography of PIP2-4 joints of clinically dominant hand, per joint	Min(ma) = 0.41 cm with Youden index of 0.41	US of PIP2-4 joints of clinically dominant hand, score 0-3 per joint, per joint	>1	NR	73.6	67.4				
Van Onna, 2016	Case control	RA patients in different categories of disease activity: DAS28<2.6, 2.6-5.1, >5.1 (n=59)	DAS28 3.6	1-9Y (range of medians)	Optical spectral transmission (OST) in PIP joints, at joint level	0.11	US: GS and PD in PIP joints, at joint level	US inflammation: GS>1 and/or PD>0 (within window of 4h)	Same day	83	64	AUC-ROC 0.79 (95%CI 0.72-0.86, p<0.0001)	L/H/H/L	H/L/L	
					Optical spectral transmission (OST) in MCP joints, at joint level	0.26	US: GS and PD in MCP joints, at joint level	US inflammation: GS>1 and/or PD>0 (within window of 4h)	Same day	70	74	AUC-ROC 0.78 (95%CI 0.71-0.83, p<0.0001)			
					Optical spectral transmission (OST) in wrist joints, at joint level	1.0	US: GS and PD in wrist joints, at joint level	US inflammation: GS>1 and/or PD>0 (within window of 4h)	Same day	39	87	AUC-ROC 0.62 (95%CI 0.52-0.72, p=0.006)			
Takase-Minegishi, 2018	SLR: 14	RA patients (n=376)	NR	NR	Synovitis of wrist joints on US (in 5 cohorts: including PD, GS, PD+GS), per joint	Based on judgement by the authors	Synovitis of wrist joints on MRI (including (non-)enhanced, dynamic, 1.5T, 3T, compact, low-field extremity and 0.2T MRI), per joint	Based on judgement by the authors	NR	0.73 (0.51-0.87)	0.78 (0.46-0.94)	11.6 (5.6-24, -)	AUC-ROC 0.81; Overall conclusion: US is a valid and reproducible technique for detecting synovitis in the wrist and finger joints. It may be considered for routine use as part of the standard diagnostic tools in RA.	Moderate	Moderate (1 study with high RoB)
					Synovitis of MCP joints on US (in 12 cohorts: including PD, GS, PD+GS), per joint	Based on judgement by the authors	Synovitis of MCP joints on MRI (including (non-)enhanced, dynamic, 1.5T, 3T, compact, low-field extremity and 0.2T MRI), per joint	Based on judgement by the authors	NR	0.64 (0.43-0.81)	0.93 (0.88-0.97)	28 (12-66, -)	AUR-ROC 0.91		
					Synovitis of PIP joints on US (in 6 cohorts: including PD, GS, PD+GS), per joint	Based on judgement by the authors	Synovitis of PIP joints on MRI (including (non-)enhanced, dynamic, 1.5T, 3T, compact, low-field extremity and 0.2T MRI), per joint	Based on judgement by the authors	NR	0.71 (0.33-0.93)	0.94 (0.89-0.97)	23 (6.5-84, -)	AUR-ROC 0.91		
					Synovitis of knee joints on US (in 3 cohorts: including PD, GS, PD+GS), per joint	Based on judgement by the authors	Synovitis of knee joints on MRI (including (non-)enhanced, dynamic, 1.5T, 3T, compact, low-field extremity and 0.2T MRI), per joint	Based on judgement by the authors	NR	0.91 (0.56-0.99)	0.60 (0.20-0.90)	5.2 (0.60-48, -)	AUR-ROC 0.91		
Imaging vs histology															
Fier, 2017*	Cross-sectional	RA patients with at least 1 joint amenable to biopsy (n=15)	NR	NR	GS US per joint	NA	Krenn index of cellular inflammation (histology obtained by synovial biopsy)	NA	NR			r=0.65, p<0.01	L/L/H/L	H/L/L	
					GS US per joint	NA	Krenn lining layer score (histology obtained by synovial biopsy)	NA	NR			r=0.52, p<0.05			
					PD US per joint	NA	Krenn index of cellular inflammation (histology obtained by synovial biopsy)	NA	NR			p=0.34			
					PD US per joint	NA	Krenn lining layer score (histology obtained by synovial biopsy)	NA	NR			p=0.48			

ACPA: anti-citrullinated protein antibody; AUC-ROC: area under the curve - receiver operating characteristic; BL: baseline; BMI: body mass index; CDAI: clinical disease activity index; CI: confidence interval; CMC: carpometacarpal; CRP: C-reactive protein; D: days; DAS28: disease activity score assessing 28 joints; DIP: distal interphalangeal; ESR: erythrocyte sedimentation rate; GS: Gray scale; h: hours; H: high; IFN: interferon; IL: interleukin; IP: interphalangeal; IQR: interquartile range; k: kappa agreement; l: liter; L: low; M: months; MBDA: multi-biomarker disease activity score; MCP: metacarpophalangeal; mm: millimeter; MMP: matrix metalloproteinase; MRI: magnetic resonance imaging; MTP: metatarsophalangeal; n: number of patients; NA: not applicable; ng: nanogram; NPV: negative predictive value; NR: not reported; ns: not significant; OR: odds ratio; PD: power doppler; PIP: proximal interphalangeal; PPV: positive predictive value; RA: rheumatoid arthritis; RAPID3: routine assessment of patient index data 3; RAMRIS: rheumatoid arthritis MRI scoring system; RF: rheumatoid factor; s: significant; RoB: risk of bias; SDAI: simplified disease activity index; SIC: swollen joint count; SLR: systematic literature review; STIR: short tau inversion recovery; TIMP: tissue inhibitor of metalloproteinase; TJC: tender joint count; TMT: tarsometatarsal; TNF: tumor necrosis factor; U: unclear; US: ultrasonography; VEGF: vascular endothelial growth factor; W: weeks; Y: years; *: abstract.

1. Risk of Bias according to QUADAS-2 for individual studies: Patient selection/Index test/Reference standard/Flow and timing; According to AMSTAR2 tool for SLRs: Low=zero or one non-critical weakness; Moderate=more than one non-critical weakness; High=one critical flaw with or without non-critical weaknesses; Critically high=more than one critical flaw with or without non-critical weaknesses; 2. Only applicable for SLRs: Summary of RoB of individual studies, as assessed in SLR Highest risk of bias as found (of individual studies). 3. Concerns regarding applicability for individual studies: Patient selection/Index test/Reference standard.