**Common format for Evidence Table – Treatment Primary studies**



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| **Headings** | **Description** |
| **I Study ID** |  |
| **1. Reference** | First author; Journal name; Publication Date; |
| **II Method** |  |
| **1. Study design** | Specify the type of study: RCT, CCT, case control, case series |
| **2. Source of funding/conflicts of interest** | Specify the source of funding: public research funds, government, not governmental organization, healthcare industry or other (give name of organization or corporation) presence of declaration of interest. |
| **3. Setting** | Numbers of centers, countries involved, healthcare setting, urban/rural/mixed. |
| **4. Sample size** | Give the calculated number in each group and the actual number of patients in each group. |
| **5. Duration of the Study** | Duration in months or years. |
| **III Patient characteristics** |  |
| **1. Eligibility criteria** | State the most relevant inclusion and exclusion criteria for population (patients and pathology). |
| **2. Patient characteristics** | Specify a priori characteristics (age, tumor, stage). |
| **3. Group comparability** | p for group comparability. |
| **IV Intervention(s)** |  |
| **1. Intervention(s)** | Precise details of the interventions for each group (including dose, length, regimen and timing if relevant). |
| **2. Comparator(s)** | Placebo, other treatment (including dose, length, regimen and timing if relevant). |
| **V Results primary outcome** |  |
| **1. Effect size primary outcome** | Summary of the primary outcome in each and between groups: effect size and its precision (p value, CI)  Including efficacy: Absolute risk reduction, relative risk (reduction), odds ratios, confidence intervals. |
| **VI Results secondary and all other outcomes** |  |
| **1. Effect size secondary outcome(s)** | Brief description of secondary outcome(s) and p values. |
| **2. Effect size all other outcomes, endpoints** | All other outcomes, endpoints, including adverse effects, toxicity, quality of life |
| **VII Critical appraisal of study quality** |  |
| **1.Level of evidence** | Classification of intervention studies. |
| **2. Dropouts** | Number of dropouts/withdrawals in each group |
| **3. Results critical appraisal** | Summarize internal validity: sample size, randomization and blinding, use of inappropriate statistical analysis, etc |

# Diagnosis

Uitgangsvraag: Bij patiënten met melanoom stadium III en IV (primair dan wel recidief) die in aanmerking komen voor in opzet curatieve/lokale behandeling, welke diagnostische test - FDG PET/CT, contrast CT of whole body MRI - resulteert in de meest accurate opsporing van metastasen?

## Primary studies

| I Study ID | II Method | III Patient characteristics | IV Intervention(s) | V Results primary outcome | VI Results secondary and other outcomes | * VII Critical appraisal of study quality |
| --- | --- | --- | --- | --- | --- | --- |
| * Jouvet et al, JEADV, 2014 | * Design: Prospective cohort * Sources of funding not mentioned * Setting: Hospital * Sample size: 37 pat * Duration: March 2009-January 2011 * Mean interval of 7 days between tests * Order of tests not mentioned | Eligibility criteria: Stage IV cutaneous melanoma patients  Exclusion   * another cancer, contraindications for MRI   Patient characteristics   * Not reported * 218 visceral or lymph node metastases | Index test(s)   * whole-body MRI including VIBE and metabolic   (diffusion) sequences  combined PET-CT, CT and superficial lymph nodes US.  Reference standard   * histopathology   or sequential  imaging during clinical follow-up (at least 9 months) | Diagnostic accuracy  Lesion based  Overall  PET-CT   * Accuracy: 86% * Sensitivity: 80% (71-87%) * Specificity: 93% (86-97%) * PPV: 93% (86-98%) * NPV: 79% (70-87%)   CT   * Accuracy: 81% * Sensitivity: 90% (83-95%) * Specificity: 70% (60-79%) * PPV: 79% (71-85%) * NPV: 85% (75-92%)   MRI   * Accuracy: 70% * Sensitivity: 68% (59-76%) * Specificity: 73% (63-82%) * PPV: 77% (68-85%) * NPV: 63% (53-72%)   MRI (VIBE)   * Accuracy: 85% * Sensitivity: 84% (76-90%) * Specificity: 87% (79-93%) * PPV: 90% (83-95%) * NPV: 80% (71-86%)   Overall Lymph node  PET-CT   * Accuracy: 96% * Sensitivity: 96% (78-100%) * Specificity: 97% (83-100%) * PPV: 96% (78-100) * NPV: 97% (83-100)   CT   * Accuracy: 77% * Sensitivity: 96% (78-100%) * Specificity: 63% (44-80%) * PPV: 67% (48-82%) * NPV: 95% (75-100%)   MRI   * Accuracy: 85% * Sensitivity: 96% (78-100%) * Specificity: 80% (61-92%) * PPV: 77% (59-92%) * NPV: 96% (78-100%)   MRI (VIBE)   * Accuracy: 94% * Sensitivity: 87% (66-97) * Specificity: 100% (88-100%) * PPV: 100% (83-100%) * NPV: 91% (76-98%)   No statistically significant difference  (P < 0.05) of overall diagnostic performances between wbMRI and PETCT  No statistically significant difference was found between wbMRI and PET-CT with two channels for CT with respect to different metastatic sites.  Compared with the CT,  wbMRI had significantly better overall specificity (P = 0.0011) and PPV (P = 0.02).  For lung exploration, sensitivity of  wbMRI (51.6%) was inferior to CT (71.4%).  To detect superficial metastatic lymph nodes, wbMRI and US both showed high diagnostic accuracy with no statistically significant difference. |  | * Level of evidence: B * Patients did not receive the same reference standard regardless of the index test result * Independence between index test en reference test unclear * Blinding unclear * Execution of reference test unclear |
| * Laurent V, Eur J Radiol, 2010 | * Design: prospective * Sources of funding not mentioned * Setting: one Hospital * Sample size: 35 * Duration: August 2006-April 2007 * Interval between tests unclear * Order of tests: unclear | Eligibility criteria: patients with cutaneous melanoma presenting a risk of metastatic spread.  Exclusion: patient with a cardiac pace maker, metal devices in the body, allergy to contrast medium, restricted renal function, pregnancy,  claustrophobia  Patient characteristics   * Not given * Prevalence of disease (malignant lesions): 70/120 = 58% | Index tests   * PET-CT * WB-MRI   Reference standard   * Histology, imaging, or follow-up including tumor markers (S100 and lactate dehydrogenase) (6 months) | Diagnostic accuracy  Lesion based  Overall  PET-CT   * Sensitivity: 72,9% * Specificity: 92,7% * PPV: 94,4% * NPV: 66,7%   MRI   * Sensitivity: 82,6% * Specificity: 97,6% * PPV: 98,3% * NPV: 76,9%   Lung   * PET-CT: Se 30,7%, Sp 100% * MRI: Se 61,5%, Sp 100%   Bone   * PET-CT: Se 71,4%, Sp 100% * MRI: Se 82,8%, Sp 100%   Liver   * PET-CT: Se 50%, Sp 100% * MRI: Se 100%, Sp 100%   Lymph nodes   * PET-CT: Se 82,7%, Sp 100% * MRI: Se 89,6%, Sp N/A |  | * Level of evidence: B * Consecutive patients * Blinded study * Verification bias * Patients did not receive the same reference standard regardless of the index test result * Execution of reference test unclear * Dropouts unknown |

Abbreviations: VIBE: Volumetric interpolated breath-hold examination, PET: positron emission tomography, PET-CT: PET/computed tomography, FDG: Fluorine-18-Fluorodeoxyglucose, WB-MRI: whole-body magnetic resonance imaging, NPV: negative predictive value; PPV: positive predictive value