Summary of Findings – Broncheoalveolaire lavage

Population: FO-BAL plus non-invasive tests versus non-invasive tests only for immunologically compromised ICU/critically ill patients with signs of respiratory failure and new or progressive pulmonary infiltrates
Intervention: FO-BAL plus non-invasive tests
Comparator: non-invasive tests only

Outcome Timeframe	**Study results and measurements**	**Absolute effect estimates** Non-invasive tests only	 FO-BAL plus non-invasive tests	**Certainty of the evidence** (Quality of evidence)	**Summary**
New diagnosis	Relative risk: 1.02 (CI 95% 0.89 - 1.17) Based on data from 219 participants in one study[1]	**783** per 1000	**799** per 1000 Difference: **16 more per 1000** (CI 95% 86 fewer - 133 more)	**Low** Due to serious risk of bias, Due to serious imprecision[2]	FO-BAL in combination with non-invasive tests may have little or no effect on new diagnosis rates in immunologically compromised ICU/critically Ill patients with signs of respiratory failure and new or progressive pulmonary infiltrates.
Need for endotracheal mechanical ventilation	Relative risk: 0.92 (CI 95% 0.65 - 1.29) Based on data from 219 participants in one study[5]	**387** per 1000	**356** per 1000 Difference: **31 fewer per 1000** (CI 95% 135 fewer - 112 more)	**Low** Due to serious risk of bias, Due to serious imprecision[6]	FO-BAL in combination with invasive tests may have little or no effect on need for endotracheal mechanical ventilation in immunologically compromised ICU/critically Ill patients with signs of respiratory failure and new or progressive pulmonary infiltrates.
28-day mortality	Relative risk: 0.88 (CI 95% 0.6 - 1.31)	**330** per 1000	**290** per 1000 Difference: **40 fewer per 1000**	**Low** Due to serious imprecision,	FO-BAL in combination with invasive tests may have little or no effect on 28-day mortality in immunologically compromised ICU/critically Ill patients

	Based on data from 219 participants in one study[7] Risk difference: -0.04 (95% CI -0.16 – 0.08) 219 participants in one study[7]	(CI 95% 132 fewer - 102 more)	Due to very serious imprecision[8]	with signs of respiratory failure and new or progressive pulmonary infiltrates.

1. Systematic review [1] with included studies: Azoulay (2010) **Baseline/comparator** Control arm of reference used for intervention.
2. **Risk of Bias: serious.** Inadequate/lack of blinding of participants and personnel, resulting in potential for performance bias, Inadequate/lack of blinding of outcome assessors, resulting in potential for detection bias; **Imprecision: serious.** Low number of patients, Only data from one study;
3. Systematic review [1] with included studies: Azoulay (2010) **Baseline/comparator** Control arm of reference used for intervention.
4. **Risk of Bias: serious.** Inadequate/lack of blinding of outcome assessors, resulting in potential for detection bias, Inadequate/lack of blinding of participants and personnel, resulting in potential for performance bias; **Imprecision: very serious.** Wide confidence intervals, Low number of patients;
5. Systematic review [1] with included studies: Azoulay (2010) **Baseline/comparator** Control arm of reference used for intervention.
6. **Risk of Bias: serious.** Inadequate/lack of blinding of participants and personnel, resulting in potential for performance bias, Inadequate/lack of blinding of outcome assessors, resulting in potential for detection bias; **Imprecision: serious.** Wide confidence intervals, Low number of patients;
7. Systematic review [1] with included studies: Azoulay (2010) **Baseline/comparator** Control arm of reference used for intervention.
8. **Risk of Bias: no serious.** Inadequate/lack of blinding of outcome assessors, resulting in potential for detection bias, Inadequate/lack of blinding of participants and personnel, resulting in potential for performance bias; **Imprecision: very serious.** Low number of patients, Wide confidence intervals.