

Table 4. Discrimination outcome (c-statistic, AUC at 3 months)

Author	Model	N of Variables	N	Death (n)	Measurement	Outcome (95% CI)	Performance	Certainty of the Evidence (Quality of evidence)	Conclusions
Bartels, 2016	Bartels 2011	5	110	90	c-statistic * (time-to-event discrimination until >10 months)	0.68 (not reported) [§]	Possibly helpful	Low¹	The Bartels 2011 model may result in possibly helpful discrimination when predicting time-to-event survival among patients eligible for treatment of spinal metastasis.
	Tokuhashi 2005	6	1379	1122	c-statistic * (time-to-event discrimination until >2 years)	0.64 (not reported)	Possibly helpful	Very low²	The evidence is very uncertain about discriminative ability of the Tokuhashi 2005 model when predicting time-to-event survival among patients eligible for treatment of spinal metastasis.
Bollen, 2016	Bauer and Wedin 1995	4	1379	1122	c-statistic * (time-to-event discrimination until >2 years)	0.64 (not reported)	Possibly helpful	Very low²	The evidence is very uncertain about discriminative ability of the Bauer and Wedin 1995 model when predicting time-to-event survival among patients eligible for treatment of spinal metastasis.
	Tomita 2001	3	1379	1122	(time-to-event discrimination until >2 years)	0.64 (not reported)	Possibly helpful	Very low²	The evidence is very uncertain about discriminative ability of the Tomita 2001 model when predicting time-to-event survival among patients eligible for treatment of spinal metastasis.
	Linden 2005	3	1379	1122	c-statistic * (time-to-event discrimination until >2 years)	0.66 (not reported)	Possibly helpful	Very low²	The evidence is very uncertain about discriminative ability of the Linden 2005 model when predicting time-to-event survival among patients eligible for treatment of spinal metastasis.

	Rades 2013	6	1379	1122	(time-to-event discrimination until >2 years)	0.44 (not reported)	Poor	Very low²	The evidence is very uncertain about discriminative ability of the Rades 2013 model when predicting time-to-event survival among patients eligible for treatment of spinal metastasis.
	Bollen 2014	3	336 [§]	1122	c-statistic * (time-to-event discrimination until >2 years)	0.69 (not reported)	Possibly helpful	Very low²	The evidence is very uncertain about discriminative ability of the Bollen 2014 model when predicting time-to-event survival among patients eligible for treatment of spinal metastasis.
	Bollen 2014	3	953	225/360/ 474 [§]	AUC (binary discrimination: yes/no at 3 months)	0.76 (0.73-0.80)	Acceptable	Moderate³	The Bollen model likely results in acceptable discrimination when predicting 3 month survival (yes/no) among patients eligible for treatment of spinal metastasis.
	Mizumoto 2008	7	953	225/360/ 474 [§]	AUC (binary discrimination: yes/no at 3 months)	0.69 (0.66-0.73)	Poor	Moderate³	The Mizumoto model likely results in poor discrimination when predicting 3 month survival (yes/no) among patients eligible for treatment of spinal metastasis.
Bindels, 2025	Modified Bauer 2008	3	953	225/360/ 474 [§]	AUC (binary discrimination: yes/no at 3 months)	0.70 (0.66-0.74)	Acceptable	Low^{3,4}	The modified Bauer model may result in acceptable discrimination when predicting 3 months survival (yes/no) among patients eligible for treatment of spinal metastasis.
	NESMS 2015	5	953	225/360/ 474 [§]	AUC (binary discrimination: yes/no at 3 months)	0.59 (0.55-0.63)	Poor	Moderate³	The NESMS model likely results in poor discrimination when predicting 3 months survival (yes/no) among patients eligible for treatment of spinal metastasis.
	Original Bauer 1995	4	953	225/360/ 474 [§]	AUC	0.66 (0.63-0.70)	Poor	Moderate³	The original Bauer model likely results in poor discrimination when predicting 3 months

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				(binary discrimination: yes/no at 3 months)				survival (yes/no) among patients eligible for treatment of spinal metastasis.
OSRI 2013	2	953	225/360/474 [§]	AUC (binary discrimination: yes/no at 3 months)	0.75 (0.72-0.79)	Acceptable	Moderate ³	The OSRI model likely results in acceptable discrimination when predicting 3 months survival (yes/no) among patients eligible for treatment of spinal metastasis.
PathFx 2020	11	953	225/360/474 [§]	AUC (binary discrimination: yes/no at 3 months)	0.66 (0.62-0.70)	Poor	Moderate ³	The PathFx model likely results in poor discrimination when predicting 3 months survival (yes/no) among patients eligible for treatment of spinal metastasis.
Revised Katagiri (ten categories) 2014	11	953	225/360/474 [§]	AUC (binary discrimination: yes/no at 3 months)	0.79 (0.76-0.82)	Acceptable	Moderate ³	The revised Katagiri (ten categories) model likely results in acceptable discrimination when predicting 3 months (yes/no) survival among patients eligible for treatment of spinal metastasis.
Revised Katagiri (3 categories) 2014	11	953	225/360/474 [§]	AUC (binary discrimination: yes/no at 3 months)	0.75 (0.72-0.77)	Acceptable	Moderate ³	The revised Katagiri (3 categories) model likely results in acceptable discrimination when predicting 3 months survival (yes/no) among patients eligible for treatment of spinal metastasis.
Revised Tokuhashi 2005	6	953	225/360/474 [§]	AUC (binary discrimination: yes/no at 3 months)	0.70 (0.67-0.73)	Acceptable	Low ^{3,4}	The revised Tokuhashi model may result in acceptable discrimination when predicting 3 months survival (yes/no) among patients eligible for treatment of spinal metastasis.
SORG-MLA 2019	18	953	225/360/474 [§]	AUC	0.68 (0.63-0.72)	Poor	Moderate ³	The SORG-MLA model likely results in poor discrimination when predicting 3 months

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				(binary discrimination: yes/no at 3 months)				survival (yes/no) among patients eligible for treatment of spinal metastasis.
Tomita 2001	3	953	225/360/474 [§]	AUC (binary discrimination: yes/no at 3 months)	0.64 (0.60-0.68)	Poor	Moderate ³	The Tomita model likely results in poor discrimination when predicting 3 months survival (yes/no) among patients eligible for treatment of spinal metastasis.
Van der Linden 2005	3	953	225/360/474 [§]	AUC (binary discrimination: yes/no at 3 months)	0.68 (0.65-0.71)	Poor	Moderate ³	The van der Linden model likely results in poor discrimination when predicting 3 months survival (yes/no) among patients eligible for treatment of spinal metastasis.

Abbreviations:

* Harrel's C-index. [§]Analysis using external data. [§] Number of deaths at 3, 6 and 12 months respectively.

¹Downgraded two levels for Imprecision as no 95%CI is available and a low sample size was used.

²Downgraded for two levels for Risk of Bias due to retrospective data-collection and unclear validation methodology and one level for Imprecision as no 95%CI is available.

³Downgraded for one level for Risk of Bias due to partly retrospective data-collection.

⁴Downgraded one level for Imprecision as one border of the 95% CI crossed clinical relevance threshold.