**Table S2. QUADAS-2 guidance for assessment of risk of bias**

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| **DOMAIN** | **YES** | **NO** | **UNCLEAR** | |
| **PATIENT SELECTION** | Describe methods of patient selection: Describe included patients (prior testing, presentation, intended use of index test and setting): | | | |
| Was a consecutive or random sample of patients enrolled? | Consecutive sampling or random sampling. | Selection of nonconsecutive subjects. | Unclear whether consecutive or random sampling. | |
| Was a case-control design avoided? | Accuracy for glaucoma diagnosis -No selective recruitment of people with or without glaucoma. | Accuracy for glaucoma diagnosis-Selection of cases or controls in a predetermined, non-random fashion; or enrichment of the cases from a selected population. | Unclear selection mechanism. | |
| Did the study avoid inappropriate exclusions? | Exclusions are detailed and felt to be appropriate (e.g., people with significant visual loss associated with other eye diseases). | Inappropriate exclusions are reported, (e.g. borderline index test results, ambiguous diagnosis, unreliable results, unable to finish test). | Exclusions are not detailed. | |
| Risk of bias: Could the selection of patients have introduced bias? | HIGH if ‘no' for any of the above | | | |
| Concerns regarding applicability: Are there concerns that the included patients do not match the review question? | Not applicable for this review | | | |
| **INDEX TEST** | Describe the index test and how it was conducted and interpreted: | | | |
| Were the index test results interpreted without knowledge of the results of the reference standard? | Test performed “blinded” or “independently and without knowledge of” reference standard results are sufficient and full details are not required; or clear temporal pattern to the order of testing that precludes the need for blinding. | Reference standard results available to those who conducted or interpreted the index tests. | Unclear whether results are interpreted independently. | |
| If a threshold was used, was it pre-specified? | The study authors declare that the selected cut-off used to dichotomise data was specified a priori, or a protocol is available with this information. | The study authors define the optimal cut‐off  post‐hoc based on their own study data. | No information on pre-selection of index test cut-off values. | |
| Risk of bias: Could the conduct or interpretation of the index test have introduced bias? | HIGH if 'no' for any of the above | | | |
| Concerns regarding applicability: Are there concerns that the index test, its conduct, or interpretation differ from the review question? | Not applicable for this review | | | |
| **REFERENCE STANDARD** | Describe the reference standard and how it was conducted and interpreted: | | | |
| Is the reference standard likely to correctly classify the target condition? | SAP, whatever diagnostic features used in the primary studies will be acceptable. | / | / | |
| Were the reference standard results interpreted without knowledge of the results of the index test? | Reference standard performed “blinded” or “independently and without knowledge of” index test results are sufficient and full details are not required; or clear temporal pattern to the order of testing that precludes the need for blinding. | Index test results available to those who conducted the reference standard. | Unclear whether results are interpreted independently. | |
| Risk of bias: Could the reference standard, its conduct, or its interpretation have introduced bias? | HIGH if 'no' for any of the above | | | |
| Concerns regarding applicability: Are there concerns that the target condition as defined by the reference standard does not match the review question? | Not applicable for this review | | | |
| **FLOW AND TIMING** | Describe any patients who did not receive the index test(s) and/or reference standard or who were excluded from the 2x2 table (refer to flow diagram): Describe the time interval and any interventions between index test(s) and reference standard. | | | |
| Was there an appropriate interval between index test(s) and reference standard? | No more than six months between index and reference test execution. | More than six months between index and reference test execution. | | Unclear whether test results are executed within six months. |
| Did all patients receive a reference standard? | All participants receiving the index test are verified with the reference standard. | Not all participants receiving the index test are verified with the reference standard. | | Unclear whether all participants receiving the index test are verified with the reference standard. |
| Did all patients receive the same reference standard? | All participants receiving the index test did receive the same reference standard | Not all participants receiving the index test did receive the same reference standard | | Unclear whether all participants receiving the index test did receive the same reference standard |
| Were all patients included in the analysis? | At least 80% of participants included in the study are included in the analyses or participants with undefined or borderline test results are included. | Less than 80% of participants included in the study are included in analyses or participants with undefined or borderline test results are excluded. | | Insufficient information on whether the number of participants included in the study matches the number in analyses |
| Risk of bias: Could the patient flow have introduced bias? | HIGH if 'no' for any of the above | | | |