

APPENDIXES

Appendix A: Exact Search Strings

PubMed® search strategy (October 20, 2010):

(((((diagnosis OR diagnos* OR predict* OR predictive value of tests OR sensitivity OR specificity) OR (sensitiv*[Title/Abstract] OR sensitivity and specificity[MeSH Terms] OR diagnos*[Title/Abstract] OR diagnosis[MeSH:noexp] OR diagnostic *[MeSH:noexp] OR diagnosis, differential[MeSH:noexp] OR diagnosis[Subheading:noexp])) AND ((women OR woman OR female OR females OR sex factors) AND (((CAD[tiab]) OR (coronary artery disease[mesh] OR "coronary artery disease"[tiab] OR coronary disease[mesh] OR "coronary disease"[tiab] OR "coronary heart disease"[tiab])) OR (Chest pain OR dyspnea OR shortness of breath OR angina)) AND (((echocardiography OR echo OR cardiogram) AND ((electrocardiography OR ECG OR EKG OR electrocardio* OR MCG OR multifunction cardiogram OR exercise test OR treadmill) OR (single photon emission computed tomography OR SPECT OR positron emission tomography OR "PET" OR myocardial perfusion imaging OR "nuclear scan" OR radionuclide imaging) OR (((cardio* OR heart OR coronary OR cardiac) AND "Tomography, X-Ray Computed"[Mesh]) OR ("CT angiography" OR CTA OR "Cardiac Computed Tomography" OR MSCT OR Multislice computed tomography OR Multi-slice computed tomography OR MDCT OR multidetector computed tomography OR multi-detector computed tomography OR "cardiac CT" OR "Cardiovascular CT"))) OR ((cardiac OR heart OR coronary OR cardio*) AND (magnetic resonance imaging OR MRI OR Magnetic resonance angiography OR MRA)) OR (cardiac catheterization OR angiography OR invasive coronary angiography OR heart catheterization OR coronary angiography OR "X-ray angiography" OR "Xray angiography")))) OR ((electrocardiography OR ECG OR EKG OR electrocardio* OR MCG OR multifunction cardiogram OR exercise test OR treadmill) AND ((echocardiography OR echo OR cardiogram) OR (single photon emission computed tomography OR SPECT OR positron emission tomography OR "PET" OR myocardial perfusion imaging OR "nuclear scan" OR radionuclide imaging) OR (((cardio* OR heart OR coronary OR cardiac) AND "Tomography, X-Ray Computed"[Mesh]) OR ("CT angiography" OR CTA OR "Cardiac Computed Tomography" OR MSCT OR Multislice computed tomography OR Multi-slice computed tomography OR MDCT OR multidetector computed tomography OR multi-detector computed tomography OR "cardiac CT" OR "Cardiovascular CT"))) OR ((cardiac OR heart OR coronary OR cardio*) AND (magnetic resonance imaging OR MRI OR Magnetic resonance angiography OR MRA)) OR (cardiac catheterization OR angiography OR invasive coronary angiography OR heart catheterization OR coronary angiography OR "X-ray angiography" OR "Xray angiography")))) OR ((single photon emission computed tomography OR SPECT OR positron emission tomography OR "PET" OR myocardial perfusion imaging OR "nuclear scan" OR radionuclide imaging) AND ((echocardiography OR echo OR cardiogram) OR (electrocardiography OR ECG OR EKG OR electrocardio* OR MCG OR multifunction cardiogram OR exercise test OR treadmill) OR (((cardio* OR heart OR coronary OR cardiac) AND "Tomography, X-Ray Computed"[Mesh]) OR ("CT angiography" OR CTA OR "Cardiac Computed Tomography" OR MSCT OR Multislice computed tomography OR Multi-slice computed tomography OR MDCT OR multidetector computed tomography OR multi-detector computed tomography OR "cardiac CT" OR "Cardiovascular CT"))) OR ((cardiac OR heart OR

coronary OR cardio*) AND (magnetic resonance imaging OR MRI OR Magnetic resonance angiography OR MRA)) OR (cardiac catheterization OR angiography OR invasive coronary angiography OR heart catheterization OR coronary angiography OR "X-ray angiography" OR "Xray angiography")) OR (((cardio* OR heart OR coronary OR cardiac) AND "Tomography, X-Ray Computed"[Mesh]) OR ("CT angiography" OR CTA OR "Cardiac Computed Tomography" OR MSCT OR Multislice computed tomography OR Multi-slice computed tomography OR MDCT OR multidetector computed tomography OR multi-detector computed tomography OR "cardiac CT" OR "Cardiovascular CT")) AND ((echocardiography OR echo OR cardiogram) OR (electrocardiography OR ECG OR EKG OR electrocardio* OR MCG OR multifunction cardiogram OR exercise test OR treadmill) OR (single photon emission computed tomography OR SPECT OR positron emission tomography OR "PET" OR myocardial perfusion imaging OR "nuclear scan" OR radionuclide imaging) OR ((cardiac OR heart OR coronary OR cardio*) AND (magnetic resonance imaging OR MRI OR Magnetic resonance angiography OR MRA)) OR (cardiac catheterization OR angiography OR invasive coronary angiography OR heart catheterization OR coronary angiography OR "X-ray angiography" OR "Xray angiography")) OR (((cardiac OR heart OR coronary OR cardio*) AND (magnetic resonance imaging OR MRI OR Magnetic resonance angiography OR MRA)) AND ((echocardiography OR echo OR cardiogram) OR (electrocardiography OR ECG OR EKG OR electrocardio* OR MCG OR multifunction cardiogram OR exercise test OR treadmill) OR (single photon emission computed tomography OR SPECT OR positron emission tomography OR "PET" OR myocardial perfusion imaging OR "nuclear scan" OR radionuclide imaging) OR (((cardio* OR heart OR coronary OR cardiac) AND "Tomography, X-Ray Computed"[Mesh]) OR ("CT angiography" OR CTA OR "Cardiac Computed Tomography" OR MSCT OR Multislice computed tomography OR Multi-slice computed tomography OR MDCT OR multidetector computed tomography OR multi-detector computed tomography OR "cardiac CT" OR "Cardiovascular CT")) OR (cardiac catheterization OR angiography OR invasive coronary angiography OR heart catheterization OR coronary angiography OR "X-ray angiography" OR "Xray angiography")) OR ((cardiac catheterization OR angiography OR invasive coronary angiography OR heart catheterization OR coronary angiography OR "X-ray angiography" OR "Xray angiography") AND ((echocardiography OR echo OR cardiogram) OR (electrocardiography OR ECG OR EKG OR electrocardio* OR MCG OR multifunction cardiogram OR exercise test OR treadmill) OR (single photon emission computed tomography OR SPECT OR positron emission tomography OR "PET" OR myocardial perfusion imaging OR "nuclear scan" OR radionuclide imaging) OR (((cardio* OR heart OR coronary OR cardiac) AND "Tomography, X-Ray Computed"[Mesh]) OR ("CT angiography" OR CTA OR "Cardiac Computed Tomography" OR MSCT OR Multislice computed tomography OR Multi-slice computed tomography OR MDCT OR multidetector computed tomography OR multi-detector computed tomography OR "cardiac CT" OR "Cardiovascular CT")) OR ((cardiac OR heart OR coronary OR cardio*) AND (magnetic resonance imaging OR MRI OR Magnetic resonance angiography OR MRA)))))) NOT (Editorial[ptyp] OR Letter[ptyp] OR Case Reports[ptyp])) NOT (Animals[Mesh:noexp])

Limits:

Publication Date: 2000 – present

Language: English

Embase[®] search strategy (November 9, 2010):

'echocardiography'/exp OR echo OR echocardiogram AND ('electrocardiography'/exp OR 'electrocardiogram'/exp OR electrocardiography OR ecg OR ekg OR electrocardio* OR mcg OR 'multifunction cardiogram' OR ('cardiopulmonary exercise test'/exp AND 'exercise test'/exp OR exercise AND test) OR treadmill) OR ('echocardiography'/exp OR echo OR echocardiogram AND ('single photon emission computer tomography'/exp OR 'computer assisted emission tomography'/exp OR 'myocardial perfusion imaging'/exp OR 'single photon emission computed tomography' OR spect OR 'positron emission tomography' OR pet OR 'myocardial perfusion imaging' OR 'nuclear scan' OR 'radionuclide imaging' OR 'heart scintiscanning'/exp)) OR ('echocardiography'/exp OR echo OR echocardiogram AND (cardio* OR heart OR coronary OR cardiac) AND ('computer assisted tomography'/exp OR 'computed tomographic angiography'/exp OR 'multidetector computed tomography'/exp OR 'ct angiography' OR cta OR 'cardiac computed tomography' OR 'msct' OR 'multislice computed tomography' OR 'multi-slice computed tomography' OR mdct OR 'multidetector computed tomography' OR 'multi-detector computed tomography' OR 'cardiac ct' OR 'cardiovascular ct')) OR ('echocardiography'/exp OR echo OR echocardiogram AND (cardio* OR heart OR coronary OR cardiac) AND ('nuclear magnetic resonance imaging'/exp OR 'magnetic resonance angiography'/exp OR 'magnetic resonance imaging' OR mri OR 'magnetic resonance angiography' OR mra)) OR ('electrocardiography'/exp OR 'electrocardiogram'/exp OR electrocardiography OR ecg OR ekg OR electrocardio* OR mcg OR 'multifunction cardiogram' OR ('cardiopulmonary exercise test'/exp AND 'exercise test'/exp OR exercise AND test) OR treadmill AND ('single photon emission computer tomography'/exp OR 'computer assisted emission tomography'/exp OR 'myocardial perfusion imaging'/exp OR 'single photon emission computed tomography' OR spect OR 'positron emission tomography' OR pet OR 'myocardial perfusion imaging' OR 'nuclear scan' OR 'radionuclide imaging' OR 'heart scintiscanning'/exp)) OR ('electrocardiography'/exp OR 'electrocardiogram'/exp OR electrocardiography OR ecg OR ekg OR electrocardio* OR mcg OR 'multifunction cardiogram' OR ('cardiopulmonary exercise test'/exp AND 'exercise test'/exp OR exercise AND test) OR treadmill AND (cardio* OR heart OR coronary OR cardiac) AND ('computer assisted tomography'/exp OR 'computed tomographic angiography'/exp OR 'multidetector computed tomography'/exp OR 'ct angiography' OR cta OR 'cardiac computed tomography' OR 'msct' OR 'multislice computed tomography' OR 'multi-slice computed tomography' OR mdct OR 'multidetector computed tomography' OR 'multi-detector computed tomography' OR 'cardiac ct' OR 'cardiovascular ct')) OR ('electrocardiography'/exp OR 'electrocardiogram'/exp OR electrocardiography OR ecg OR ekg OR electrocardio* OR mcg OR 'multifunction cardiogram' OR ('cardiopulmonary exercise test'/exp AND 'exercise test'/exp OR exercise AND test) OR treadmill AND (cardio* OR heart OR coronary OR cardiac) AND ('nuclear magnetic resonance imaging'/exp OR 'magnetic resonance angiography'/exp OR 'magnetic resonance imaging' OR mri OR 'magnetic resonance angiography' OR mra)) OR ('single photon emission computer tomography'/exp OR 'computer assisted emission tomography'/exp OR 'myocardial perfusion imaging'/exp OR 'single photon emission computed tomography' OR spect OR 'positron emission tomography' OR pet OR 'myocardial perfusion imaging' OR 'nuclear scan' OR 'radionuclide imaging' OR 'heart scintiscanning'/exp AND (cardio* OR heart OR coronary OR cardiac) AND ('computer assisted tomography'/exp OR 'computed tomographic angiography'/exp OR 'multidetector computed tomography'/exp OR 'ct angiography' OR cta OR 'cardiac computed

tomography' OR 'msct' OR 'multislice computed tomography' OR 'multi-slice computed tomography' OR 'mdct' OR 'multidetector computed tomography' OR 'multi-detector computed tomography' OR 'cardiac ct' OR 'cardiovascular ct')) OR ('computer assisted tomography'/exp OR 'computed tomographic angiography'/exp OR 'multidetector computed tomography'/exp OR 'ct angiography' OR cta OR 'cardiac computed tomography' OR 'msct' OR 'multislice computed tomography' OR 'multi-slice computed tomography' OR 'mdct' OR 'multidetector computed tomography' OR 'multi-detector computed tomography' OR 'cardiac ct' OR 'cardiovascular ct' AND (cardio* OR heart OR coronary OR cardiac) AND ('nuclear magnetic resonance imaging'/exp OR 'magnetic resonance angiography'/exp OR 'magnetic resonance imaging' OR mri OR 'magnetic resonance angiography' OR mra)) OR ('single photon emission computer tomography'/exp OR 'computer assisted emission tomography'/exp OR 'myocardial perfusion imaging'/exp OR 'single photon emission computed tomography' OR spect OR 'positron emission tomography' OR pet OR 'myocardial perfusion imaging' OR 'nuclear scan' OR 'radionuclide imaging' OR 'heart scintiscanning'/exp AND (cardio* OR heart OR coronary OR cardiac) AND ('nuclear magnetic resonance imaging'/exp OR 'magnetic resonance angiography'/exp OR 'magnetic resonance imaging' OR mri OR 'magnetic resonance angiography' OR mra)) OR (cardio* OR heart OR coronary OR cardiac AND ('nuclear magnetic resonance imaging'/exp OR 'magnetic resonance angiography'/exp OR 'magnetic resonance imaging' OR mri OR 'magnetic resonance angiography' OR mra) AND ('heart catheterization'/exp OR 'cardiac catheterization' OR angiography OR 'invasive coronary angiography' OR 'heart catheterization' OR 'coronary angiography' OR 'x-ray angiography' OR 'xray angiography')) OR ('heart catheterization'/exp OR 'cardiac catheterization' OR angiography OR 'invasive coronary angiography' OR 'heart catheterization' OR 'coronary angiography' OR 'x-ray angiography' OR 'xray angiography' AND ('echocardiography'/exp OR echo OR echocardiogram)) OR ('heart catheterization'/exp OR 'cardiac catheterization' OR angiography OR 'invasive coronary angiography' OR 'heart catheterization' OR 'coronary angiography' OR 'x-ray angiography' OR 'xray angiography' AND ('electrocardiography'/exp OR 'electrocardiogram'/exp OR electrocardiography OR ecg OR ekg OR electrocardio* OR mcg OR 'multifunction cardiogram' OR ('cardiopulmonary exercise test'/exp AND 'exercise test'/exp OR exercise AND test) OR treadmill)) OR ('single photon emission computer tomography'/exp OR 'computer assisted emission tomography'/exp OR 'myocardial perfusion imaging'/exp OR 'single photon emission computed tomography' OR spect OR 'positron emission tomography' OR pet OR 'myocardial perfusion imaging' OR 'nuclear scan' OR 'radionuclide imaging' OR 'heart scintiscanning'/exp AND ('heart catheterization'/exp OR 'cardiac catheterization' OR angiography OR 'invasive coronary angiography' OR 'heart catheterization' OR 'coronary angiography' OR 'x-ray angiography' OR 'xray angiography')) OR (cardio* OR heart OR coronary OR cardiac AND ('computer assisted tomography'/exp OR 'computed tomographic angiography'/exp OR 'multidetector computed tomography'/exp OR 'ct angiography' OR cta OR 'cardiac computed tomography' OR 'msct' OR 'multislice computed tomography' OR 'multi-slice computed tomography' OR 'mdct' OR 'multidetector computed tomography' OR 'multi-detector computed tomography' OR 'cardiac ct' OR 'cardiovascular ct') AND ('heart catheterization'/exp OR 'cardiac catheterization' OR angiography OR 'invasive coronary angiography' OR 'heart catheterization' OR 'coronary angiography' OR 'x-ray angiography' OR 'xray angiography')) AND ('thorax pain'/exp OR 'dyspnea'/exp OR 'angina pectoris'/exp OR 'chest pain' OR 'shortness of breath' OR angina OR dsypnea OR 'coronary artery disease'/exp OR 'ischemic heart disease'/exp OR cad OR 'coronary artery disease' OR 'coronary disease' OR 'coronary heart disease') AND ('female'/exp

OR female OR women OR woman OR females OR 'sex difference'/exp) AND (predict OR specificity OR diagnosis:lnk) AND [embase]/lim NOT [medline]/lim AND [humans]/lim AND [english]/lim AND [2000-2011]/py NOT ('case report'/exp OR 'editorial'/exp OR 'letter'/exp OR 'note'/exp)

Cochrane search strategy (November 8, 2010):

[Cochrane Central Registry of Controlled Trials and Cochrane Database of Systematic Reviews]

Chest pain OR dyspnea OR shortness of breath OR angina OR CAD OR coronary artery disease OR coronary disease OR coronary heart disease

AND

((echocardiography OR echo OR cardiogram) AND ((electrocardiography OR ECG OR EKG OR electrocardio* OR MCG OR multifunction cardiogram OR exercise test OR treadmill) OR (single photon emission computed tomography OR SPECT OR positron emission tomography OR PET OR myocardial perfusion imaging OR nuclear scan OR radionuclide imaging) OR (((cardio* OR heart OR coronary OR cardiac) AND X-Ray computed Tomography) OR (CT angiography OR CTA OR Cardiac Computed Tomography OR MSCT OR Multislice computed tomography OR Multi-slice computed tomography OR MDCT OR multidetector computed tomography OR multi-detector computed tomography OR cardiac CT OR Cardiovascular CT)) OR ((cardiac OR heart OR coronary OR cardio*) AND (magnetic resonance imaging OR MRI OR Magnetic resonance angiography OR MRA)) OR (cardiac catheterization OR angiography OR invasive coronary angiography OR heart catheterization OR coronary angiography OR X-ray angiography OR Xray angiography))) OR ((electrocardiography OR ECG OR EKG OR electrocardio* OR MCG OR multifunction cardiogram OR exercise test OR treadmill) AND ((echocardiography OR echo OR cardiogram) OR (single photon emission computed tomography OR SPECT OR positron emission tomography OR PET OR myocardial perfusion imaging OR nuclear scan OR radionuclide imaging) OR (((cardio* OR heart OR coronary OR cardiac) AND X-Ray computed Tomography) OR (CT angiography OR CTA OR Cardiac Computed Tomography OR MSCT OR Multislice computed tomography OR Multi-slice computed tomography OR MDCT OR multidetector computed tomography OR multi-detector computed tomography OR cardiac CT OR Cardiovascular CT)) OR ((cardiac OR heart OR coronary OR cardio*) AND (magnetic resonance imaging OR MRI OR Magnetic resonance angiography OR MRA)) OR (cardiac catheterization OR angiography OR invasive coronary angiography OR heart catheterization OR coronary angiography OR X-ray angiography OR Xray angiography))) OR ((single photon emission computed tomography OR SPECT OR positron emission tomography OR PET OR myocardial perfusion imaging OR nuclear scan OR radionuclide imaging) AND ((echocardiography OR echo OR cardiogram) OR (electrocardiography OR ECG OR EKG OR electrocardio* OR MCG OR multifunction cardiogram OR exercise test OR treadmill) OR (((cardio* OR heart OR coronary OR cardiac) AND X-Ray computed Tomography) OR (CT angiography OR CTA OR Cardiac Computed Tomography OR MSCT OR Multislice computed tomography OR Multi-slice computed tomography OR MDCT OR multidetector computed tomography OR multi-detector computed tomography OR cardiac CT OR Cardiovascular CT)) OR ((cardiac OR heart OR coronary OR

cardio*) AND (magnetic resonance imaging OR MRI OR Magnetic resonance angiography OR MRA)) OR (cardiac catheterization OR angiography OR invasive coronary angiography OR heart catheterization OR coronary angiography OR X-ray angiography OR Xray angiography))) OR (((cardio* OR heart OR coronary OR cardiac) AND X-Ray computed Tomography) OR (CT angiography OR CTA OR Cardiac Computed Tomography OR MSCT OR Multislice computed tomography OR Multi-slice computed tomography OR MDCT OR multidetector computed tomography OR multi-detector computed tomography OR cardiac CT OR Cardiovascular CT)) AND ((echocardiography OR echo OR cardiogram) OR (electrocardiography OR ECG OR EKG OR electrocardio* OR MCG OR multifunction cardiogram OR exercise test OR treadmill) OR (single photon emission computed tomography OR SPECT OR positron emission tomography OR PET OR myocardial perfusion imaging OR nuclear scan OR radionuclide imaging) OR ((cardiac OR heart OR coronary OR cardio*) AND (magnetic resonance imaging OR MRI OR Magnetic resonance angiography OR MRA)) OR (cardiac catheterization OR angiography OR invasive coronary angiography OR heart catheterization OR coronary angiography OR X-ray angiography OR Xray angiography))) OR (((cardiac OR heart OR coronary OR cardio*) AND (magnetic resonance imaging OR MRI OR Magnetic resonance angiography OR MRA)) AND ((echocardiography OR echo OR cardiogram) OR (electrocardiography OR ECG OR EKG OR electrocardio* OR MCG OR multifunction cardiogram OR exercise test OR treadmill) OR (single photon emission computed tomography OR SPECT OR positron emission tomography OR PET OR myocardial perfusion imaging OR nuclear scan OR radionuclide imaging) OR (((cardio* OR heart OR coronary OR cardiac) AND X-Ray computed Tomography) OR (CT angiography OR CTA OR Cardiac Computed Tomography OR MSCT OR Multislice computed tomography OR Multi-slice computed tomography OR MDCT OR multidetector computed tomography OR multi-detector computed tomography OR cardiac CT OR Cardiovascular CT)) OR (cardiac catheterization OR angiography OR invasive coronary angiography OR heart catheterization OR coronary angiography OR X-ray angiography OR Xray angiography))) OR ((cardiac catheterization OR angiography OR invasive coronary angiography OR heart catheterization OR coronary angiography OR X-ray angiography OR Xray angiography) AND ((echocardiography OR echo OR cardiogram) OR (electrocardiography OR ECG OR EKG OR electrocardio* OR MCG OR multifunction cardiogram OR exercise test OR treadmill) OR (single photon emission computed tomography OR SPECT OR positron emission tomography OR PET OR myocardial perfusion imaging OR nuclear scan OR radionuclide imaging) OR (((cardio* OR heart OR coronary OR cardiac) AND X-Ray computed Tomography) OR (CT angiography OR CTA OR Cardiac Computed Tomography OR MSCT OR Multislice computed tomography OR Multi-slice computed tomography OR MDCT OR multidetector computed tomography OR multi-detector computed tomography OR cardiac CT OR Cardiovascular CT)) OR ((cardiac OR heart OR coronary OR cardio*) AND (magnetic resonance imaging OR MRI OR Magnetic resonance angiography OR MRA))))

AND

women OR woman OR female OR females OR sex factors

AND

diagnosis OR diagnos* OR predict* OR predictive value of tests OR sensitivity OR specificity OR sensitive OR diagnostic OR differential diagnosis

Grey Literature Searches:

ClinicalTrials.gov

searched: 12-6-2010

noninvasive [ALL-FIELDS] AND coronary artery disease [DISEASE] AND (NOT "Male")
[GENDER] AND "completed" [SUMMARY-STATUS]

metaRegister of Controlled Trials (mRCT)

searched: 12-6-2010

(noninvasive OR non-invasive OR "non invasive") AND ("coronary artery disease" OR CAD)
[no results]

coronary artery disease [26 results scanned for completed trials related to diagnosis - no results]

ClinicalStudyResults.org

searched: 12-6-2010

CAD OR "coronary artery disease" [no results]

WHO: International Clinical Trials Registry Platform Search Portal

searched: 12-6-2010

(noninvasive OR non-invasive OR "non invasive") in Title
AND

("coronary artery disease" OR CAD) in Indication
scanned for completed trials related to diagnosis

CSA Conference Papers Index

searched: 12-6-2010

Search Query #2 KW=(noninvasive or non-invasive or (non invasive)) and KW=(cad or
(coronary artery disease)) and KW=(diagnosis or detection or screening) (Copy Query)

24 Published Works results found in Conference Papers Index

Date Range: Earliest to 2011

Scopus

searched: 12-6-2010

Your query: (TITLE-ABS-KEY(screening OR detection OR diagnosis OR assessment)) AND
((TITLE-ABS-KEY(noninvasive OR "non invasive" OR non-invasive)) AND (TITLE-ABS-
KEY("coronary artery disease" OR cad))) AND (LIMIT-TO(DOCTYPE, "cp"))

Appendix B: Data Abstraction Elements

I. Study Characteristics

- Study dates
- Study sites
- Geographic location
- Funding source
- Study design
- If discernable: Is this article known to be a report of data from a population discussed in another article?
 - If Yes, note the primary publication for the study by entering the citation information or study identifier (trial name, acronym, or NCT number). Citation information is preferred.
- Testing setting (select all that apply)
 - Emergency Department/ Chest Pain Unit
 - Outpatient
 - Inpatient
 - Other (specify)
 - Not Reported/Unclear
- Duration of longest follow-up after completion of final test. Enter with units (days, weeks, months). NR if Not Reported. Enter NA if Not Applicable (i.e. if the study did not include a follow-up period).
- Was screening and enrollment consecutive?
- Inclusion criteria: Copy/paste inclusion criteria as reported in the article.
- Exclusion criteria: Copy/paste exclusion criteria as reported in the article.
- Study Enrollment
 - Total population
 - Number of subjects enrolled
 - Number of subjects with known CAD
 - Number of subjects without known CAD
 - If applicable, enter the definition of known CAD
 - Female
 - Number of subjects enrolled
 - Number of subjects with known CAD
 - Number of subjects without known CAD
 - If applicable, enter the definition of known CAD
 - Male
 - Number of subjects enrolled
 - Number of subjects with known CAD
 - Number of subjects without known CAD
 - If applicable, enter the definition of known CAD
- Study Completion
 - Total population
 - Number of subjects who received all study-specified diagnostic tests

- Number of subjects who completed follow-up phase to completion
- Female
 - Number of subjects who received all study-specified diagnostic tests
 - Number of subjects who completed follow-up phase to completion
- Male
 - Number of subjects who received all study-specified diagnostic tests
 - Number of subjects who completed follow-up phase to completion

II. Baseline Demographics

- No known CAD reported
 - Age in years (Total, Female, and Male)
 - p value (Female vs. Male data)
 - Mean
 - SD
 - Min age
 - Max age
 - 25% IQR
 - 75% IQR
 - Ethnicity (Total, Female, and Male)
 - Hispanic or Latino
 - Not Hispanic or Latino
 - Race (Total, Female, and Male)
 - American Indian or Alaska Native
 - Asian
 - Black or African American
 - Native Hawaiian or other Pacific Islander
 - White
 - Other
 - Multiracial
 - Not reported
 - Was body size reported?
 - If yes, describe the measurement type and units.
 - If yes, provide the characteristics as reported (e.g. range, mean with standard deviation, etc.)
 - Was heart size reported?
 - If yes, describe the measurement type and units.
 - If yes, provide the characteristics as reported (e.g. range, mean with standard deviation, etc.)
 - Was functional status (exercise capacity) reported?
 - If yes, describe the measurement type and units
 - If yes, provide the characteristics as reported (e.g. range, mean with standard deviation, etc.)
- Mixed known/ no known CAD reported
 - Age in years (Total, Female, and Male)
 - p value (Female vs. Male data)
 - Mean

- SD
- Min age
- Max age
- 25% IQR
- 75% IQR
- Ethnicity (Total, Female, and Male)
 - Hispanic or Latino
 - Not Hispanic or Latino
- Race (Total, Female, and Male)
 - American Indian or Alaska Native
 - Asian
 - Black or African American
 - Native Hawaiian or other Pacific Islander
 - White
 - Other
 - Multiracial
 - Not reported
- Was body size reported?
 - If yes, describe the measurement type and units.
 - If yes, provide the characteristics as reported (e.g. range, mean with standard deviation, etc.)
- Was heart size reported?
 - If yes, describe the measurement type and units.
 - If yes, provide the characteristics as reported (e.g. range, mean with standard deviation, etc.)
- Was functional status (exercise capacity) reported?
 - If yes, describe the measurement type and units
 - If yes, provide the characteristics as reported (e.g. range, mean with standard deviation, etc.)

III. NIT and Comparator Characteristics

- NITs included in study
 - Electrocardiogram (exercise/stress or resting) = ECG
 - Echocardiography (with or without contrast) = ECHO
 - Exercise/stress radionuclide myocardial perfusion imaging (MPI). Includes:
 - Single proton emission computed tomography = SPECT,
 - Positron emission tomography = PET,
 - Scintigraphy
 - Cardiac perfusion and stress magnetic resonance imaging = CMR
 - Multidetector cardiac computed tomography angiography = CTA

IV. ECG Module

- Type (multiple selections)
 - Exercise stress
 - Pharmacologic stress
 - Multifunction Cardiogram [MCG]

- If exercise stress, type of exercise performed (multiple selections)
 - Treadmill
 - Bicycle
 - Step
 - Other (specify)
 - Not exercise stress
- If pharmacologic stress, type of agent used.
 - Dobutamine
 - Adenosine
 - Dipyridamole
 - Other (specify)
 - Not pharmacologic stress
- Definition of a positive result
 - ≥ 1 mm ST depression
 - 1-2 mm ST depression
 - ≥ 2 mm ST depression
 - Other (specify)

V. Stress ECHO Module

- Type of stressor (multiple selections)
 - Exercise stress
 - Pharmacologic stress
- If exercise stress, type of exercise performed (multiple selections)
 - Treadmill
 - Bicycle
 - Other (specify)
 - Not exercise stress
- If pharmacologic stress, type of agent used.
 - Dobutamine
 - Adenosine
 - Dipyridamole
 - Other (specify)
 - Not pharmacologic stress
- Was contrast agent used?
- Definition of a positive result
 - Wall Motion Abnormality (WMA) at rest and at stress
 - Wall Motion Abnormality (WMA) at stress, but not at rest
 - Wall Motion Abnormality (WMA) not otherwise specified
- If ECG used, definition of a positive result
 - ≥ 1 mm ST depression
 - 1-2 mm ST depression
 - ≥ 2 mm ST depression
 - Other (specify)

VI. Exercise/stress myocardial perfusion imaging Module

- Modality

- Single selection: SPECT, PET, scintigraphy
- Type of stressor
 - Exercise stress, Pharmacologic stress
 - If exercise stress, type of exercise performed.
 - Treadmill
 - Bicycle
 - Other (specify)
 - Not exercise stress
- If pharmacologic stress, type of agent used.
 - Dobutamine
 - Adenosine
 - Dipyridamole
 - Other (specify)
 - Not pharmacologic stress
- Radionuclide used
 - Technetium Tc 99m sestamibi (MIBI)
 - Thallous chloride TL-201 (thallium)
 - Fluorodeoxyglucose (FDG)
 - Other (specify)
- Definition of a positive result
 - Reported by Sum Stress Score (SSS)?
 - If yes, enter threshold value for positive result
 - Reported by % ischemic LV?
 - If yes, enter threshold value for positive result
 - Reported by evidence of ischemia in any segment?
 - If yes, enter number of segments considered a positive result
 - Reported by Transient Ischemic Dilation (or Total Perfusion Deficit)?
 - If yes, enter threshold value for positive result
- If ECG used, definition of a positive result
 - ≥ 1 mm ST depression
 - 1-2 mm ST depression
 - ≥ 2 mm ST depression
 - Other (specify)

VII. Cardiac perfusion and stress magnetic resonance imaging (CMR) Module

- Type of test (multiple selections):
 - Dobutamine cine CMR
 - Vasodilator stress perfusion
 - Delayed enhanced (DE-CMR)
 - Other (specify)
- Type of stressor (multiple selections):
 - Exercise stress
 - Pharmacologic stress
- If exercise stress, type of exercise performed. If not exercise, select “Not exercise stress.” (multiple selections):

- Bicycle
 - Other (specify)
 - Not exercise stress
- If pharmacologic stress, type of agent used (multiple selections):
 - Dobutamine
 - Adenosine
 - Dipyridamole
 - Other (specify w/free text field)
 - Not pharmacologic stress
- Was contrast agent used?
 - If yes, specify the contrast agent.
- Definition of positive result
 - Reported by perfusion defect?
 - If yes, enter threshold value for positive result
 - MRA of coronary arteries performed?
 - If yes, enter threshold value for positive result
 - Wall Motion Abnormalities (WMA) assessed?
 - If yes, select definition of positive result
 - Wall Motion Abnormality (WMA) at rest and at stress
 - Wall Motion Abnormality (WMA) at stress, but not at rest
 - Wall Motion Abnormality (WMA) not otherwise specified

VIII. Multidetector cardiac computed tomography angiography (CTA) Module

- Was contrast agent used?
 - If yes, specify the contrast agent and dose (including units).
- Number of slices (multiple selections):
 - 4-slice
 - 16-slice
 - 32-slice
 - Other number less than 64 (specify w/text box)
 - 64-slice or greater
- Was calcium score testing performed?
- Definition of positive result (multiple selections):
 - $\geq 50\%$ stenosis
 - $\geq 70\%$ stenosis
 - $\geq 50\%$ Left Main
 - Other (specify)

IX. Diagnostic catheterization Module

- Angiographic definition of disease (multiple selections):
 - $\geq 50\%$ stenosis
 - $\geq 70\%$ stenosis
 - $\geq 50\%$ Left Main
 - Other (specify)

X. Modality comparisons

- Specify modality comparisons [one NIT to another (different) NIT, or a NIT to diagnostic cardiac catheterization].

XI. Applicability to Key Questions

- KQ 1:
 - What is the accuracy of one noninvasive technology (NIT) in diagnosing obstructive and nonobstructive CAD when compared to another NIT or to coronary angiography in women with chest pain syndrome?
 - Exercise electrocardiogram (ECG) stress test (including resting ECG technology, such as a multifunctional cardiogram)
 - Exercise/stress echocardiography (ECHO) with or without a contrast agent
 - Exercise/stress radionuclide myocardial perfusion imaging (including single proton emission computed tomography [SPECT] and positron emission tomography [PET])
 - Cardiac perfusion and stress magnetic resonance imaging (CMR)
 - Multidetector cardiac computed tomography angiography (CTA)
- KQ 2:
 - What are the predictors of diagnostic accuracy (age, race/ethnicity, body size, heart size, menopausal status, functional status, stress modality) of different NITs in women?
- KQ 3:
 - Is there evidence that the use of NITs (when compared to other NITs or to diagnostic cardiac catheterization) in women improves:
 - a. Risk stratification/prognostic information?
 - b. Decisionmaking regarding treatment options (e.g., revascularization, optimal medical therapy)?
 - c. Clinical outcomes (e.g., death, myocardial infarction, unstable angina, hospitalization, revascularization, angina relief, quality of life)?
- KQ 4:
 - Are there significant safety concerns/risks (i.e., radiation exposure, access site complications, contrast agent-induced nephropathy, nephrogenic systemic fibrosis, anaphylaxis, arrhythmias) associated with the use of different NITs to diagnose CAD in women with chest pain syndromes?

XII. KQ 1

- Which modality-level comparison(s) from the “NIT and Comparators” form does this data correspond to? Select all that apply. Space is provided for up to 6 modality-level comparisons.
- Enter total N for each category, NR for not reported, or NA for not applicable (Total population, Female, Male)
- Number of subjects with known CAD
- Number of subjects without known CAD
- If applicable, enter the definition of known CAD

- For the modality-level comparison(s) indicated above, does the article present data separately for both “no known CAD” and “mixed known/ no known CAD” populations?
 - If data is reported for a “no known CAD” population, enter age, ethnicity, race, body size, heart size, and functional status information for the “no known CAD” population in the section below labeled “No known CAD.”
 - If data is reported for a “mixed known/ no known CAD” population, enter age, ethnicity, race, body size, heart size, and functional status information for the mixed population in the section below labeled “Mixed known/ no known CAD.”
- Enter by Total population, Female, Male:
 - SD
 - Min age
 - Max age
 - 25% IQR
 - 75% IQR
 - Ethnicity
 - Hispanic
 - Non-Hispanic or Latino
 - Race
 - American Indian or Alaska Native
 - Asian
 - Black or African American
 - Native Hawaiian or other Pacific Islander
 - White
 - Other
 - Multiracial
 - Not reported
 - Was body size reported?
 - Was heart size reported?
 - Was functional status (exercise capacity) reported?

XIII. KQ 2

- Indicate test modalities compared
- Indicate which predictive factor this data addresses
 - Age
 - Race/ethnicity
 - Body size
 - Heart size
 - Menopausal status
 - Functional status
 - Stress modality
- Indicate CAD status of the population
 - No known CAD
 - Mixed known/ no known CAD

- Specify the female subgroups analyzed for this predictor and pair of test modalities. Columns are provided to capture up to 5 subgroup categories. Complete only the number needed to capture the data presented in the study.
- Define the groups
- Number of patients who received the index test
- Number of patients who received diagnostic cardiac cath
- Number of patients with adequate exercise for index test (if exercise is applicable)
- Number of patients with positive index test
- Number of patients with negative index test
- Disease prevalence (# of patients)
- Disease prevalence (%)
- True positive (# of patients)
- True negative (# of patients)
- False positive (# of patients)
- False negative (# of patients)
- Indeterminate or technically inadequate results (# of patients)
- Sensitivity (%)
- Sensitivity (Std dev)
- Sensitivity (Upper confidence interval bound)
- Sensitivity (Lower confidence interval bound)
- Specificity (%)
- Specificity (Std dev)
- Specificity (Upper confidence interval bound)
- Specificity (Lower confidence interval bound)
- Positive predictive value (%)
- Positive predictive value (Std dev)
- Positive predictive value (Upper confidence interval bound)
- Positive predictive value (Lower confidence interval bound)
- Negative predictive value (%)
- Negative predictive value (Std dev)
- Negative predictive value (Upper confidence interval bound)
- Negative predictive value (Lower confidence interval bound)
- Negative likelihood ratio
- Positive likelihood ratio
- Cath results
 - Number of patients with single-vessel disease
 - Number of patients with 2-vessel disease
 - Number of patients with 3-vessel disease
 - Number of patients with Left Main disease

XIV. KQ 3

- Indicate test modalities compared
- Indicate CAD status of the population
- Does the study provide data on risk stratification/prognostic information?
- Describe the risk/prognostic findings by gender
- Risk/prognostic information

- Decisionmaking about treatment (Treatments may include: None, Medical management, Invasive management)
- Describe any decisionmaking findings not captured by gender
- Clinical outcomes measured by Total population, Female, Male: (multiple selections):
 - MI
 - Unstable angina
 - Hospitalization
 - Mortality
 - Revascularization
 - Angina relief
 - Quality of life
 - Composite (specify)

XV. KQ 4a

- Indicate test modalities compared
- Indicate CAD status of the population
- Data by gender for each category of adverse outcome.
 - Average total body radiation exposure (specify units)
 - Access site complications
 - IV site complications
 - Contrast-agent induced nephropathy
 - Nephrogenic systemic fibrosis
 - Anaphylaxis
 - Arrhythmias
- If access site complications were reported, describe how these complications were defined.
- Does the article report tissue-level radiation data?
- Describe tissue-level radiation findings

XVI. KQ 4b

- Does the article report harms data broken down by any demographic factors other than gender? (Gender data is to be captured in form KQ 4a.)
- Indicate test modalities compared
- Indicate CAD status of the population
- Specify the categories for this subgroup analysis. Columns are provided to capture up to 5 categories. Complete only the number needed to capture the data presented in the study. Define the categories, then complete the tables below with as much information as is provided in the study.
- Harms
 - Average total body radiation exposure (specify units)
 - Access site complications
 - IV site complications
 - Contrast-agent induced nephropathy
 - Nephrogenic systemic fibrosis
 - Anaphylaxis
 - Arrhythmias

- If access site complications were reported, describe how these complications were defined.
- Does the article report tissue-level radiation data?
- Describe tissue-level radiation findings

XVII. Quality Assessment

- QUADAS Tool for Quality Assessment of Studies of Diagnostic Accuracy
- Answer each of the 14 questions below. A user's guide explaining each question and how to score your responses is available in the 2003 QUADAS article here: <http://www.biomedcentral.com/1471-2288/3/25>
 1. Was the spectrum of patients representative of the patients who will receive the test in practice?
 2. Were selection criteria clearly described?
 3. Is the reference standard likely to correctly classify the target condition?
 4. Is the time period between reference standard and index test short enough to be reasonably sure that the target condition did not change between the two tests?
 5. Did the whole sample or a random selection of the sample, receive verification using a reference standard of diagnosis?
 6. Did patients receive the same reference standard regardless of the index test result?
 7. Was the reference standard independent of the index test (i.e. the index test did not form part of the reference standard)?
 8. Was the execution of the index test described in sufficient detail to permit replication of the test?
 9. Was the execution of the reference standard described in sufficient detail to permit its replication?
 10. Were the index test results interpreted without knowledge of the results of the reference standard?
 11. Were the reference standard results interpreted without knowledge of the results of the index test?
 12. Were the same clinical data available when test results were interpreted as would be available when the test is used in practice?
 13. Were uninterpretable/ intermediate test results reported?
 14. Were withdrawals from the study explained?
- Summary Judgment
 - Good (low risk of bias). No major features that risk biased results. RCTs are considered a high study design type, but studies that include consecutive patients representative of the intended sample for whom diagnostic uncertainty exists may also meet this standard. A “good” study avoids the multiple biases to which medical test studies are subject (e.g., use of an inadequate reference standard, verification bias), and key study features are clearly described, including the comparison groups, measurement of outcomes, and the characteristics of patients who failed to have actual state (diagnosis or prognosis) verified.

- Fair. Susceptible to some bias, but flaws not sufficient to invalidate the results. The study does not meet all the criteria required for a rating of good quality, but no flaw is likely to cause major bias. The study may be missing information, making it difficult to assess limitations and potential problems.
- Poor (high risk of bias). Significant flaws that imply biases of various types that may invalidate the results. The study has significant biases determined a priori to be major or “fatal” (i.e., likely to make the results either uninterpretable or invalid).
- If the study is rated as “Fair” or “Poor,” provide rationale for decision.

XVIII. Applicability Assessment

- Use the PICOTS format to identify specific issues that may limit the applicability of the study as described in the draft Methods Guide for Medical Test Reviews. Indicate the most important limitations affecting applicability, if any, from the list below.
- Population (P)
 - Source of population not described
 - Study population poorly specified
 - Key characteristics not reported
- Intervention (I)
 - Version/instrumentation not specified
 - Training/quality control not described
 - Screening and diagnostic uses mixed
- Comparator (C)
 - Gold standard not applied
 - Correlational data only
- Outcome of use of the test (O)
 - Failure to test “normals” or subset with gold standard
 - Precision of estimates not provided
- Clinical outcomes from test results (O)
 - Populations and study designs heterogeneous with varied findings
 - Data not stratified or adjusted for key predictors
- Timing (T)
 - Sequence of use of other diagnostics unclear
 - Time from results to treatment not reported
 - Order of testing varies across subjects and was not randomly assigned
- Setting (S)
 - Resources available to providers for diagnosis and treatment of condition vary widely
 - Provider type/specialty varies across settings
 - Comparability of care in international settings unclear

Appendix C: List of Included Studies

- Abramson BL, Ruddy TD, deKemp RA, et al. Stress perfusion/metabolism imaging: a pilot study for a potential new approach to the diagnosis of coronary disease in women. *J Nucl Cardiol* 2000;7(3):205-12. 10888390
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Appendix D: Quality and Applicability of Included Studies

Table D-1. Quality, Applicability, and Relevant Key Questions (KQs)

Study	NIT Modality	KQ 1	KQ 2	KQ 3	KQ 4	Quality	Limitations to Applicability
Abramson et al., 2000	<ul style="list-style-type: none"> • SPECT/PET/scintigraphy 	X				Fair	<ul style="list-style-type: none"> • Key characteristics not reported • Failure to test “normals” or subset with gold standard • Data not stratified or adjusted for key predictors
Agati et al., 1992	<ul style="list-style-type: none"> • ECG • ECHO 	X				Fair	<ul style="list-style-type: none"> • Source of population not described • Key characteristics not reported • Training/quality control not described • Precision of estimates not provided
Barolsky et al., 1979	<ul style="list-style-type: none"> • ECG 	X				Fair	<ul style="list-style-type: none"> • Key characteristics not reported • Training/quality control not described • Precision of estimates not provided • Data not stratified or adjusted for key predictors
Bjornstad et al., 1995	<ul style="list-style-type: none"> • ECHO 	X				Fair	<ul style="list-style-type: none"> • Key characteristics not reported • Training/quality control not described • Failure to test “normals” or subset with gold standard • Precision of estimates not provided
Bokhari et al., 2008	<ul style="list-style-type: none"> • ECG • SPECT/PET/scintigraphy 	X				Poor	<ul style="list-style-type: none"> • Training/quality control not described • Data not stratified or adjusted for key predictors • Sequence of use of other diagnostics unclear
Burgi Wegmann et al., 2003	<ul style="list-style-type: none"> • ECG 	X				Fair	<ul style="list-style-type: none"> • Source of population not described • Study population poorly specified • Version/instrumentation not specified • Training/quality control not described • Sequence of use of other diagnostics unclear • Comparability of care in international settings unclear
Chae et al., 1993	<ul style="list-style-type: none"> • SPECT/PET/scintigraphy 	X				Good	<ul style="list-style-type: none"> • Training/quality control not described • Precision of estimates not provided
Cin et al., 2000	<ul style="list-style-type: none"> • ECG 	X	X			Poor	<ul style="list-style-type: none"> • Training/quality control not described • Precision of estimates not provided • Data not stratified or adjusted for key predictors

Study	NIT Modality	KQ 1	KQ 2	KQ 3	KQ 4	Quality	Limitations to Applicability
DePasquale et al., 1988	<ul style="list-style-type: none"> SPECT/PET/scintigraphy 	X				Poor	<ul style="list-style-type: none"> Source of population not described Study population poorly specified Key characteristics not reported Precision of estimates not provided
Dewey et al., 2008 ^a	<ul style="list-style-type: none"> CTA 	X			X	Good	<ul style="list-style-type: none"> Precision of estimates not provided
Dewey et al., 2010 ^b	<ul style="list-style-type: none"> CTA 	X				Good	<ul style="list-style-type: none"> Precision of estimates not provided
Dionisopoulos et al., 1997	<ul style="list-style-type: none"> ECHO 	X				Fair	<ul style="list-style-type: none"> Study population poorly specified Key characteristics not reported Training/quality control not described Precision of estimates not provided
Dodi et al., 2001	<ul style="list-style-type: none"> ECG ECHO 			X		Good	<ul style="list-style-type: none"> Training/quality control not described Gold standard not applied Order of testing varied across subjects and was not randomly assigned
Doyle et al., 2003 ^c	<ul style="list-style-type: none"> SPECT/PET/scintigraphy CMR 	X				Good	<ul style="list-style-type: none"> Precision of estimates not provided Order of testing varied across subjects and was not randomly assigned
Doyle et al., 2010 ^c	<ul style="list-style-type: none"> CMR 			X		Fair	<ul style="list-style-type: none"> Source of population not described Training/quality control not described Precision of estimates not provided Resources available to providers for diagnosis and treatment of condition varied widely
Elhendy et al., 1997	<ul style="list-style-type: none"> ECH ECHO 	X			X	Fair	<ul style="list-style-type: none"> Source of population not described Comparability of care in international settings unclear
Elhendy et al., 2006	<ul style="list-style-type: none"> SPECT/PET/scintigraphy 	X				Fair	<ul style="list-style-type: none"> Study population poorly specified Key characteristics not reported Training/quality control not described Failure to test “normals” or subset with gold standard Comparability of care in international settings unclear
Elhendy et al., 1998	<ul style="list-style-type: none"> ECHO SPECT/PET/scintigraphy 	X				Good	<ul style="list-style-type: none"> Training/quality control not described

Study	NIT Modality	KQ 1	KQ 2	KQ 3	KQ 4	Quality	Limitations to Applicability
Emmett et al., 2002	<ul style="list-style-type: none"> SPECT/PET/scintigraphy 	X				Fair	<ul style="list-style-type: none"> Source of population not described Key characteristics not reported Precision of estimates not provided Comparability of care in international settings unclear
Faisal et al., 2007	<ul style="list-style-type: none"> ECG 	X				Poor	<ul style="list-style-type: none"> Source of population not described Study population poorly specified Training/quality control not described Failure to test “normals” or subset with gold standard Precision of estimates not provided Sequence of use of other diagnostics unclear Resources available to providers for diagnosis and treatment of condition varied widely
Friedman et al., 1982	<ul style="list-style-type: none"> ECG SPECT/PET/scintigraphy 	X				Fair	<ul style="list-style-type: none"> Source of population not described Precision of estimates not provided
Gebker et al., 2010	<ul style="list-style-type: none"> CMR 	X	X		X	Good	<ul style="list-style-type: none"> Source of population not described Precision of estimates not provided
Gentile et al., 2001	<ul style="list-style-type: none"> ECG SPECT/PET/scintigraphy 	X				Good	<ul style="list-style-type: none"> Training/quality control not described Data not stratified or adjusted for key predictors
Guiteras et al., 1982	<ul style="list-style-type: none"> ECG 	X				Fair	<ul style="list-style-type: none"> Source of population not described Training/quality control not described Precision of estimates not provided Comparability of care in international settings unclear
Gulati et al., 2004	<ul style="list-style-type: none"> SPECT/PET/scintigraphy 	X				Fair	<ul style="list-style-type: none"> Source of population not described Comparability of care in international settings unclear
Hlatky et al., 1984	<ul style="list-style-type: none"> ECCG 	X				Poor	<ul style="list-style-type: none"> Source of population not described Key characteristics not reported Version/instrumentation not specified Training/quality control not described Precision of estimates not provided Time from results to treatment not reported
Hoiland-Carlsen et al., 2005	<ul style="list-style-type: none"> ECG SPECT/PET/scintigraphy 	X				Fair	<ul style="list-style-type: none"> Source of population not described Study population poorly specified Version/instrumentation not specified Training/quality control not described Precision of estimates not provided Comparability of care in international settings unclear

Study	NIT Modality	KQ 1	KQ 2	KQ 3	KQ 4	Quality	Limitations to Applicability
Hoiland-Carlsen et al., 2007	• SPECT/PET/scintigraphy	X				Good	• Training/quality control not described
Hosokawa et al., 2008	• ECG	X				Fair	<ul style="list-style-type: none"> • Source of population not described • Study population poorly specified • Key characteristics not reported • Precision of estimates not provided • Time from results to treatment not reported • Comparability of care in international settings unclear
Hung et al., 1984	• SPECT/PET/scintigraphy	X				Good	<ul style="list-style-type: none"> • Training/quality control not described • Precision of estimates not provided
Jenkins et al., 2010	• CTA	X				Good	• Training/quality control not described
Johansen et al., 2004	<ul style="list-style-type: none"> • ECG • SPECT/PET/scintigraphy 	X				Fair	<ul style="list-style-type: none"> • Source of population not described • Study population poorly specified • Version/instrumentation not specified • Training/quality control not described • Precision of estimates not provided • Comparability of care in international settings unclear
Johnson et al., 2004 ^c	• CMR			X		Fair	<ul style="list-style-type: none"> • Populations and study designs heterogeneous with varied findings • Comparability of care in international settings unclear
Kaminek et al., 2001	• SPECT/PET/scintigraphy	X				Poor	<ul style="list-style-type: none"> • Source of population not described • Study population poorly specified • Key characteristics not reported • Training/quality control not described • Precision of estimates not provided • Sequence of use of other diagnostics unclear • Comparability of care in international settings unclear
Kiat et al., 1990	• SPECT/PET/scintigraphy	X				Fair	<ul style="list-style-type: none"> • Source of population not described • Study population poorly specified • Key characteristics not reported • Training/quality control not described • Precision of estimates not provided • Data not stratified or adjusted for key predictors
Klem et al., 2008	• CMR	X	X			Good	<ul style="list-style-type: none"> • Training/quality control not described • Precision of estimates not provided
Koide et al., 2001	• ECG	X				Good	• Training/quality control not described

Study	NIT Modality	KQ 1	KQ 2	KQ 3	KQ 4	Quality	Limitations to Applicability
Langer et al., 2009	<ul style="list-style-type: none"> • CMR • CTA 	X				Good	<ul style="list-style-type: none"> • Precision of estimates not provided
Laurienzo et al., 1997	<ul style="list-style-type: none"> • ECG • ECHO • SPECT/PET/scintigraphy 	X			X	Good	<ul style="list-style-type: none"> • Training/quality control not described • Precision of estimates not provided • Data not stratified or adjusted for key predictors • Order of testing varied across subjects and was not randomly assigned
Lehmkuhl et al., 2007	<ul style="list-style-type: none"> • ECG • ECHO 	X			X	Good	<ul style="list-style-type: none"> • Precision of estimates not provided
Lewandowski et al., 2007	<ul style="list-style-type: none"> • ECG • ECHO 	X				Good	<ul style="list-style-type: none"> • Version/instrumentation not specified • Training/quality control not described • Precision of estimates not provided • Comparability of care in international settings unclear
Lewis et al., 1999 ^c	<ul style="list-style-type: none"> • ECHO 	X			X	Good	<ul style="list-style-type: none"> • Precision of estimates not provided
Lewis et al., 2005 ^c	<ul style="list-style-type: none"> • ECG 	X	X	X		Good	<ul style="list-style-type: none"> • Key characteristics not reported • Time from results to treatment not reported
Lu et al., 2010	<ul style="list-style-type: none"> • ECG • ECHO • SPECT/PET/scintigraphy 	X	X		X	Good	<ul style="list-style-type: none"> • Training/quality control not described • Precision of estimates not provided
Majstorov et al., 2005	<ul style="list-style-type: none"> • SPECT/PET/scintigraphy 	X				Poor	<ul style="list-style-type: none"> • Source of population not described • Study population poorly specified • Key characteristics not reported • Training/quality control not described • Precision of estimates not provided
Mak et al., 1995	<ul style="list-style-type: none"> • SPECT/PET/scintigraphy 	X				Good	<ul style="list-style-type: none"> • Study population poorly specified • Precision of estimates not provided
Marwick et al., 1993	<ul style="list-style-type: none"> • ECHO • SPECT/PET/scintigraphy 	X				Fair	<ul style="list-style-type: none"> • Study population poorly specified • Key characteristics not reported • Training/quality control not described • Precision of estimates not provided • Data not stratified or adjusted for key predictors • Order of testing varied across subjects and was not randomly assigned

Study	NIT Modality	KQ 1	KQ 2	KQ 3	KQ 4	Quality	Limitations to Applicability
Marwick et al., 1995	<ul style="list-style-type: none"> ECG ECHO 	X	X			Fair	<ul style="list-style-type: none"> Key characteristics not reported Version/instrumentation not specified Training/quality control not described Comparability of care in international settings unclear
Masini et al., 1988	<ul style="list-style-type: none"> ECG ECHO 	X				Fair	<ul style="list-style-type: none"> Source of population not described Key characteristics not reported Version/instrumentation not specified Training/quality control not described Precision of estimates not provided Sequence of use of other diagnostics unclear Order of testing varied across subjects and was not randomly assigned Comparability of care in international settings unclear
Mazeika et al., 1992	<ul style="list-style-type: none"> ECHO 	X				Fair	<ul style="list-style-type: none"> Study population poorly specified Key characteristics not reported Precision of estimates not provided Data not stratified or adjusted for key predictors
Meijboom et al., 2007	<ul style="list-style-type: none"> CTA 	X			X	Fair	<ul style="list-style-type: none"> Source of population not described Version/instrumentation not specified Sequence of use of other diagnostics unclear
Merkle et al., 2010	<ul style="list-style-type: none"> CMR 	X				Good	<ul style="list-style-type: none"> Training/quality control not described Data not stratified or adjusted for key predictors
Michaelides et al., 2007	<ul style="list-style-type: none"> ECG 	X				Fair	<ul style="list-style-type: none"> Source of population not described Study population poorly specified Version/instrumentation not specified Training/quality control not described Precision of estimates not provided Comparability of care in international settings unclear
Mieres et al., 2007	<ul style="list-style-type: none"> ECG SPECT/PET/scintigraphy 	X		X		Fair	<ul style="list-style-type: none"> Source of population not described Version/instrumentation not specified Training/quality control not described Failure to test "normals" or subset with gold standard Precision of estimates not provided Time from results to treatment not reported Comparability of care in international settings unclear

Study	NIT Modality	KQ 1	KQ 2	KQ 3	KQ 4	Quality	Limitations to Applicability
Miller et al., 2001	<ul style="list-style-type: none"> ECG SPECT/PET/scintigraphy 	X				Fair	<ul style="list-style-type: none"> Training/quality control not described Precision of estimates not provided Data not stratified or adjusted for key predictors
Mohiuddin et al., 1996	<ul style="list-style-type: none"> SPECT/PET/scintigraphy 	X			X	Good	<ul style="list-style-type: none"> Training/quality control not described
Morise et al., 2000	<ul style="list-style-type: none"> ECG 	X				Good	<ul style="list-style-type: none"> None
Morise et al., 1995(A) (#8717)	<ul style="list-style-type: none"> ECG 	X				Fair	<ul style="list-style-type: none"> Training/quality control not described Precision of estimates not provided
Morise et al., 1995(B) (#8716)	<ul style="list-style-type: none"> SPECT/PET/scintigraphy 	X				Poor	<ul style="list-style-type: none"> Study population poorly specified Training/quality control not described Precision of estimates not provided Data not stratified or adjusted for key predictors
Morise et al., 2002	<ul style="list-style-type: none"> ECG 			X		Good	<ul style="list-style-type: none"> Precision of estimates not provided Comparability of care in international settings unclear
Morise et al., 2004 ^c	<ul style="list-style-type: none"> ECG 			X		Fair	<ul style="list-style-type: none"> Source of population not described Study population poorly specified Version/instrumentation not specified Training/quality control not described Precision of estimates not provided Sequence of use of other diagnostics unclear Comparability of care in international settings unclear
Nascimento et al., 2008	<ul style="list-style-type: none"> ECG 	X				Fair	<ul style="list-style-type: none"> Training/quality control not described Data not stratified or adjusted for key predictors Sequence of use of other diagnostics unclear
Ozdemir et al., 2002	<ul style="list-style-type: none"> ECG 	X				Good	<ul style="list-style-type: none"> Training/quality control not described Precision of estimates not provided Data not stratified or adjusted for key predictors
Pundziute et al., 2008	<ul style="list-style-type: none"> CTA 	X				Fair	<ul style="list-style-type: none"> Source of population not described Sequence of use of other diagnostics unclear Comparability of care in international settings unclear
Raman et al., 2008	<ul style="list-style-type: none"> ECG SPECT/PET/scintigraphy CMR 	X		X		Fair	<ul style="list-style-type: none"> Source of population not described Training/quality control not described Comparability of care in international settings unclear

Study	NIT Modality	KQ 1	KQ 2	KQ 3	KQ 4	Quality	Limitations to Applicability
Richardson et al., 1995	<ul style="list-style-type: none"> ECG 	X				Good	<ul style="list-style-type: none"> Training/quality control not described Precision of estimates not provided Data not stratified or adjusted for key predictors
Robert et al., 1991	<ul style="list-style-type: none"> ECG 	X				Fair	<ul style="list-style-type: none"> Source of population not described Key characteristics not reported Training/quality control not described Precision of estimates not provided Comparability of care in international settings unclear
Roger et al., 1997	<ul style="list-style-type: none"> ECHO 	X				Poor	<ul style="list-style-type: none"> Source of population not described Study population poorly specified Training/quality control not described
Rollan et al., 2002	<ul style="list-style-type: none"> ECG ECHO SPECT/PET/scintigraphy 	X				Fair	<ul style="list-style-type: none"> Source of population not described Training/quality control not described Sequence of use of other diagnostics unclear Comparability of care in international settings unclear
San Roman et al., 1998	<ul style="list-style-type: none"> ECG ECHO SPECT/PET/scintigraphy 	X				Good	<ul style="list-style-type: none"> Source of population not described Study population poorly specified Version/instrumentation not specified Precision of estimates not provided Comparability of care in international settings unclear
Sanfilippo et al., 2005	<ul style="list-style-type: none"> ECG ECHO 			X		Fair	<ul style="list-style-type: none"> Version/instrumentation not specified Training/quality control not described Screening and diagnostic uses mixed Gold standard not applied Correlational data only Failure to test "normals" or subset with gold standard Precision of estimates not provided Data not stratified or adjusted for key predictors Sequence of use of other diagnostics unclear Comparability of care in international settings unclear
Sawada et al., 1989	<ul style="list-style-type: none"> ECHO 	X				Good	<ul style="list-style-type: none"> Source of population not described Precision of estimates not provided Comparability of care in international settings unclear

Study	NIT Modality	KQ 1	KQ 2	KQ 3	KQ 4	Quality	Limitations to Applicability
Schupbach et al., 2008	<ul style="list-style-type: none"> ECG 	X				Fair	<ul style="list-style-type: none"> Source of population not described Study population poorly specified Training/quality control not described Precision of estimates not provided Comparability of care in international settings unclear
Severi et al., 1994	<ul style="list-style-type: none"> ECG ECHO 	X				Good	<ul style="list-style-type: none"> Precision of estimates not provided Data not stratified or adjusted for key predictors Order of testing varied across subjects and was not randomly assigned
Sharir et al., 2000	<ul style="list-style-type: none"> SPECT/PET/scintigraphy 	X				Poor	<ul style="list-style-type: none"> Source of population not described Study population poorly specified Key characteristics not reported Training/quality control not described Precision of estimates not provided Data not stratified or adjusted for key predictors
Shi et al., 2007	<ul style="list-style-type: none"> SPECT/PET/scintigraphy 	X				Poor	<ul style="list-style-type: none"> Source of population not described Study population poorly specified Key characteristics not reported Training/quality control not described Failure to test "normals" or subset with gold standard Precision of estimates not provided Data not stratified or adjusted for key predictors Comparability of care in international settings unclear
Shin et al., 2003	<ul style="list-style-type: none"> ECHO 	X	X			Fair	<ul style="list-style-type: none"> Source of population not described Training/quality control not described Precision of estimates not provided Comparability of care in international settings unclear
Shivalkar et al., 2007	<ul style="list-style-type: none"> CTA 	X				Fair	<ul style="list-style-type: none"> Source of population not described Study population poorly specified Training/quality control not described Comparability of care in international settings unclear
Sinha et al., 2008	<ul style="list-style-type: none"> ECG 	X				Poor	<ul style="list-style-type: none"> Key characteristics not reported Training/quality control not described Precision of estimates not provided Data not stratified or adjusted for key predictors

Study	NIT Modality	KQ 1	KQ 2	KQ 3	KQ 4	Quality	Limitations to Applicability
Sketch et al., 1975	<ul style="list-style-type: none"> • ECG 	X				Poor	<ul style="list-style-type: none"> • Source of population not described • Study population poorly specified • Precision of estimates not provided • Sequence of use of other diagnostics unclear • Comparability of care in international settings unclear
Slavich et al., 1996	<ul style="list-style-type: none"> • ECHO • SPECT/PET/scintigraphy 	X				Fair	<ul style="list-style-type: none"> • Source of population not described • Study population poorly specified • Key characteristics not reported • Training/quality control not described • Precision of estimates not provided • Comparability of care in international settings unclear
Slomka et al., 2007	<ul style="list-style-type: none"> • SPECT/PET/scintigraphy 	X				Poor	<ul style="list-style-type: none"> • Source of population not described • Study population poorly specified • Training/quality control not described • Precision of estimates not provided • Comparability of care in international settings unclear
Slomka et al., 2005	<ul style="list-style-type: none"> • SPECT/PET/scintigraphy 	x				Fair	<ul style="list-style-type: none"> • Source of population not described • Study population poorly specified • Training/quality control not described • Precision of estimates not provided • Data not stratified or adjusted for key predictors • Comparability of care in international settings unclear
Svart et al., 2010	<ul style="list-style-type: none"> • ECG 	X				Fair	<ul style="list-style-type: none"> • Study population poorly specified • Key characteristics not reported • Training/quality control not described • Precision of estimates not provided
Taillefer et al., 1997	<ul style="list-style-type: none"> • SPECT/PET/scintigraphy 	X				Good	<ul style="list-style-type: none"> • Study population poorly specified • Training/quality control not described • Precision of estimates not provided
Takeuchi et al., 1996	<ul style="list-style-type: none"> • ECHO • SPECT/PET/scintigraphy 	X				Fair	<ul style="list-style-type: none"> • Source of population not described • Study population poorly specified • Key characteristics not reported • Training/quality control not described • Precision of estimates not provided • Comparability of care in international settings unclear

Study	NIT Modality	KQ 1	KQ 2	KQ 3	KQ 4	Quality	Limitations to Applicability
Travin et al., 2000	• SPECT/PET/scintigraphy	X				Fair	<ul style="list-style-type: none"> • Source of population not described • Study population poorly specified • Precision of estimates not provided • Comparability of care in international settings unclear
Van Train et al., 1994	• SPECT/PET/scintigraphy	X				Poor	<ul style="list-style-type: none"> • Source of population not described • Study population poorly specified • Key characteristics not reported • Training/quality control not described • Precision of estimates not provided • Data not stratified or adjusted for key predictors • Order of testing varied across subjects and was not randomly assigned
Vashist et al., 2007	• SPECT/PET/scintigraphy	X	X	X		Fair	<ul style="list-style-type: none"> • Source of population not described • Training/quality control not described • Comparability of care in international settings unclear
Weiner et al., 1985	• ECG	X				Poor	<ul style="list-style-type: none"> • Source of population not described • Study population poorly specified • Key characteristics not reported • Training/quality control not described • Precision of estimates not provided • Data not stratified or adjusted for key predictors
Weiner et al., 1979	• ECG	X				Good	<ul style="list-style-type: none"> • Study population poorly specified • Key characteristics not reported • Training/quality control not described • Precision of estimates not provided
Weustink et al., 2007	• CTA				X	Fair	<ul style="list-style-type: none"> • Source of population not described • Precision of estimates not provided • Comparability of care in international settings unclear
Weustink et al., 2009	• CTA				X	Good	<ul style="list-style-type: none"> • None
Williams et al., 1994	• ECHO	X				Fair	<ul style="list-style-type: none"> • Key characteristics not reported • Training/quality control not described • Precision of estimates not provided • Data not stratified or adjusted for key predictors
Wolak et al., 2008	• SPECT/PET/scintigraphy	X				Fair	<ul style="list-style-type: none"> • Source of population not described • Comparability of care in international settings unclear

Study	NIT Modality	KQ 1	KQ 2	KQ 3	KQ 4	Quality	Limitations to Applicability
Wong et al., 2001	<ul style="list-style-type: none"> ECG 			X		Poor	<ul style="list-style-type: none"> Source of population not described Study population poorly specified Key characteristics not reported Training/quality control not described Precision of estimates not provided Time from results to treatment not reported
Yamauchi et al., 1985	<ul style="list-style-type: none"> ECG 	X				Fair	<ul style="list-style-type: none"> Source of population not described Key characteristics not reported Training/quality control not described Precision of estimates not provided Sequence of use of other diagnostics unclear Comparability of care in international settings unclear
Yeih et al., 2007	<ul style="list-style-type: none"> ECG SPECT/PET/scintigraphy 	X	X			Fair	<ul style="list-style-type: none"> Source of population not described Study population poorly specified Precision of estimates not provided Comparability of care in international settings unclear

^aRelated methods article: Dewey et al., 2006 (refer to Appendix C for full citation).

^bRelated methods article: Miller et al., 2009 (refer to Appendix C for full citation).

^cRelated methods article: Merz et al., 1999 (refer to Appendix C for full citation).

Abbreviations: CAD = coronary artery disease; CMR =cardiac magnetic resonance; CTA = computed tomography angiography; ECG = exercise/stress electrocardiogram; ECHO = echocardiogram; KQ = key question; PET = positron emission tomography; SPECT = single proton emission computed tomography

Table D-2. QUADAS tool for quality assessment of diagnostic accuracy^a

Study	Patient Representation	Selection Criteria	Reference Standard	Time Interval	Sample for Verification	Reference test uniformly applied	Reference test independently performed	Index Test Replicability	Reference Test Replicability	Index Test Blinded Interpretation	Reference Test Blinded Interpretation	Clinical Data Availability	Uninterpretable or Intermediate Test Reporting	Study Withdrawal Description
Abramson et al., 2000	N	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	N	N
Agati et al., 1992	U	N	Y	Y	Y	Y	Y	Y	Y	Y	Y	U	N	N
Barolsky et al., 1979	U	N	Y	N	Y	Y	Y	Y	Y	U	U	U	N	N
Bjornstad et al., 1995	N	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	N	Y
Bokhari et al., 2008	N	Y	Y	Y	N	N	N	Y	Y	N	N	Y	N	N
Burgi Wegmann et al., 2003	U	Y	Y	U	Y	Y	Y	N	U	U	U	U	N	N
Chae et al., 1993	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	N
Cin et al., 2000	Y	Y	Y	Y	N	Y	Y	Y	Y	U	U	Y	N	Y
DePasquale et al., 1988	U	N	Y	Y	Y	Y	Y	Y	Y	Y	U	U	N	N
Dewey et al., 2008 ^b	N	Y	Y	Y	Y	Y	Y	Y	Y	Y	U	N	U	N
Dewey et al., 2010 ^c	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	N	Y	N

Study	Patient Representation	Selection Criteria	Reference Standard	Time Interval	Sample for Verification	Reference test uniformly applied	Reference test independently performed	Index Test Replicability	Reference Test Replicability	Index Test Blinded Interpretation	Reference Test Blinded Interpretation	Clinical Data Availability	Uninterpretable or Intermediate Test Reporting	Study Withdrawal Description
Dionisopoulos et al., 1997	U	N	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	N	N
Dodi et al., 2001	Y	Y	N	Y	Y	Y	Y	Y	Y	U	U	Y	N	N
Doyle et al., 2003 ^d	Y	Y	Y	U	Y	Y	Y	Y	Y	Y	Y	U	N	Y
Doyle et al., 2010 ^d	U	Y	Y	Y	Y	Y	Y	Y	N	N	Y	U	N	N
Elhendy et al., 1997	U	Y	Y	Y	Y	Y	Y	Y	U	Y	U	N	N	N
Elhendy et al., 2006	U	Y	Y	Y	Y	Y	U	Y	U	Y	N	U	N	N
Elhendy et al., 1998	Y	N	Y	Y	Y	Y	U	Y	Y	Y	Y	Y	N	N
Emmett et al., 2002	U	Y	Y	U	Y	Y	Y	Y	U	Y	Y	N	U	N
Faisal et al., 2007	U	N	Y	U	N	N	N	Y	U	U	N	U	N	N
Friedman et al., 1982	U	N	Y	U	Y	Y	Y	Y	U	Y	Y	U	Y	N
Gebker et al., 2010	U	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	U	Y	Y
Gentile et al., 2001	Y	U	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	N	N

Study	Patient Representation	Selection Criteria	Reference Standard	Time Interval	Sample for Verification	Reference test uniformly applied	Reference test independently performed	Index Test Replicability	Reference Test Replicability	Index Test Blinded Interpretation	Reference Test Blinded Interpretation	Clinical Data Availability	Uninterpretable or Intermediate Test Reporting	Study Withdrawal Description
Guiteras et al., 1982	U	Y	Y	Y	Y	Y	U	Y	U	U	U	U	Y	N
Gulati et al., 2004	U	Y	Y	U	Y	Y	Y	Y	U	Y	U	U	N	N
Hlatky et al., 1984	U	Y	Y	U	Y	Y	U	Y	U	U	U	U	Y	N
Hoilund-Carlsen et al., 2005	U	N	Y	Y	Y	Y	U	Y	U	Y	U	U	N	N
Hoilund-Carlsen et al., 2007	Y	Y	Y	Y	Y	Y	Y	Y	N	Y	Y	U	Y	Y
Hosokawa et al., 2008	N	N	Y	U	Y	Y	Y	Y	U	Y	Y	N	Y	Y
Hung et al., 1984	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	U	Y	N
Jenkins et al., 2010	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	U	Y	Y
Johansen et al., 2004	U	Y	Y	U	N	N	U	Y	N	Y	U	N	N	N
Johnson et al., 2004 ^d	N	Y	Y	U	Y	Y	Y	Y	Y	N	Y	U	N	N
Kaminek et al., 2001	U	N	Y	U	Y	Y	Y	U	N	U	U	U	N	N
Kiat et al., 1990	U	N	Y	Y	N	Y	Y	Y	Y	Y	Y	U	N	N

Study	Patient Representation	Selection Criteria	Reference Standard	Time Interval	Sample for Verification	Reference test uniformly applied	Reference test independently performed	Index Test Replicability	Reference Test Replicability	Index Test Blinded Interpretation	Reference Test Blinded Interpretation	Clinical Data Availability	Uninterpretable or Intermediate Test Reporting	Study Withdrawal Description
Klem et al., 2008	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	N	Y
Koide et al., 2001	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	U	Y	N	Y
Langer et al., 2009	U	Y	Y	Y	Y	Y	Y	N	Y	Y	Y	U	Y	Y
Laurienzo et al., 1997	Y	Y	Y	Y	Y	Y	Y	Y	Y	U	Y	U	N	Y
Lehmkuhl et al., 2007	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Lewandowski et al., 2007	Y	Y	Y	Y	Y	Y	Y	Y	U	Y	U	U	N	N
Lewis et al., 1999 ^d	Y	Y	Y	U	Y	Y	Y	Y	Y	Y	Y	Y	Y	N
Lewis et al., 2005 ^d	Y	Y	Y	U	Y	Y	U	Y	Y	Y	Y	Y	Y	Y
Lu et al., 2010	Y	Y	Y	Y	Y	Y	Y	Y	Y	U	U	U	N	Y
Majstorov et al., 2005	U	N	Y	Y	Y	Y	U	U	N	Y	Y	U	N	N
Mak et al., 1995	Y	N	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	U
Marwick et al., 1993	U	N	Y	Y	Y	Y	Y	Y	Y	Y	Y	U	N	N

Study	Patient Representation	Selection Criteria	Reference Standard	Time Interval	Sample for Verification	Reference test uniformly applied	Reference test independently performed	Index Test Replicability	Reference Test Replicability	Index Test Blinded Interpretation	Reference Test Blinded Interpretation	Clinical Data Availability	Uninterpretable or Intermediate Test Reporting	Study Withdrawal Description
Marwick et al., 1995	U	Y	Y	N	Y	Y	Y	Y	U	Y	Y	U	Y	N
Masini et al., 1988	U	U	Y	U	Y	Y	Y	U	U	U	U	U	Y	N
Mazeika et al., 1992	Y	N	Y	U	Y	Y	Y	Y	Y	Y	Y	U	N	N
Meijboom et al., 2007	U	Y	Y	U	Y	Y	Y	Y	N	U	U	U	N	N
Merkle et al., 2010	Y	Y	Y	U	Y	Y	Y	Y	Y	Y	Y	U	N	N
Michaelides et al., 2007	U	N	Y	Y	Y	Y	Y	Y	U	Y	Y	U	N	N
Mieres et al., 2007	U	Y	Y	Y	N	Y	Y	N	N	Y	Y	N	N	Y
Miller et al., 2001	Y	Y	Y	Y	N	Y	Y	Y	Y	U	U	Y	N	N
Mohiuddin et al., 1996	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	U	N	N
Morise et al., 2000	Y	Y	Y	Y	N	Y	Y	Y	Y	Y	Y	Y	N	N
Morise et al., 1995(A) (#8717)	U	Y	Y	N	N	Y	Y	Y	Y	U	U	U	N	N
Morise et al., 1995(B) (#8716)	U	N	Y	Y	Y	Y	Y	N	Y	Y	Y	Y	N	N

Study	Patient Representation	Selection Criteria	Reference Standard	Time Interval	Sample for Verification	Reference test uniformly applied	Reference test independently performed	Index Test Replicability	Reference Test Replicability	Index Test Blinded Interpretation	Reference Test Blinded Interpretation	Clinical Data Availability	Uninterpretable or Intermediate Test Reporting	Study Withdrawal Description
Morise et al., 2002	Y	Y	Y	Y	Y	Y	Y	Y	U	Y	Y	N	N	N
Morise et al., 2004 ^d	U	Y	Y	U	U	Y	U	U	U	U	U	U	Y	U
Nascimento et al., 2008	Y	Y	Y	N	N	Y	Y	N	Y	Y	Y	U	N	N
Ozdemir et al., 2002	Y	Y	Y	U	Y	Y	Y	Y	Y	Y	U	U	N	N
Pundziute et al., 2008	U	Y	Y	Y	Y	Y	Y	Y	U	Y	Y	U	Y	Y
Raman et al., 2008	U	Y	Y	U	N	U	U	Y	U	Y	U	U	Y	N
Richardson et al., 1995	N	Y	Y	Y	Y	Y	Y	Y	Y	U	U	U	N	N
Robert et al., 1991	U	Y	Y	U	Y	Y	U	Y	U	U	U	U	N	N
Roger et al., 1997	U	N	Y	N	N	Y	Y	Y	Y	Y	Y	U	N	N
Rollan et al., 2002	U	Y	Y	U	Y	Y	U	U	U	U	U	U	N	N
San Roman et al., 1998	U	Y	Y	Y	Y	Y	Y	Y	U	Y	Y	N	Y	N
Sanfilippo et al., 2005	Y	Y	U	U	U	N	N	Y	N	Y	U	N	Y	N

Study	Patient Representation	Selection Criteria	Reference Standard	Time Interval	Sample for Verification	Reference test uniformly applied	Reference test independently performed	Index Test Replicability	Reference Test Replicability	Index Test Blinded Interpretation	Reference Test Blinded Interpretation	Clinical Data Availability	Uninterpretable or Intermediate Test Reporting	Study Withdrawal Description
Sawada et al., 1989	U	Y	Y	Y	Y	Y	Y	Y	U	Y	Y	U	Y	N
Schupbach et al., 2008	U	N	Y	Y	Y	Y	Y	Y	U	Y	Y	U	N	N
Severi et al., 1994	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	N
Sharir et al., 2000	U	N	Y	U	Y	Y	Y	Y	U	U	U	U	N	N
Shi et al., 2007	U	N	Y	Y	U	Y	U	Y	N	U	U	U	U	N
Shin et al., 2003	U	Y	Y	Y	Y	Y	Y	Y	U	Y	U	N	N	N
Shivalkar et al., 2007	U	Y	Y	Y	Y	Y	U	Y	Y	U	U	U	Y	U
Sinha et al., 2008	Y	Y	Y	Y	Y	Y	Y	N	N	U	U	U	N	N
Sketch et al., 1975	U	N	Y	U	Y	Y	U	Y	U	U	U	U	U	N
Slavich et al., 1996	U	Y	Y	Y	Y	Y	U	Y	U	Y	U	U	N	N
Slomka et al., 2007	U	N	Y	Y	Y	Y	Y	Y	U	U	U	U	N	N
Slomka et al., 2005	U	N	Y	Y	Y	Y	Y	Y	U	Y	Y	U	U	N

Study	Patient Representation	Selection Criteria	Reference Standard	Time Interval	Sample for Verification	Reference test uniformly applied	Reference test independently performed	Index Test Replicability	Reference Test Replicability	Index Test Blinded Interpretation	Reference Test Blinded Interpretation	Clinical Data Availability	Uninterpretable or Intermediate Test Reporting	Study Withdrawal Description
Svart et al., 2010	U	N	Y	N	Y	Y	Y	Y	Y	U	U	U	N	N
Taillefer et al., 1997	U	N	Y	U	Y	Y	Y	Y	Y	Y	Y	N	N	N
Takeuchi et al., 1996	U	Y	Y	Y	Y	Y	Y	Y	U	Y	Y	U	Y	Y
Travin et al., 2000	U	U	Y	U	Y	Y	Y	Y	U	Y	Y	U	Y	N
Van Train et al., 1994	U	N	Y	U	Y	Y	Y	Y	Y	Y	Y	U	Y	N
Vashist et al., 2007	U	Y	Y	Y	Y	Y	U	U	U	U	U	U	U	N
Weiner et al., 1985	N	N	Y	Y	Y	Y	Y	Y	Y	Y	Y	U	Y	N
Weiner et al., 1979	U	N	Y	Y	Y	Y	Y	Y	Y	U	U	U	N	N
Weustink et al., 2007	N	Y	Y	U	Y	Y	Y	Y	U	Y	Y	U	Y	N
Weustink et al., 2009	Y	Y	Y	U	Y	Y	Y	Y	Y	Y	Y	U	N	N
Williams et al., 1994	Y	N	Y	U	Y	Y	Y	Y	Y	Y	Y	U	Y	N
Wolak et al., 2008	U	Y	Y	Y	Y	Y	U	Y	U	Y	U	U	U	N

Study	Patient Representation	Selection Criteria	Reference Standard	Time Interval	Sample for Verification	Reference test uniformly applied	Reference test independently performed	Index Test Replicability	Reference Test Replicability	Index Test Blinded Interpretation	Reference Test Blinded Interpretation	Clinical Data Availability	Uninterpretable or Intermediate Test Reporting	Study Withdrawal Description
Wong et al., 2001	U	N	Y	U	N	N	Y	N	N	U	U	U	N	N
Yamauchi et al., 1985	U	Y	Y	U	Y	Y	Y	Y	U	U	Y	U	N	N
Yeih et al., 2007	U	N	Y	Y	U	Y	Y	Y	U	Y	U	U	N	Y

^aRefer to Appendix B in this report for the 14 QUADAS questions. (For full details on QUADAS methodology, see: <http://www.biomedcentral.com/1471-2288/3/25>.)

^bRelated methods article: Dewey et al., 2006 (refer to Appendix C for full citation).

^cRelated methods article: Miller et al., 2009 (refer to Appendix C for full citation).

^dRelated methods article: Merz et al., 1999 (refer to Appendix C for full citation).

Abbreviations: N = No; Y = Yes; U = Unclear

Appendix E: List of Excluded Studies

All studies listed below were reviewed in their full-text version and excluded. Following each reference, in italics, is the reason for exclusion. Reasons for exclusion signify only the usefulness of the articles for this study and are not intended as criticisms of the articles.

Ababneh AA, Sciacca RR, Kim B, et al. Normal limits for left ventricular ejection fraction and volumes estimated with gated myocardial perfusion imaging in patients with normal exercise test results: influence of tracer, gender, and acquisition camera. *J Nucl Cardiol* 2000; 7(6):661-8. 11144482 *Full-text exclusion reason(s): Study does not compare one NIT to another or to diagnostic cardiac catheterization; No outcomes of interest.*

Abaci A, Oguzhan A, Topsakal R, et al. Intracoronary electrocardiogram and angina pectoris during percutaneous coronary interventions as an assessment of myocardial viability: comparison with low-dose dobutamine echocardiography. *Catheter Cardiovasc Interv* 2003; 60(4):469-76. 14624423 *Full-text exclusion reason(s): No data for NITs of interest (ECG, ECHO, SPECT, PET, CMR, CTA).*

Abbott BG, Abdel-Aziz I, Nagula S, et al. Selective use of single-photon emission computed tomography myocardial perfusion imaging in a chest pain center. *Am J Cardiol* 2001; 87(12):1351-5. 11397352 *Full-text exclusion reason(s): Study does not compare one NIT to another or to diagnostic cardiac catheterization; Data for women not reported as a subgroup.*

Abbott BG, Afshar M, Berger AK, et al. Prognostic significance of ischemic electrocardiographic changes during adenosine infusion in patients with normal myocardial perfusion imaging. *J Nucl Cardiol* 2003; 10(1):9-16. 12569326 *Full-text exclusion reason(s): Study does not compare one NIT to another or to diagnostic cardiac catheterization; Data for women not reported as a subgroup.*

Abdelmoneim SS, Bernier M, Dhoble A, et al. Assessment of myocardial perfusion during adenosine stress using real time three-dimensional and two-dimensional myocardial contrast echocardiography: comparison with single-photon emission computed tomography. *Echocardiography* 2010; 27(4):421-9. 20331695 *Full-text exclusion reason(s): No women with symptomatic chest pain, or results are not reported separately for symptomatic subgroup; All women in the study are known to have CAD; Data for women not reported as a subgroup.*

Abdelmoneim SS, Bernier M, Dhoble A, et al. Diagnostic accuracy of contrast echocardiography during adenosine stress for detection of abnormal myocardial perfusion: a prospective comparison with technetium-99 m sestamibi single-photon emission computed tomography. *Heart Vessels* 2010; 25(2):121-30. 20339973 *Full-text exclusion reason(s): No women with symptomatic chest pain, or results are not reported separately for symptomatic subgroup; All women in the study are known to have CAD; Data for women not reported as a subgroup.*

Abdelmoneim SS, Dhoble A, Bernier M, et al. Quantitative myocardial contrast echocardiography during pharmacological stress for diagnosis of coronary artery disease: a systematic review and meta-analysis of diagnostic accuracy studies. *Eur J Echocardiogr* 2009; 10(7):813-25. 19549700 *Full-text exclusion reason(s): Not a clinical study report.*

Abdelmoneim SS, Dhoble A, Bernier M, et al. Absolute myocardial blood flow determination using real-time myocardial contrast echocardiography during adenosine stress: comparison with single-photon emission computed tomography. *Heart* 2009; 95(20):1662-8. 19584062 *Full-text exclusion reason(s): No women with symptomatic chest pain, or results are not reported separately for symptomatic subgroup; All women in the study are known to have CAD; Data for women not reported as a subgroup.*

Abdullah SM, Khera A, Das SR, et al. Relation of coronary atherosclerosis determined by electron beam computed tomography and plasma levels of n-terminal pro-brain natriuretic peptide in a multiethnic population-based sample (the Dallas Heart Study). *Am J Cardiol* 2005; 96(9):1284-9. 16253599 *Full-text exclusion reason(s): Study does not compare one NIT to another or to diagnostic cardiac catheterization; Data for women not reported as a subgroup; No outcomes of interest.*

Abidov A, Bax JJ, Hayes SW, et al. Transient ischemic dilation ratio of the left ventricle is a significant predictor of future cardiac events in patients with otherwise normal myocardial perfusion SPECT. *J Am Coll Cardiol* 2003; 42(10):1818-25.

14642694 *Full-text exclusion reason(s): Study does not compare one NIT to another or to diagnostic cardiac catheterization; Data for women not reported as a subgroup.*

Abidov A, Gallagher MJ, Chinnaiyan KM, et al. Clinical effectiveness of coronary computed tomographic angiography in the triage of patients to cardiac catheterization and revascularization after inconclusive stress testing: results of a 2-year prospective trial. *J Nucl Cardiol* 2009; 16(5):701-13. 19626385 *Full-text exclusion reason(s): Data for women not reported as a subgroup.*

Abitbol E, Monin JL, Garot J, et al. Relationship between the ischemic threshold at the onset of wall-motion abnormality on semisupine exercise echocardiography and the extent of coronary artery disease. *J Am Soc Echocardiogr* 2004; 17(2):121-5. 14752485 *Full-text exclusion reason(s): All women in the study are known to have CAD; Data for women not reported as a subgroup.*

Aboul-Enein FA, Hayes SW, Matsumoto N, et al. Rest perfusion defects in patients with no history of myocardial infarction predict the presence of a critical coronary artery stenosis. *J Nucl Cardiol* 2003; 10(6):656-62. 14668778 *Full-text exclusion reason(s): Data for women not reported as a subgroup.*

Abraham A, Kass M, Ruddy TD, et al. Right and left ventricular uptake with Rb-82 PET myocardial perfusion imaging: markers of left main or 3 vessel disease. *J Nucl Cardiol* 2010; 17(1):52-60. 19826892 *Full-text exclusion reason(s): No women with symptomatic chest pain, or results are not reported separately for symptomatic subgroup; Data for women not reported as a subgroup.*

Acampa W, Petretta M, Florimonte L, et al. Prognostic value of exercise cardiac tomography performed late after percutaneous coronary intervention in symptomatic and symptom-free patients. *Am J Cardiol* 2003; 91(3):259-63. 12565079 *Full-text exclusion reason(s): All women in the study are known to have CAD; Data for women not reported as a subgroup.*

Acarturk E, Bozkurt A, Cayli M, et al. Mitral annular calcification and aortic valve calcification may help in predicting significant coronary artery disease. *Angiology* 2003; 54(5):561-7. 14565631 *Full-text exclusion reason(s): Study does not compare one NIT to another or to diagnostic cardiac catheterization; Data for women not reported as a subgroup.*

Achenbach S, Giesler T, Ropers D, et al. Detection of coronary artery stenoses by contrast-enhanced,

retrospectively electrocardiographically-gated, multislice spiral computed tomography. *Circulation* 2001; 103(21):2535-8. 11382719 *Full-text exclusion reason(s): Data for women not reported as a subgroup.*

Achenbach S, Ropers D, Pohle FK, et al. Detection of coronary artery stenoses using multi-detector CT with 16 x 0.75 collimation and 375 ms rotation. *Eur Heart J* 2005; 26(19):1978-86. 15923203 *Full-text exclusion reason(s): Data for women not reported as a subgroup; No outcomes of interest.*

Achenbach S, Ropers U, Kuettner A, et al. Randomized comparison of 64-slice single- and dual-source computed tomography coronary angiography for the detection of coronary artery disease. *JACC Cardiovasc Imaging* 2008; 1(2):177-86. 19356426 *Full-text exclusion reason(s): Data for women not reported as a subgroup.*

Adams GL, Trimble MA, Brosnan RB, et al. Evaluation of combined cardiac positron emission tomography and coronary computed tomography angiography for the detection of coronary artery disease. *Nucl Med Commun* 2008; 29(7):593-8. 18528180 *Full-text exclusion reason(s): No women with symptomatic chest pain, or results are not reported separately for symptomatic subgroup; Data for women not reported as a subgroup.*

Adamu U, Knollmann D, Almutairi B, et al. Stress/rest myocardial perfusion scintigraphy in patients without significant coronary artery disease. *J Nucl Cardiol* 2010; 17(1):38-44. 19705212 *Full-text exclusion reason(s): No women with symptomatic chest pain, or results are not reported separately for symptomatic subgroup; Data for women not reported as a subgroup.*

Adler Y, Vaturi M, Herz I, et al. Nonobstructive aortic valve calcification: a window to significant coronary artery disease. *Atherosclerosis* 2002; 161(1):193-7. 11882332 *Full-text exclusion reason(s): No data for NITs of interest (ECG, ECHO, SPECT, PET, CMR, CTA).*

Aepfelbacher FC, Johnson RB, Schwartz JG, et al. Validation of a model of left ventricular segmentation for interpretation of SPET myocardial perfusion images. *Eur J Nucl Med* 2001; 28(11):1624-9. 11702103 *Full-text exclusion reason(s): All women in the study are known to have CAD; Data for women not reported as a subgroup.*

Aessopos A, Tsironi M, Vassiliadis I, et al. Exercise-induced myocardial perfusion abnormalities in sickle beta-thalassemia: Tc-99m tetrofosmin gated SPECT imaging study. *Am J Med* 2001; 111(5):355-60.

11583637 *Full-text exclusion reason(s): No women with symptomatic chest pain, or results are not reported separately for symptomatic subgroup; No outcomes of interest.*

Afonso L, Mahajan N. Single-photon emission computed tomography myocardial perfusion imaging in the diagnosis of left main disease. *Clin Cardiol* 2009; 32(12):E11-5. 20014205 *Full-text exclusion reason(s): No women with symptomatic chest pain, or results are not reported separately for symptomatic subgroup; All women in the study are known to have CAD.*

Agarwal PP, Patel S, Corbett J, et al. Left ventricular functional analysis with 16- and 64-row multidetector computed tomography: comparison with gated single-photon emission computed tomography. *J Comput Assist Tomogr* 2009; 33(1):8-14. 19188778 *Full-text exclusion reason(s): All women in the study are known to have CAD; Data for women not reported as a subgroup; No outcomes of interest.*

Aggeli C, Christoforatu E, Giannopoulos G, et al. The diagnostic value of adenosine stress-contrast echocardiography for diagnosis of coronary artery disease in hypertensive patients: comparison to Tl-201 single-photon emission computed tomography. *Am J Hypertens* 2007; 20(5):533-8. 17485016 *Full-text exclusion reason(s): No women with symptomatic chest pain, or results are not reported separately for symptomatic subgroup.*

Aggeli C, Giannopoulos G, Misovoulos P, et al. Real-time three-dimensional dobutamine stress echocardiography for coronary artery disease diagnosis: validation with coronary angiography. *Heart* 2007; 93(6):672-5. 17085530 *Full-text exclusion reason(s): Data for women not reported as a subgroup; No outcomes of interest.*

Ahlberg AW, Baghdasarian SB, Athar H, et al. Symptom-limited exercise combined with dipyridamole stress: prognostic value in assessment of known or suspected coronary artery disease by use of gated SPECT imaging. *J Nucl Cardiol* 2008; 15(1):42-56. 18242479 *Full-text exclusion reason(s): No women with symptomatic chest pain, or results are not reported separately for symptomatic subgroup; All women in the study are known to have CAD; No outcomes of interest.*

Ahmadi N, Nabavi V, Hajsadeghi F, et al. Impaired aortic distensibility measured by computed tomography is associated with the severity of coronary artery disease. *Int J Cardiovasc Imaging* 2010; 20711815 *Full-text exclusion reason(s): No women with symptomatic chest pain, or results are not reported separately for symptomatic subgroup;*

Study does not compare one NIT to another or to diagnostic cardiac catheterization; No outcomes of interest.

Ahmadi N, Shavelle D, Nabavi V, et al. Coronary distensibility index measured by computed tomography is associated with the severity of coronary artery disease. *J Cardiovasc Comput Tomogr* 2010; 4(2):119-26. 20430343 *Full-text exclusion reason(s): Study does not compare one NIT to another or to diagnostic cardiac catheterization; Data for women not reported as a subgroup; No outcomes of interest.*

Ahmed B, Merz CNB, Sopko G. Are we 'WISE'r? Findings from the NHLBI-sponsored Women's Ischemia Syndrome Evaluation study. *Women's Health* 2006; 2(1):57-64. 2006243295 *Full-text exclusion reason(s): Not a clinical study report.*

Akinboboye OO, Idris O, Onwuanyi A, et al. Incidence of major cardiovascular events in black patients with normal myocardial stress perfusion study results. *J Nucl Cardiol* 2001; 8(5):541-7. 11593217 *Full-text exclusion reason(s): No women with symptomatic chest pain, or results are not reported separately for symptomatic subgroup; All women in the study are known to have CAD; Study does not compare one NIT to another or to diagnostic cardiac catheterization; Data for women not reported as a subgroup; No outcomes of interest.*

Akram K, Voros S. Absolute coronary artery calcium scores are superior to MESA percentile rank in predicting obstructive coronary artery disease. *Int J Cardiovasc Imaging* 2008; 24(7):743-9. 18351440 *Full-text exclusion reason(s): No women with symptomatic chest pain, or results are not reported separately for symptomatic subgroup; Study does not compare one NIT to another or to diagnostic cardiac catheterization.*

Al-Attar AT, Mahussain SA, Sadanandan S. Cardiac tests in asymptomatic type 2 diabetics. *Med Princ Pract* 2002; 11(4):171-5. 12424409 *Full-text exclusion reason(s): No women with symptomatic chest pain, or results are not reported separately for symptomatic subgroup; Data for women not reported as a subgroup.*

Albro PC, Gould KL, Westcott RJ, et al. Noninvasive assessment of coronary stenoses by myocardial imaging during pharmacologic coronary vasodilatation. III. Clinical trial. *Am J Cardiol* 1978; 42(5):751-60. 707288 *Full-text exclusion reason(s): Data for women not reported as a subgroup.*

Aldrovandi A, Cademartiri F, Menozzi A, et al. Evaluation of coronary atherosclerosis by multislice

computed tomography in patients with acute myocardial infarction and without significant coronary artery stenosis: a comparative study with quantitative coronary angiography. *Circ Cardiovasc Imaging* 2008; 1(3):205-11. 19808544 *Full-text exclusion reason(s): All women in the study are known to have CAD; Data for women not reported as a subgroup.*

Aldrovandi A, Maffei E, Palumbo A, et al. Prognostic value of computed tomography coronary angiography in patients with suspected coronary artery disease: a 24-month follow-up study. *Eur Radiol* 2009; 19(7):1653-60. 19224218 *Full-text exclusion reason(s): No women with symptomatic chest pain, or results are not reported separately for symptomatic subgroup; Study does not compare one NIT to another or to diagnostic cardiac catheterization; Data for women not reported as a subgroup.*

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