**PRIDASE 2024**

Checklist of items to be included when reporting diagnostic accuracy studies in Endodontics\*

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| **Section/**  **Topic** | **Item No** | **PRIDASE Items/Explanations** | **Reported on page number** |
| **Title** | 1a | The Title must identify the manuscript as a diagnostic accuracy study, for example by mentioning the relevant measure(s) of accuracy (such as sensitivity, specificity, predictive values, likelihood ratios, or Area Under the Receiver Operating Characteristics Curve [AUC-ROC]) |  |
| 1b | The subject area(s) of interest must be specified in the Title, using words and phrases that clearly identify the clinical issue |  |
| **Keywords** | 2a | The Keywords must indicate the specific area(s) of interest using MeSH terms, if available |  |
| **Abstract** | 3a | The Introduction must briefly explain the background, rationale or justification for the study |  |
| 3b | The Aim(s) and Objective(s) of the study must be provided |  |
| 3c | The Methodology must provide essential information on the study design as well as describe the reference standard and index test(s) |  |
| 3d | The Results must describe the number of subjects/specimens with and without the target condition that were included in the analysis and estimates of any accuracy measures applied and their precision |  |
| 3e | The main findings of the principal aim(s)must be interpreted and summarized in the Conclusion, with the clinical implications being highlighted |  |
| 3f | The source(s) of funding must be provided |  |
| 3g | The name of the registry and registration number must be provided (if applicable) |  |
| **Introduction** | 4a | The scientific background and rationale for the study must be provided, including existing knowledge, and existing gap(s), uncertainties and inconsistencies. When information on the topic is of insufficient quality this should also be highlighted. The scientific rationale, mechanisms of action and/or principles of new diagnostic technologies should be briefly explained. The intended use and clinical role of the index test must be specified (such as screening/triage or as the basis for treatment decisions) |  |
| 4b | The specific aim(s) and objective(s) of the study must be provided, including hypotheses |  |
| **Methods**  *Ethics* | 5a | The information (name\*, reference number, and date) of an ethics committee's approval, such as an Institutional Review Board, must be disclosed (if applicable) |  |
| 5b | The process used for acquiring and storing informed consent must be described |  |
| *Registration* | 5c | The registration number and name of registry must be provided |  |
| *A priori protocol* | 5d | Information on where the full study protocol can be accessed must be provided |  |
| *Study design* | 5e | The timeline of the study must be included and describewhether data collection was planned before the index test and reference standard were performed (prospective study) or after (retrospective study) |  |
| 5f | The important features of the study design, including measures of diagnostic accuracy (such as sensitivity, specificity, predictive values, likelihood ratios, or Area Under the Receiver Operating Characteristics Curve [AUC-ROC]), must be provided in the Methods section |  |
| *Sample size* | 5g | The rationale for, and method of, the sample size calculation, preferably with reference to a pilot study, or based on data from the published literature, must be included with added detail as to why the defined sample size makes the study worthwhile |  |
| *Participants* | 5h | The inclusion and exclusion criteria, as well as the sources and methods of participant/sample selection, must be described |  |
| 5i | The criteria used to identify potentially eligible participants (such as symptoms, preoperative status, results from previous tests, inclusion in registry) must be described (if applicable) |  |
| 5j | Details on whether the participants constituted a sequential, random, community-based, or convenience series must be provided, if applicable |  |
| *Setting* | *5k* | The setting, location(s), and date(s) of data collection must be specified |  |
| *Data sources/ measurement* | 5l | Sources of data and details of methods of assessment (measurement) for each variable of interest must be provided. Comparability of assessment methods if there is more than one experimental group must be provided |  |
| *Index test and reference standard* | 5m | The Index test(s) (e.g., Cone Beam Computed Tomography, cold test) must be presented in sufficient detail (including techniques, equipment, software, vendors and reagents, if applicable) as should the justification for the reference standard, to ensure the study can be replicated |  |
| 5n | Information on who performed the Index test(s), and their experience and/or calibration on performing the test, must be provided |  |
| 5o | The Reference standard must be presented in sufficient detail to identify the exact scope of the study, and for replication to be possible |  |
| 5p | Information on who assessed the Reference standard(s), including their experience and any calibration, must be provided |  |
| 5q | The rationale for selecting the Reference standard must be described |  |
| 5r | The definition of and rationale for test positivity cut-offs or result categories of the index test(s) and the Reference standard must be described, distinguishing pre-specified from exploratory |  |
| 5s | Whether clinical information and Reference standard results were available to the performers/readers of the index test must be described |  |
| 5t | Whether clinical information and index test results were available to the assessors of the Reference standard must be described |  |
| *Statistical methods* | 5u | All statistical procedures employed in the study, including those used to account for confounding factors and in data analysis, must be described |  |
| 5v | Methods for estimating or comparing measures of diagnostic accuracy must be described, including assessment of internal reliability (comparison of accuracy among operators), if applicable |  |
| 5w | How uncertain or ambiguous index tests or reference standard results were handled must be described, if applicable |  |
| 5x | How missing data on the index test and reference standard were handled must be described, if applicable |  |
| 5y | Any analyses of variability in diagnostic accuracy must be described, distinguishing pre-specified from exploratory |  |
| **Results** *Participants* | 6a | The number of participants/specimens who underwent the index test(s) and reference test and were included in the analyses must be described |  |
| 6b | The baseline demographic and clinical characteristics of study participants must be provided, if applicable |  |
| 6c | The distribution of severity of disease in those with the target condition must be described, if possible |  |
| 6d | The distribution of alternative diagnoses in those without the target condition must be described |  |
| 6e | The time interval and any clinical interventions between index test and reference standard must be described |  |
| *Test results* | 6f | A cross-tabulation of the index test results (or their distribution) by the results of the reference standard must be provided |  |
| 6g | Estimates of diagnostic accuracy and their precision must be provided |  |
| 6h | Any adverse events from performing the index test or the reference standard must be described |  |
| 6i | Any further analyses (if applicable), including subgroup analyses and adjusted analyses, must be described, with a distinction made between pre-specified and exploratory analyses |  |
| **Discussion**  *Key results* | 7a | The key results must be summarized with reference to the study aim(s) and objective(s) |  |
| *Clinical relevance* | 7b | Implications for practice must be described, including the intended use and clinical role of the index test |  |
| *Strength* | 7c | The strength(s) of the study must be indicated |  |
| *Limitations* | 7d | Study limitations must be indicated, including sources of potential bias and statistical uncertainty. Efforts to address bias must also be discussed |  |
| *Summary and validity* | 7e | The discussion of the strengths and weaknesses should be summarized in an overall assessment of the internal validity of the study |  |
| *Generalisability* | 7f | The generalisability (external validity, applicability, ‘real-world’ relevance) of the study findings must be discussed |  |
| *Future research* | 7g | Based on limitations in internal and external validity, implications for future research may be indicated when relevant |  |
| **Conclusion(s)** | 8a | A rationale for the conclusion(s) must be provided |  |
| 8b | The conclusion(s) must be stated explicitly and address all the study aims and objectives |  |
| **Source of funding** | 9a | The sources of funding and other support (such as donation of drugs, instruments, and equipment) and the role of the funder(s), (such as whether they approved, consulted, co-authored, or contributed to the manuscript prior to submission) in the study must be acknowledged and described, if applicable |  |
| **Conflict of interest** | 10a | An explicit statement on conflicts of interest must be provided, together with full affiliations of the authors |  |
| **Quality of images (if applicable)** | 11a | The text or caption must include information about the equipment, software, and settings used to create all image(s) |  |
| 11b | The purpose for acquiring the image(s) and the reasons for including it/them in the publication must be explained in the text |  |
| 11c | The authors must provide the circumstances (conditions) under which the image(s) were viewed and appraised in the text |  |
| 11d | The image capture settings including resolution, magnification as well as any *post-hoc* manipulation or enhancement (e.g., brightness, colour balance, smoothing, staining) must be specified in the text or legend |  |
| 11e | An interpretation of the findings (meaning and implications) from the image(s) must be included |  |
| 11f | The legend must explain precisely what the subject is and what subject features it depicts. Images of patients must indicate their age, sex, and, if applicable, ethnicity |  |
| 11g | Markers/labels must be used to identify the key information in the image(s) and defined in the legend |  |
| 11h | Patient(s) identifiers (names, patient numbers) must be removed, and all images must be anonymized or de-identified |  |
| 11i | If treatment was carried out, the legend of each image must state whether the image is pre-treatment, intra-treatment, or post-treatment, as well as how photographs and/or radiographs were standardised over time |  |

**\* Nagendrababu V, Pigg M, Duncan HF, Abbott PV, Fouad AF, Kruse C, Patel S, Rechenberg DK, Setzer FC, Rossi-Fedele G, Dummer PM. (2024) PRIDASE 2024 guidelines for reporting diagnostic accuracy studies in endodontics: A consensus-based development. International Endodontic Journal. 2024 Aug;57(8):996-1005. doi: 10.1111/iej.14075.**